

PROPOSED PLAN DOCUMENT OUTLINE

- **Letter to stakeholders** (from Coalition Leadership)
- **Table of Contents**
- **Brief Description of the Coalition and its Planning Process**, with a list of Workgroup members (if that's too lengthy, some appropriate sub-group)
- **Executive Summary**
- **Oral Health in Massachusetts** (Summary)
- **Massachusetts Oral Health Plan:** Brief Introductory Statement, Goals, Objectives, Action Steps and Completion Dates for each section:
 - **Assessment and Surveillance**
 - **Policy, Advocacy and Public Awareness**
 - **Prevention and Access**
 - **Workforce**
- **Appendices** (if any)

ASSESSMENT AND SURVEILLANCE

PURPOSE: To promote and support a comprehensive statewide oral health data collection system that identifies areas of need and tracks oral health status, with a special focus on those at highest risk for dental disease.

OVERVIEW: Many groups in Massachusetts collect oral health data - school-based programs, community health centers, universities, health departments, Head Start agencies and others. Sharing this data can strengthen oral health efforts and help us better understand oral health status and needs. Through the strategies discussed here, we seek to facilitate communication and coordination of data efforts throughout the state by:

- Expanding data and access to information through a unified effort designed to promote oral health and prevent disease.
- Increasing access to data and other oral health information to assist policymakers, providers and communities.
- Using data to increase awareness of oral health needs and improve programs and policies at the local and state level.
- Developing Internet-based oral health information sources.

We also seek to increase the usefulness of data systems for consumers of that data by collaborating with individuals, agencies and programs that are collecting oral health data. Through such collaboration, we hope to enhance opportunities for sharing data in a way that will reduce the cost and effort of data collection and improve the evaluation of oral health interventions.

Goal 1: Promote development of an oral health surveillance system that monitors oral health status, service delivery systems, and infrastructure needs and development, and is aligned with the CDC National Oral Health Surveillance System.

Objectives:

1. Define a comprehensive set of oral health variables that can be used to assess and track oral health needs. (By September 2010)
2. Review and catalog existing oral health-related systems that collect data and report on: a) oral health status; b) correlated data such as age, socio-economic status, race/ethnicity and insurance status; c) workforce availability; d) status of the oral health safety net; e) status of Dental Health Professional Shortage Areas (DHPSAs); and f) relevant policies and regulations, including an analysis of financial needs and resources to support surveillance. (By December 2010)

Report on: a) available data collection systems b) surveillance gaps; c) ways to build on existing data collection systems to develop a comprehensive surveillance system that will help state and local policy-makers and providers improve the oral health of priority populations. (By June 2011)

4. Evaluate the surveillance system, and methods of disseminating oral health data. (By June 2012, reviewed annually thereafter)

Action Step:

Assemble a broad-based, expert task force representing public health officials, academic faculty, researchers and other organizations conducting oral health surveillance to promote and support a comprehensive oral health data collection system.

Goal 2: Support the maintenance and improvement of data collection systems and improve access to Massachusetts oral health data sets.

Objectives:

1. Develop systems and agreements that ensure widespread access to and dissemination of oral health data sets for use by public and private organizations. (By December 2011)
2. Establish a process for reviewing and updating priorities for oral health surveillance, creating strategies to prioritize needed improvements in data collection systems, and encouraging and supporting improvement of surveillance and data-sharing systems among participating organizations. (By June 2012, reviewed annually thereafter)

Action Steps:

- Affirm the commitment of partnering organizations to collaborate on collecting and disseminating oral health information.
- Produce reports and up-to-date fact sheets on oral health, and make them widely available in several languages.
- Promote policy change and funding to maintain and improve oral health surveillance systems.
- Facilitate sharing of oral health data and evaluation of the efficacy of data collection, analysis and reporting systems.

POLICY, ADVOCACY AND PUBLIC AWARENESS

PURPOSE: To advocate for effective policies and increase public awareness to promote optimal oral health for Massachusetts.

OVERVIEW: The focus of the policy, advocacy and public awareness strategy is to:

- Identify, evaluate, and integrate policies that support oral health efforts appropriate to the political, social and economic climate in Massachusetts.
- Build public awareness by engaging in advocacy activities and working collaboratively with other groups to promote sound oral health policies.
- Integrate oral health into all aspects of health education and care.
- Advocate for policies based on evidence of efficacy or expert opinion and reliable data.
- Advocate for policies that improve access, utilization and equity in oral health, and eliminate disparities across the lifespan.
- Advocate for the inclusion of oral health services in federal and state health care reforms.

