The Arkansas Oral Health Plan

Approved by the
Arkansas Oral Health Coalition
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Coalition Members:

Arkansas Academy of General Dentistry
Arkansas Advocates for Children and Families
Arkansas Center for Health Improvement
Arkansas Dental Assistants' Association
Arkansas Department of Education, Office of Comprehensive Health Education
Arkansas Department of Health, Office of Oral Health
Arkansas Department of Health, Office of Rural Health and Primary Care
Arkansas Department of Human Services, Division of Medical Services
Arkansas Department of Higher Education
Arkansas Head Start Association
Arkansas Nurses Association
Arkansas School Nurses Association
Arkansas State Dental Association
Arkansas State Dental Hygienists' Association
BHM International, Inc.
Community Dental Clinic
Community Health Centers of Arkansas, Inc.
Delta Dental Plan of Arkansas
Donald W. Reynolds Center of Aging
Healthy Connections, Inc.
Partners for Inclusive Communities
Pulaski Technical College Dental Assisting Program
UALR Share America
UAMS College of Public Health
UAMS Department of Dental Hygiene
Vision 2010 Quality of Life Dental Committee

"Smiles: AR, U.S."

Arkansas Oral Health Plan
for the Arkansas Oral Health Coalition

Background

The U.S. Surgeon General's Report: Oral Health in America trumpets the "marked improvement in the nations oral health in the past 50 years." However, the report also describes the "silent epidemic of oral disease affecting our most vulnerable citizens." Primary prevention, improvements in dental technology and increased education about oral health all make it possible for Arkansans to enjoy optimal oral health for a lifetime. And yet, Arkansas is similar to other state because oral disease remains a serious problem among families with low income, those with limited education, the frail elderly, persons with disabilities, those who are under-insured and ethnic minorities.

With modern technology, primary prevention and appropriate personal behaviors, virtually all dental disease is preventable. However, oral disease continues to take its toll in suffering and a overwhelming percentage of tooth loss. In addition, these conditions can be foci of infection that adversely affects general health problems such as coronary heart disease, diabetes, pre-term low birth weight babies and others. Many successful efforts are being made throughout Arkansas to improve our oral health. However, a comprehensive plan to address these problems, developed and embraced by all concerned stakeholders has not previously existed.

The Surgeon General's Report: Oral Health in America presented the following major findings:

- Oral diseases and disorders in and of themselves affect health and well being throughout life.
- Safe and effective measures exist to prevent the most common dental diseases, dental caries and periodontal diseases.
- Lifestyle behaviors that affect general health such as tobacco use, excessive alcohol use, and poor dietary choices affect oral and craniofacial health as well.
- There are profound and consequential oral health disparities within the U.S. population.
- More information is needed to improve America's oral health and eliminate health disparities.
- The mouth reflects general health and well-being.

In addition the report proscribed a "Framework for Action" that would address these strengths and weakness. The framework called for policies that would:

- Change perceptions regarding oral health and disease so that oral health becomes an accepted component of general health.
- Build an effective health infrastructure that meets the oral health needs of all Americans and integrates oral health effectively into overall health.
- Remove known barriers between people and oral health services.
- Accelerate the building of the science and evidence base and apply science effectively to improve oral health.
- Use public-private partnerships to improve the oral health of those who still suffer disproportionately from oral diseases.
- Strengthen and expand oral health research and education

- Ensure the development of a responsible, competent, diverse and "elastic" workforce

Along with the Surgeon General's Report, the nation has adopted the Healthy People 2010 objectives to address health concerns in a wide variety of health areas. The Arkansas Oral Health Plan also attempts to address these ideas, in as much as the goals are within the purview of the oral health coalition or its constituents.

Building the Arkansas Oral Health Plan

Beginning with the Surgeon General's Framework for Action, the Arkansas Oral Health Plan has spurred the efforts of the Arkansas Oral Health Coalition. The Coalition enjoys participation from a diverse set of organizations and agencies from across the state. Members of the Arkansas Oral Health Coalition are:

