Fulfilling the Potential of State Oral Health Programs

Leveraging Resources: New York State

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New York State Department of Health

Assets and resources

- DOH commitment to achieve optimum oral health for all
- Educational institutions
- Training programs
- Workforce and a network of public health clinics
- Financing system
Challenges

Convincing the public and policy makers that oral health is an important part of their overall health;

Improving the utilization of effective preventive measures;

Increasing the capacity, competency, diversity and flexibility of the dental workforce; and

Improving the measurement and tracking of oral diseases, risk factors, workforce and utilization of dental services.
New York State

Rest of New York
Pop - 11 million
F&Red School lunch - 31.1%
Fluoridation - 40%
DDS - 8868
RDH - 6802

New York City
Pop - 8 million
F&Red School lunch - 82%
Fluoridation - 100%
DDS - 6167
RDH - 1437
Focus areas for BDH 2001 -2005

- Surveillance
- Assessment
- Policy development
- Partnerships to promote prevention
- Oral health plan development
- Statewide oral health coalition
- Health promotion and disease prevention/control interventions
- Evaluation
Focus

- Dental caries
  - Fluoridation and Dental Sealants
  - School-based Programs
- Early Childhood Caries
- Oral health in pregnant women
- Oral cancer
Development of a Surveillance Plan

**Data Sources**
- Survey of 3rd grade
- BRFSS
- Water Fluoridation
- Cancer Registry
- Congenital Malformation
- Hospitalization data
- Medicaid & SCHIP
- Licensure

**Disease Burden Document**
- Progress toward HP 2010
- Eliminate disparities

**Oral Health Surveillance System**

**Messages for Action**
<table>
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<tr>
<th>Source</th>
<th>Assessment</th>
<th>Policy Development</th>
<th>Assurance</th>
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Fluoridation in New York State

- Collaborated with the Bureau of Water Supplies to change the system for monitoring fluoride level in water
- Trained water plant operators
- Promoted local partnerships to implement water fluoridation

<table>
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<th></th>
<th>All children</th>
<th>Upstate</th>
<th>New York City (Low Income)</th>
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<td>% with Sealants</td>
<td>27</td>
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Legend:
- Sealant Program
- No Sealant Program
- All children
Strategies for promoting dental sealants

- Expand school-based or school-linked dental sealant programs
- Develop partnerships to promote dental sealants in dental offices and dental clinics
  - New York City Seal a Smile Initiative
- Include dental sealants as a performance indicator in health plans
Policy Change:

School-based Health Center Program (Dental)

- Allows contractors to generate revenue
- Provides a waiver for managed care enrollees
- Improves quality
- Enhances case management
Innovative Services Grant

Mobile vans

Portable program

Fixed facility

Case Management
Support for a Technical Assistance Center

Job Opportunities

Welcome To New York Oral Health TAC

New York State Oral Health Technical Assistance Center provides technical assistance to communities, institutions, and professionals for the development and improvement of oral health service delivery.

Our philosophy is that increased access and utilization of dental care will reduce the disparities in oral health.

News

Dr. Buddhi Shrestha Joins NY Rural Health Council

Dr. Shrestha appointed to the Rural Health Council which works to improve access to health care for the state's rural residents. Click for complete story.

Dr. Buddhi Shrestha Named to Medical Advisory Committee

Governor Patki named Dr. Shrestha to the Medical Advisory Committee, a committee which provides the
Focus

- Early childhood caries
  - Approximately 2900 children <6 years receive treatment in a hospital operating room
  - Cost of treatment – $900 to $12,000 per child

- Oral health of pregnant women
  - PRAMS data - 34 to 54% visited dentists
  - Medicaid Managed Care – 11%
Lessons learned from demonstration programs

- University of Rochester’s Early Childhood Caries program
- NYU’s Healthy Baby Healthy Mom project
Improving the oral health of pregnant women and young children

- Development and dissemination of practice guidelines
- Collaboration with prenatal care, dental and pediatric care providers
Focus: Oral Cancer

HP 2010 Objective = 50%
Compliance with tobacco cessation practice guidelines: Survey of dentists and dental hygienists

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Oral Cancer

- Law mandating continuing education
- Support for CE programs using tobacco settlement funds
- Collaboration with tobacco free coalitions to promote tobacco cessation in dental offices
- Participated in the development of Comprehensive Cancer Control Plan
The New York State Smokers’ Quitline offers its Fax to Quit program to all health care providers to help their patients stop smoking. As a confidential service, we offer counseling and other cessation-related services to patients who use tobacco products.

How Fax to Quit Works:

- Health care providers can refer their tobacco-using patients to the New York State Smokers’ Quitline using the Fax to Quit referral form.
- Patients will receive a follow-up call from a Quitline Specialist who will provide a stop smoking or stop smokeless-tobacco counseling session.
- Patients will receive a Stop Smoking or Stop Smokeless Tobacco packet in the mail with information tailored to their specific situation and a listing of local stop smoking programs.
- A progress report (feedback form) with information about the patient’s tobacco-use status will be faxed back to the health care provider from the Quitline.
Dental Public Health Residency Program

HRSA
MCHBG

DOH
School of Public Health
University at Albany SUNY

Training sites:
Jacobi Medical Center, Bronx
University of Rochester, Eastman Department of Dentistry
New York University College of Dentistry
Health literacy: filling gaps

- Funds from litigation settlement for developing educational materials
Partnerships

- Dental programs (30)
- Rural Health Networks (33)
- Comprehensive Prenatal-Perinatal Networks (16)
- Area Health Education Centers (9)
Comprehensive Prenatal-Perinatal Networks

OUR MISSION:
The Mission of MINCR is to take a leadership role in achieving optimal health for mothers and babies in our communities through:

- Education
- Collaboration
- Resources
- Outreach and health education

For The Latest Hot Topics click here

New Prenatal Care Program: Centering Pregnancy at Whitney M. Young Jr. Health Center click here

OUR APPROACH:
We strive to remove barriers to accessing community and health services needed by infants and women of childbearing age by offering community education and resources and by facilitating collaboration of consumers, health providers, and human service providers.

OUR CLIENTS:
- Women of childbearing age
- Infants, children, and families
- Health care providers
- Human services providers

Provider’s Pages
Conclusion

- Focused on promising practices in prevention and control
- Used data to guide decisions and to support efforts
- Explored policy change and system change to bring about improvement in oral health
- Leveraged resources for
  - expanding existing programs
  - initiating new programs
  - forming partnerships
- Enhanced evaluation capacity
Acknowledgement

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