Goal 1: Provide ongoing assessment and development of policies and programs to inform policy work.

Objectives:

1. Inventory current and proposed national, state and local statutes, regulations, and policies related to matters that impact oral health. (By June 2010)
2. Assess challenges and opportunities in health policy, financing, quality and organization of the system of oral health care delivery that facilitate or create barriers to access, equity and utilization of oral health services. (By June 2010)
3. Evaluate relevant national, state and local advocacy and policy efforts to identify best practices that offer the potential to prevent and control oral disease. (By December 2010, and once every two years thereafter)

Action Steps:

- Assemble an ongoing expert task-force of stakeholders representing the private and public sectors to inventory, assess and evaluate relevant policies.
- The taskforce will develop an evaluation protocol to produce evidence and recommendations for a policy agenda.
- The task-force will produce an annual report to inform the Coalition's policy agenda and guide the activities of the Policy, Advocacy and Public Awareness Workgroup.
- Ensure adequate oral health representation on health policy boards, advisory councils, commissions and other entities (e.g. Health Quality and Cost Council, Payment Reform Commission, Disparities Council, Medical Home Group, MassHealth Payment Taskforce).

Goal 2: Promote public awareness and build support for policies that improve oral health.

Objectives:

1. Increase the number of active oral health advocates statewide by 10%. (By December 2010, then updated annually)
2. To ensure increased advocacy and support for legislation that positively affects oral health, increase the active membership of the legislative Oral Health Caucus by 20%. (By December 2011)
3. Increase public awareness of the impact that oral health policies and programs have on the health and well-being of individuals and communities. (By June 2010)
4. Ensure the inclusion of oral health quality measures in payment reform efforts and medical home initiatives.

Action steps:

- Develop and implement coordinated campaigns and activities to inform state and local policymakers, stakeholders and the public-at-large about oral health, unmet oral health needs and effective policies and programs.
- Identify potential new members of the Legislative Oral Health Caucus and conduct targeted recruitment meetings.
- Engage regional professional associations and other organizations in legislative districts to help recruit members for the Legislative Oral Health Caucus.
- Promote programs and organizations that train and empower individuals and organizations to advocate for oral health.

Goal 3: Implement a comprehensive policy agenda that supports the goals of the Coalition's Oral Health Plan for Massachusetts.

Objectives:

1. Develop an annual policy agenda that advances the oral health plan. (By August 2010, then annually)
2. Identify policy options that strengthen and support the capacity to promote innovations and support initiatives advancing the oral health plan. (By December 2010)
3. Evaluate the effectiveness of the policy agenda in promoting positive change. (By December 2011)

Action steps:

- Review the goals, objectives and strategies of the oral health plan to identify those that may benefit from action by the Policy, Advocacy and Public Awareness workgroup.
- Identify policy priorities that promote improvements in the organization and financing of the oral health delivery system.

- Develop and promote a framework for the evaluation of the policy agenda.
- Develop and implement a rapid communication system to inform Coalition members and stakeholders about emerging oral health issues.

PREVENTION AND ACCESS

PURPOSE: To improve health equity by increasing access to oral disease prevention and treatment measures for all residents of Massachusetts.

OVERVIEW: The proposed prevention and access strategies focus on:

- Promoting expansion of community water fluoridation as the foundation of better oral health.
- Promoting preventive oral health services including sealants and access to fluoride products.
- Increasing healthy equity by improving access to preventive, restorative and rehabilitative oral health services for vulnerable and diverse populations. These include: people of color; low income populations; people with special health care needs; women of childbearing age, pregnant women and new mothers; children from 0-21 years of age; older residents living independently, in nursing homes and in assisted living residences; uninsured and underinsured individuals; and the homeless.
- Promoting oral health knowledge and awareness.
- Educating the public about the connection between oral health and general health.
- Engaging a broad coalition of community-based providers in oral health promotion.

Goal 1: Increase the proportion of Massachusetts residents benefiting from community prevention programs.