- Arkansas Academy of General Dentistry
- Arkansas Advocates for Children and Families (AACF)
- Arkansas Center for Health Improvement
- Arkansas Dental Assistants' Association (ASDAA)
- Arkansas Department of Education, Office of Comprehensive Health Education
- Arkansas Department of Health, Office of Oral Health (OOH)
- Arkansas Department of Health, Office of Rural Health and Primary Care
- Arkansas Department of Human Services, Division of Medical Services
- Arkansas Department of Higher Education
- Arkansas Head Start Association (AHSA)
- Arkansas Nurses Association (ANA)
- Arkansas School Nurses Association (ASNA)
- Arkansas State Dental Association (ASDA)
- Arkansas State Dental Hygienists' Association (ASDHA)
- BHM International, Inc.
- Community Dental Clinic
- Community Health Centers of Arkansas, Inc. (CHCA)
- Delta Dental Plan of Arkansas (DDPA)
- Healthy Connections, Inc.
- Partners for Inclusive Communities (PIC)
- Pulaski Technical College Dental Assisting Program
- UALR Share America
- UAMS College of Public Health
- UAMS Department of Dental Hygiene
- Vision 2010 Quality of Life Dental Committee

The Oral Health Coalition began in 2001 as the Arkansas team at the National Governor's Association (NGA) Policy Academy on Improving Oral Health Access for Children. The academy team consisted of seven individuals representing Governor Mike Huckabee's Office, the Arkansas General Assembly, the Office of Oral Health, the Division of Medical Services, the Arkansas State Dental Association, the Arkansas Dental Hygienists'

Association, and BHM International, Inc. The team worked with a faculty of national experts to develop Arkansas oral health goals in access, education, prevention and policy. To continue the academy efforts, the team invited other interested parties and expanded over the subsequent 10 months to what is now the Arkansas Oral Health Coalition. The Coalition has adopted the slogan ***"SMILES: AR, U.S."***

This Oral Health Plan for Arkansas was developed from recommendations at the Governor's Oral Health Summit, held in Little Rock on February 23, 2002. The Summit was an effort by the Arkansas Oral Health Coalition to bring together health care professionals, policy makers and other citizens to address oral health issues in our state.

The Arkansas Oral Health Summit was an opportunity to present and discuss with key stakeholders the proposed oral health plan for Arkansas. Taking input from this diverse audience, the Summit provided a unique opportunity to address the state's oral health needs. Following the lead of the NGA Policy Academy team, the Summit focused on access, prevention, education and policy, realizing that these subject areas overlap in numerous ways. National experts addressed the separate subject areas in plenary session and provided input to the afternoon breakout sessions. Breakout sessions gave Summit attendees the chance to work in the various subject areas to address barriers, identify strengths and develop goals. Working in facilitated small groups, the attendees provided input to the Summit for the draft Oral Health Plan.

The Arkansas Oral Health Plan is the culmination of the work of the entities listed above. Coalition members reviewed and made changes to the draft Plan throughout the Spring of 2002 and approved its content in June, 2002. The Plan coalesced many other efforts that have helped bring this issue to the forefront of the policy arena within Arkansas and across the United States. The Arkansas Oral Health Plan is a working document. The document will serve as a planning and evaluation tool on a continual basis, and will have the capacity to measure progress towards goal attainment.

The Arkansas Oral Health Plan

Focus Area 1 - Education

Priorities

- **Educate** the public, health professionals, educators and decision makers about the relationship between oral health and systemic health with an emphasis on:
  - Health behaviors that assure good oral health: daily oral hygiene, routine dental check ups, proper uses of fluoride, proper nutrition, and being tobacco free.
  - Prenatal oral health care for women
  - Removal of fear and misunderstandings about going to the dentist
  - Early detection and prevention of oral and pharyngeal cancer
  - The benefits of proven prevention strategies, including dental sealants and community water fluoridation
- **Maximize** use of the entire health care workforce to educate the public on the value and importance of oral health.
- **Establish** curricula in elementary and secondary schools on oral health
- **Promote** oral health education and practices in Head Start and Early Head Start agencies.
- **Expand** dental education opportunities to address the oral health needs of Arkansans
- **Support** dental professionals practicing in underserved areas of Arkansas
- **Educate** children, from kindergarten through high school, on the benefits and rewards of careers in the dental professions.

RECOMMENDATIONS AND STRATEGIES

Recommendation 1.1. Develop a comprehensive statewide oral health education and awareness program. The program should include at a minimum:

- A statewide media campaign with messages about the value and importance of oral health and the impact of poor oral health on systemic health.
- Specific messages for populations identified as most at risk for poor oral health such as low-income populations, populations with developmental disabilities, and the elderly.
- Culturally and linguistically appropriate materials.
- The incorporation of oral cancer prevention and awareness messages into existing state and local cancer prevention efforts.
- Targeted marketing to increase personal responsibility in oral health.

