Oral Health Plan for New York State

Jayanth Kumar, DDS, MPH
Bureau of Dental Health
New York State Department of Health
History of Oral Health Plans

- Recommendations to the Commissioner - The 1999 Oral Health Plan
- 2001 Children’s Oral Health Summit: Giving Children a Reason to Smile
- Oral Health Plan for New York State, 2005
Steps taken to overcome roadblocks

- Approval from the Governor’s Office
- Selection of members from diverse background to a steering committee
- Establishment of workgroups
- Use of a framework
- Establishment of ground rules
Plan Development Process

- Identify a framework for the plan development
- Review existing state plans
- Convene a planning committee & form work groups
- Develop a tool for identifying major issues, goals and objectives
- Provide a structure for report development
- Develop strategies and action steps
- Develop an evaluation plan
Framework for Comprehensive State Oral Health Plans

What should be done?
Setting Optimal National and State Objectives: (data-driven)

What can be done?
Planning Feasible Strategies (capacity-driven)

What is achieved?
Implementing Effective Strategies (outcome-driven)

What could be done?
Determining Possible Strategies (science-driven)

Knowledge for Evidence-Based Decision Making

Data: societal influences, current capacity, environmental analysis

Data: disease burden, target populations, and implementation barriers

Data: process, outcome, impact evaluations

Data: surveillance

Data: unmet needs, service and data gaps

Data: proven prevention and best processes
Major issues identified in other state plans

- Lack of awareness of importance of oral health
- Oral health is not included as part of general health
- Underutilization of effective community-based preventive programs & lost opportunity for implementing prevention programs
- Access to care
  - Adequacy, distribution & diversity of the workforce
  - Need for improvement in dental insurance programs
  - Administrative barriers
Challenges: Balancing interests of stakeholders

- Prevention vs. Access
- Public health vs. Individual care
- SMART Objectives vs. Non specific Objectives
- Action Steps – All strategies vs. Priorities
- Funding requests
Successes

- Consensus reached on issues and strategies
- Infrastructure developed
- The framework helped us to focus
- Clear goals led to consensus
- Brought partners together
Goals:

Goal 1: Develop and promote policies

Goal 2: Promote oral health as a valued and integral part of general health across the life cycle

Goal 3: Improve access to oral health services and eliminate disparities

Goal 4: Enhance the oral health information and knowledge-sharing infrastructure

Goal 5: Address risk factors for oral diseases
Specific Goals:

Goal 6: Increase capacity, diversity, and flexibility of the workforce

Goal 7: Promote educational opportunities and experiences of the oral health workforce

Goal 8: Encourage oral health professionals to be competent in public health principles and practice.

Goal 9: Develop a research agenda

Goal 10: Maintain and enhance the existing surveillance system
Strategies (Priorities for action):

1. Explore opportunities to form regional oral health networks
2. Formalize a statewide coalition to promote oral health
3. Encourage stakeholders to examine and make recommendations on:
   a. Laws and regulations
   b. Financing of dental education
   c. Effective approaches to address disparities
   d. Strengthening the dental health workforce
   e. Ways to involve retired dentists and dental hygienists
Strategies (Priorities for action): (Contd...)

4. Assess gaps in dental health educational materials and explore ways to integrate oral health into health literacy programs.

5. Develop and widely disseminate guidelines, recommendations and best practices

6. Strengthen the oral health surveillance system
Using data to support program expansion: Prevalence of dental sealants in 3rd grade children in New York State, compared to the HP2010 Objective

Recommending system change: Dental visit (%) during pregnancy By race and participation in Medicaid

Percent (95% CI)

<table>
<thead>
<tr>
<th>Race</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>48.4</td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>54.5</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>51.4</td>
<td></td>
</tr>
</tbody>
</table>

Source: PRAMS, 2002
Interventions

- Fluoridation or an alternative
- School-based or school-linked dental program
- A partnership to promote dental care for pregnant women and young children
Partners

- Local Health Departments
- Professional Organizations
- Rural Health Networks
- Perinatal Association
- Advisory Councils
  - Medicaid
  - MCHBG
  - Rural Health
- Area Health Education Centers
- Academic institutions
- Perinatal Networks
- Primary Care Association
- Chronic Disease Programs
- Provider organizations
Infrastructure: Oral Health Networks

- Perinatal Networks
- AHEC

Blue – Rural Health networks
Do you feel that the opportunities for input from you PERSONALLY were

- **Not sufficient** – I did not feel that I had adequate opportunity for meaningful input
- **Sufficient** – Opportunities were adequate
- **Abundant** – I had ample opportunity to contribute

The bar graph shows the distribution of responses:
- Abundant: 56.3%
- Sufficient: 43.8%
- Not sufficient: 0%
Outputs, Outcomes, Impact

- New York State Oral Health Coalition
- Advocacy Day
- Changes to Laws
- Expansion of School-based Dental Health Program
- Training programs & Health Literacy
- Professional guidelines
Thank You.