Objectives:

1. Promote the use of fluoride and fluoridation among individuals, regardless of age, at moderate to high risk for dental decay. (Ongoing)
2. Maintain fluoridation in communities currently fluoridated, and Increase by 2 the number of communities with a fluoridated public water supply. (By December 2015)
3. Increase the number of children at moderate to high-risk for dental decay who have sealants on primary and permanent molar teeth by 25%. (By December 2012)
4. Increase the number of children in school-based, early childhood and community fluoride programs by 10%. (By December 2015)

Action Steps:

- Collaborate with the Department of Public Health to identify opportunities and strategies to expand the number of community-based prevention programs for vulnerable populations.
- Advocate for increased funding for integrated community and school-based oral health education and prevention programs targeting vulnerable populations.
- Work with local health boards, community groups and coalitions to coordinate a united effort for community water fluoridation.

- Establish a multi-disciplinary group of experts to serve as a resource for communities considering water fluoridation.
- Work with the Office of Oral Health in the Department of Public Health to expand school-based prevention programming.
- Advocate for legislation that mandates private insurance to reimburse for selected oral health prevention services by trained non-dental providers.

Goal 2: Increase the number of Massachusetts residents receiving oral health services.

Objectives:

1. Increase access to and use of preventative, restorative and rehabilitative oral health services by seniors living independently in the community and in long-term care and assisted living facilities. (By July 2012)
2. Double the number of pediatric primary care providers who deliver oral health services including oral health screenings, fluoride varnish application, and dental referrals for patients at risk. (By December 2012)
3. Increase the number of adult primary care providers who perform oral health screenings and make dental referrals during routine medical visits.
4. Increase the number of oral health safety net programs (e.g. community health centers, mobile dental care programs) performing outreach, enrolling and serving as a dental home for those who have no dental insurance, including special populations such as the homeless. (By December 2012)
5. Increase access to and use of preventative, restorative, and rehabilitative oral health services by people of color and low income populations. (By December 2012)
6. Increase access to and use of preventative, restorative, and rehabilitative oral health services for people with special health care needs including those with disabilities.
7. Increase the number of MassHealth recipients receiving preventive, restorative and rehabilitative services.

Action Steps:

- Collaborate with agencies and organizations to develop, support and implement oral health programs to address disease prevention and access to care for residents living independently, and in long-term care facilities, nursing homes, and assisted living facilities.
- Work with state and local professional associations to promote their members' participation in delivering preventive oral health services.
- Collaborate with statewide and local stakeholders to promote the inclusion of dental coverage in health insurance packages.

Goal 3: Increase knowledge and awareness of the importance of oral health to overall health.

Objectives:

1. Increase the public's oral health knowledge and raise awareness of its importance to overall health, helping to promote effective individual oral health practices. (By December 2012)
2. Increase oral health knowledge of pre-school staff, teachers, health workers, nursing home staff and other key service providers. (By December 2013)
3. Increase the oral health knowledge of students enrolled in health professional schools and programs by integrating culturally-appropriate oral health curricula. (By December 2015)

Action Steps:

- Partner with key statewide and local stakeholders to develop and deliver consistent and culturally appropriate messages to increase oral health knowledge and awareness.
- Train parents, teachers, community health workers, personal care attendants, and nursing home staff and other caregivers on oral health concerns.
- Collaborate with state health professions schools to identify culturally appropriate oral health curricula and to integrate them in their training programs.

WORKFORCE

PURPOSE: To ensure the availability of a qualified workforce to address oral health needs, essential to the overall health of all residents.

OVERVIEW: Workforce strategies focus on:

- Establishing sustainable fiscal resources to support and expand the Commonwealth’s workforce through education, outreach and policy.
- Ensuring a dental home and comprehensive oral health services for all residents, by increasing the number of dental providers serving high risk populations and maximizing partnerships and collaborations with stakeholders
- Recruiting, develop and maintain a culturally responsive oral health workforce by education, training and increasing the number of multicultural dental providers.

Goal 1: Establish sustainable fiscal resources to support and expand the oral health workforce.

Objectives:

1. Provide financial incentives and resources (including scholarships and loan forgiveness programs, scholarships) that encourage the expansion of the oral health workforce.
2. Ensure the adequate financing of government-run insurance programs and departments working on oral health.
3. Facilitate the efficient allocation of fiscal resources to support expansion of the oral health workforce.
4. Ensure adequate resources for publicly funded dental education and training programs to meet current and future labor demands for oral health providers.