***Strategy*:**

Coordinate current statewide efforts and resources, including, but not limited to: the CDC funded OOH oral health education activities, Head Start/Early Head Start oral health curricula and dental health practices, Delta Dental Plan's "Teeth on the Go" activity kits, Coalition materials developed to educate Medicaid insured persons on the value of oral health and in keeping dental appointments, Coalition efforts regarding Medicaid benefits, OOH long-term-care facilities oral health education efforts, and OOH Spit Tobacco Prevention efforts ("Spit Tobacco: Chew, Dip and Die"),.

Recommendation 1.2. Provide prenatal education to all pregnant women with an emphasis on the relationship between maternal oral health and pre-term low birth weight, the relationship between maternal oral health and infant oral health, and the benefit of establishing positive oral health behaviors in infancy.

Strategies:
Establish a partnership between the Arkansas Department of Health, community health centers, Area Health Education Centers, hospitals and private health care providers to address this recommendation.

Promote the Bright Smiles Bright Futures program targeting oral health education for pregnant women and new mothers.

Recommendation 1.3. Implement comprehensive, evaluated school health curricula with an oral health education and prevention component in all Arkansas schools to assure that children are healthy to learn.

Strategy:
Design a comprehensive oral health education curriculum for elementary and secondary students. Coordinate efforts among Coalition members, school health educators, school health clinic staff and others to assure oral health is addressed with the framework of comprehensive school health. Work with the Department of Education and legislators to promote oral health education as a mandated part of the school curriculum. Promote the Delta Dental Plan of Arkansas "Teeth on the Go" educational messages. Work with Head Start agencies to ensure that oral health education and dental health practices are actively promoted to their students.

Recommendation 1.4. Provide information on oral disease prevention and treatment to spread the oral health message in communities.

Strategies:
Create an exhibit and accompanying materials for schools, health fairs, and other community activities so that members of the health care team can provide information within their communities.

Develop programs to educate medical providers (including medical students; and medical residents in pediatrics, internal medicine and family practice) about the prevention of oral

disease, ECC, existing oral health services in communities, and where to refer patients for oral health services.

Include oral health disease control as a component of overall health promotion in the curricula and training experiences of all Arkansas' schools of medicine, public health, nursing and other allied health professions.

Build and strengthen critical partnerships between dental and medical communities with an emphasis on pediatricians and primary care providers.

Recommendation 1.5. Expand mechanisms to support dental professional education for Arkansas residents.

***Strategies*:**
Continue work with the ASDA, ASDHA and the General Assembly to fund Arkansas students in dental schools and to expand the number of Arkansas students accepted into dental programs each year. Continue consideration of dental education opportunities within Arkansas, including dental schools, dental hygiene programs, post-graduate residency training and fellowships.

Pursue outside funding sources to further support in-state and out-of-state dental education.

Recommendation1.6. Create incentives to support those dental professionals practicing in underserved areas of the state.

Strategies:
Work with the General Assembly, professional associations and potential funding sources to create a unified system of tax credits, loan forgiveness, low interest loans and other mechanisms to reward dental professionals practicing in underserved areas.

Design and/or implement programs to actively recruit promising students from underserved areas toward dental careers.

Recommendation 1.7. Support efforts to provide post-graduate dental education through general practice residencies and pediatric dental residencies.

Strategy:
Work with community groups, community health centers, dental schools and dental hygiene programs to expand or create new residency opportunities in general dental practice and pediatric dentistry.

Focus Area 2 - Access

Priorities

- **Increase** participation in Medicaid by Arkansas dentists

- **Increase** Medicaid patient and parent responsibility in maintaining oral health
- **Increase** the representation of African-Americans and Hispanics in Arkansas dental and dental hygiene schools.
- **Increase** the number and types of community-based experiences that benefit both communities and students of dentistry and dental hygiene.
- **Improve** outreach to involve dentists and dental hygienists in private practice in community-based efforts to improve oral health and access to care.
- **Utilize** innovative mechanisms to provide increased access to care.
- **Increase** access to dental care for persons with developmental disabilities.
- **Establish** a uniform system for assessing oral health workforce capacity as a component of an Arkansas oral health surveillance system.

RECOMMENDATIONS AND STRATEGIES

Recommendation 2.1. Increase Medicaid reimbursement rates to encourage participation in Medicaid.

Strategies:
Work with the General Assembly, the Arkansas State Dental Association, Medicaid recipients and all other interested parties to support increased funding for Medicaid dental benefits.

Actively promote dentist participation in Medicaid through targeted marketing campaigns, such as the Take Five program.

Work with the General Assembly to expand tax incentives for practitioners accepting Medicaid patients.

Recommendation 2.2. Create a mechanism to provide case management for Medicaid dental patients to promote patient compliance.

Strategy:
Create a pilot program to identify areas with high rates of broken Medicaid dental appointments and provide case management for patients and their parents.

Recommendation 2.3. Expand Medicaid to provide emergency treatment for adults, to include extractions and fillings, for adults.

Strategy:
Work with Medicaid, Federal agencies and the General Assembly to create additional dental treatment for adults under Medicaid to include the relief of dental pain.

Recommendation 2.4. Expand Medicaid dental benefits to include expectant mothers to give infants and toddlers the best chance at optimum oral health.

Strategy:
Work with Medicaid and the General Assembly to specify a set of dental treatments that would best improve oral health in pregnant women and provide funding for those modalities.

Recommendation 2.5. Increase the representation of students from under-represented minorities in dental schools and dental hygiene programs.

Strategies:
Work with the Arkansas Medical, Dental and Pharmaceutical Association and the National Dental Association Foundation to increase the number of Arkansas minority students receiving scholarships.

Consider a Dental Student Scholarship Program to provide full tuition grants and monthly living stipends for under-represented minority students agreeing to practice in underserved areas of the state. Inform and educate these students about the scholarship once established.

Work with dental schools and Arkansas dental hygiene programs, in collaboration with other health professions schools, to seek funding for the development of programs to attract under-represented minority students into the health professions.

Develop alternatives to monetary payback for scholarship recipients such as community service and/or mentoring responsibilities for minority populations.

Recommendation 2.6. Increase the number and types of community-based experiences available to students of dentistry and dental hygiene.

Strategies:
Support efforts through CHCA and AHECs to provide community-based experiences for health professions students through the SEARCH (Student Resident Experience And Rotations in Community Health) program. Seek Arkansas support to expand the SEARCH program.

Create linkages between schools of dentistry and dental hygiene so that community-based programs (school-based and school-linked clinics, dental sealant programs, and state facilities that serve the developmentally disabled) can serve as service and rotation sites for students of dentistry and dental hygiene.

Recommendation 2.7. Integrate information and training experiences into the dental and dental hygiene education curricula that will allow these dental health professionals to treat a diverse public.

Strategies:

Incorporate principles of culturally competent health care in the curricula of all Arkansas' programs for the health professions, including dental residencies and dental hygiene programs.

Provide specific experiences for students in the treatment of populations that require special care, particularly the developmentally disabled, the elderly and children under age five.

Recommendation 2.8. Expand the continuing education opportunities for currently practicing dentists and dental hygienists in the area of dental public health.

Strategies:
With collaboration between the Office of Oral Health and the College of Public Health, develop a partnership among training programs for dentistry and dental hygiene education, dental professional associations, and public health education and training programs to recommend and develop qualified continuing education opportunities in dental public health and oral disease prevention for existing practitioners of dentistry and dental hygiene.

Develop service-learning opportunities for dentists and dental hygienists in collaboration with facilities that serve special needs populations, such as the developmentally disabled, nursing home residents, and those living with HIV disease.

Coordinate local public health department continuing education programs with local dental and dental hygiene association efforts to do the same.

Recommendation 2.9. Create opportunities to take oral health services into areas not currently served.

Strategy:
Work with the Arkansas Department of Health, Medicaid, the Arkansas State Board of Dental Examiners, community groups and potential funding sources to create new programs for community dental services, including but not limited to mobile dental operatories, portable dental operatories, and school-based/school-linked dental services.

Recommendation 2.10. Increase access to dental services for persons with developmental disabilities.

Strategies:
Work with Development Disabilities Services, the Office of Oral Health, Partners for Inclusive Communities and the ASDA to create a cadre of dentists, specially trained to treat patients with development disabilities. Provide no-cost, ongoing continuing education for dentists and dental hygienists willing to be listed in a state database of providers for special needs patients.