Action Steps:

- Develop a campaign to educate legislators on the need for financial assistance to support dental, dental hygiene and post-graduate dental students, as well as licensed dental practitioners who practice in or would like to practice in underserved areas, as well as the need for increased funding for loan and scholarship programs for dental professionals. (By November 2010)
- Develop a report for legislators and government officials demonstrating the impact of limited oral health financing and the benefit of increasing financing for oral health services to improve the health care system. (By November 2010)
- Promote an oral health license plate to generate funding to support workforce expansion initiatives for dental professionals. (By March 2011)
- Propose legislation to include oral health providers as members of the Health Care Workforce Center Advisory Council and allow dental professionals to be eligible for associated loan repayment funds. (By January 2011)

- Promote the financing of residency programs in public health settings utilizing Indirect and Direct Medical Education funding reimbursement through Medicare and Medicaid. (By March 2015)
- Promote the financing of recruitment or apprenticeships programs in state high schools. (By December 2012)
- Identify best practices that demonstrate a measurable improvement to oral health for replication and expansion. (By December 2011)

Goal 2: Ensure a dental home and access to comprehensive oral health services for all residents of the Commonwealth.

Objectives:

1. Increase the number of private providers actively participating in government-sponsored dental insurance (MassHealth and Commonwealth Care).
2. Establish partnerships and collaborations between dental providers and other healthcare professionals to ensure continuity of comprehensive oral health care (with medical doctors, nurse practitioners, nurses, community health workers, case managers etc).
3. Double the number of pediatric primary care providers who deliver oral health services including oral health screenings, fluoride varnish application, and dental referrals for patients at risk.
4. Increase the number of adult primary care providers who perform oral health screenings and make dental referrals during routine medical visits.
5. Increase the number of dental providers working in a safety net setting and the number of oral health safety net programs (e.g. community health centers, mobile dental care programs) performing outreach, enrolling and serving as a dental home for those who have no dental insurance, including special populations such as the homeless. (By December 2012)
6. Maintain or increase (as needed) the total number of dental providers in the Commonwealth.

Action Steps:

- Increase the enrollment and active participation of licensed dentists in the MassHealth Program to 65%. (By December 2013)
- Enroll 200 dental hygienists as providers in the MassHealth Dental Program. (By December 2013)
- Increase reimbursement for dental services provided under MassHealth to the 75th percentile of the ADA Survey of General Dentists. (By October 2013)
- Offer four model business plans for dentists, dental hygienists or dental programs to efficiently integrate MassHealth patients into practices. (By December 2010)
- Increase the number of dental departments and clinical oral health staff, including dental hygienists, in community health centers. (By December 2012)

- Establish a plan for fostering partnerships between oral health professionals and local community health workers to improve capacity for providing culturally responsive dental care. (By December 2011)
- Increase the number of general practice dental residency positions (General Practice Residency or Advanced Education in General Dentistry Residency) in by 50%. (By December 2015)
- Conduct a survey of new dental graduates to identify factors that drive employment decisions after graduation from an accredited Massachusetts dental, dental hygiene and dental assisting program (e.g., educational debt, geography, cost of living, specialization), especially factors that may increase the number of new graduates who decide to practice in the Commonwealth. (By April 2011)
- Establish a Dental Professional Recruitment Program workgroup to explore retention of new graduates providing dental services in the Commonwealth. (By December 2011)

Goal 3: Recruit, develop and maintain a culturally responsive oral health workforce by education.

Objectives:

1. Increase the proportion of dental providers receiving training in cultural competency.
2. Increase the number of multilingual dental practices.
3. Increase the number of multicultural dental school graduates.
4. Increase the number of foreign trained dentists in private practice.

Action Steps:

- Promote education and training programs focusing on cultural and linguistic responsiveness for dentists, dental hygienists and dental assistants. (By December 2010)
- Establish a health care workforce data warehouse which includes race, ethnicity and languages of dentists and dental hygienists, and set benchmarks for increasing the diversity of the dental workforce. (By July 2011)
- Promote the interpretation and translation services that reflect the language diversity in dental practice locations. (By December 2013)
- Promote recruitment, retention, preparation and development of multicultural faculty. (By December 2012)
- Promote and support an oral health provider pipeline workgroup investigating career expansion initiatives in alliance with dental educators. (By December 2015)
- Investigate new pathways for limited license dentists to secure full dental licensure in the Commonwealth. (By December 2012)