Increase reimbursement for services to persons with developmental disabilities who require special treatment modalities, including desensitization and relaxation procedures.

Provide information through a variety of venues to the guardians of persons with developmental disabilities on the importance of good oral health.

Recommendation 2.11: Provide funding for public health clinic start up and maintenance grants and other safety net programs including community health centers and not- for-profit volunteer programs.

Strategy:
Pursue funding for community health center dental expansion and volunteer community programs through the Tobacco Master Settlement Agreement and other funding mechanisms.

Recommendation 2.12. Establish a process for the systematic, ongoing collection of oral health workforce capacity in Arkansas, and utilize that system to assess the distribution of and potential need for general dentists and dental specialists, particularly pediatric dentists.

Strategies:
Work with the Arkansas State Dental Association, the Arkansas State Dental Hygienists' Association, UAMS College of Public Health and the Arkansas State Board of Dental Examiners to create a sustainable database of practitioners, their hours of practice and availability. Use the database to help design programs to increase appropriate distribution of dentists and dental hygienists.

Approach the Arkansas State Board of Dental Examiners to consider dental workforce data element collection as part of the licensure renewal process and make recommendations to appropriate agencies regarding the oral health workforce in Arkansas.

Recommendation 2.13. Create and maintain an oral health surveillance system for use by policy makers and program planners to most effectively address the oral health needs of Arkansans.

Strategies:
Examine existing data sets containing public health and oral health data for potential relevance and contribution to a state oral health surveillance system. At a minimum the following data sets should be assessed for elements to be included in the state oral health surveillance system:

- Arkansas Department of Health Needs Assessments
- Behavioral Risk Factor Surveillance System (BRFSS)
- Youth Behavioral Risk Surveillance (YRBS)
- Arkansas Cancer Registry
- National Oral Health Surveillance System data submitted by Arkansas
- Arkansas Medicaid data

- Data on the health insurance benefit packages for both public and private insurance
- Pregnancy Risk Assessment Monitoring System (PRAMS)
- Hospital discharge data
- School nurses' surveys on children receiving an annual dental check-up

Utilize the services of a trained epidemiologist to assist in analysis of existing data and to design optimum methods for future data collection.

Recommendation 2.14. Implement a pilot case management system addressing the oral health care needs of low income and uninsured individuals, specifically missed dental appointments.

Strategy:
Fund a pilot case management project to specifically reduce the missed appointment rate for low-income patients. Develop the program in collaboration with Medicaid community health centers, local health department programs, school nurses, the private sector and educational institutions. Examine existing case management approaches to determine the role of such programs in meeting this objective.

Recommendation 2.15. Pursue specific funding for loan repayments or loan forgiveness for Arkansas dental school graduates who agree to practice in a dentally underserved area, or to serve an underserved population (e.g., persons with developmental disabilities) upon graduation. Focus resources on applications from rural areas, in an effort to improve retention in rural communities.

***Strategy*:**
Create a program for loan forgiveness or low interest loans for dentists and dental hygienists who practice in underserved communities based on a promise to practice and promise to see a minimum percentage of most-needy patients. Identify state funding to match federal loan repayment program dollars for dentists and dental hygienists.

Recommendation 2.16. Decrease the number of people in Arkansas who are uninsured for dental services

Strategy:
In collaboration with Arkansas Center for Health Improvement and the UAMS College of Public Health, develop programs for the business community on the importance of oral health in relation to employee health in an effort to assure dental coverage as part of employer sponsored health insurance plans.

Focus Area 3 - Prevention

Priorities:

- **Expand** community water fluoridation.
- **Expand** funding for school-based dental sealant programs.
- **Create** a school-based fluoride mouthrinse program for children not served by community water fluoridation.
- **Promote** healthy dietary choices in schools.
- **Allow** provision of assessment and preventive dental services by dental hygienists under appropriate supervision

RECOMMENDATIONS AND STRATEGIES

Recommendation 3.1: Increase the percentage of the Arkansas residents on community water systems receiving the benefits of water fluoridation.

Strategies:
Pursue policy changes at the Arkansas Department of Health that will allow active promotion of community water fluoridation.

Provide adequate capacity and infrastructure within ADH; including the Office of Oral Health, the Division of Engineering, the State Health Laboratory and Information Technology; to support fluoridation continuation and new community start-ups.

Consider community incentives that will promote local support for water fluoridation, including funding incentives, recognition for fluoridation and grant funds tied to fluoridation.

Continue collaborations with the Arkansas State Dental Association, the Arkansas AGD and Arkansas State Dental Hygienists Association for their members to support and promote fluoridation.

Recommendation 3.2. Replicate and expand the current school-based dental sealant pilot programs into new communities.

Strategies:
Identify funding to support infrastructure needs so as to increase the number of school children served by dental sealant programs.

Seek funding to create a statewide dental sealant program for those children at highest risk. Create mechanisms to provide dental sealants in two venues: (1) in school-based/school linked programs in areas without dentists providing sealants, and (2) enlist dentists and provide reimbursement to cover those children not qualified for other payment modalities.

Develop materials for educating the private practice community about the role and objectives of this program.

Focus Area 4 – Policy

Priorities

- **Create** a diverse, responsive, “elastic” dental workforce that will satisfy the demand for oral health services across the state.
- **Maximize** the contribution of dental auxiliaries through expanded functions and appropriate supervision regulation.
- **Allow** appropriate use of dental auxiliaries in supervised settings for prevention and assessment activities.
- **Mandate** oral health education in the public and private school curricula.
- **Increase** Medicaid participation by funding the program so that dentists can cover their costs plus a reasonable measure of profit .
- **Formalize** the Arkansas Oral Health Coalition and increase its impact as a working public/private partnership focused on oral health improvement for all residents of Arkansas.

RECOMMENDATIONS AND STRATEGIES

Recommendation 4.1. Work with existing groups representing minorities and with the Arkansas Minority Health Commission to increase minority representation in dental schools and dental hygiene programs.

Strategy:
Seek funding from the General Assembly and a variety of other sources that would assist minority students in attending dental and dental hygiene programs and promote their entry into the workforce.

Recommendation 4.2. Seek regulatory or legislative changes that would allow expanded functions under appropriate supervision in a variety of ongoing dental settings.

Strategies:
Work with the Arkansas State Board of Dental Examiners, the Arkansas State Dental Association and the Arkansas State Dental Hygienists’ Association to create new categories of supervision that would allow dental hygienists to provide services commensurate with their training and experience.

Work with the Arkansas State Board of Dental Examiners, the Arkansas State Dental Association and the Arkansas State Dental Hygienists Association to allow preventive therapy modalities by dental hygienists commensurate with their training and experience

Recommendation 4.3. Create opportunities in all elementary and secondary schools for required oral health education.

Strategy:

Work with the Department of Education and the General Assembly on policies that would require appropriate, evaluated curricula on oral hygiene, proper nutrition, and other aspects of oral health in all Arkansas schools.

Recommendation 4.4. Increase Medicaid funding for dental care.

Strategies:
Continue to assess oral health needs for all Arkansans, especially those at highest risk for poor oral health.

Provide information to legislators and other policy makers on lack of Medicaid funding, utilizing various member organizations of the Coalition,

Assess barriers to access to care and resulting deficiencies in individual and population-based oral health.

Recommendation 4.5. Establish mechanisms for the continued existence and operation of the Arkansas Oral Health Coalition.

Strategies:
Draft bylaws to be approved by current members of the coalition that will specify the functions of the coalition and provide for its continued efforts toward optimum oral health for all Arkansans.

Continue the Annual Meeting of the Arkansas Oral Health Coalition as an opportunity for oral health awareness and education as evidenced by the 2002 Governor's Oral Health Summit.

Recommendation 4.6. Include representatives from key stakeholder groups and from populations disproportionately affected by oral health problems (e.g., the elderly, persons with developmental disabilities) in the Arkansas Oral Health Coalition.

Strategy:
Actively recruit participation from a wide variety of agencies, organizations and community groups representing underserved populations and those that serve their needs.

Recommendation 4.7. Effectively utilize the Arkansas Oral Health Plan.

Strategy:
Optimize the impact of the Arkansas Oral Health Plan through monitoring and continued development of the plan via the Arkansas Oral Health Coalition and other public or private partners.

Recommendation 4.8. Identify funding streams to assure the long-term development and institutionalization of the Arkansas Oral Health Coalition.

Strategy:
Promote the efforts of the Coalition to enlighten potential supporters about the need for the Coalition and the impact of effective oral health programs.

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