State of Mississippi

Oral Health Plan

2006 – 2010
January 30, 2006

Dear Mississippians:

I am pleased to support the Mississippi State Oral Health Plan (2006-2010), a comprehensive approach to improve the oral health of Mississippi’s families. Oral health is vitally important to our children’s growth and development, and their overall health and well-being is not possible without having good oral health.

During the 2004-2005 school year, 3 in 4 children have experienced dental disease by age 8, 1 in 3 children have untreated dental decay, and 1 in 10 have urgent need for dental care due to pain and infection. This should not be tolerated as Mississippi’s future relies on the quality of the early childhood experiences that we provide to our children today.

This plan assures multiple strategies to improving oral health, including community water fluoridation programs, school-based prevention programs, oral health education, and increasing access to dental care for the people of Mississippi. Primary prevention, along with appropriate personal behaviors and access to regular dental check-ups can prevent virtually all dental disease.

Working together, we can ensure a healthier future for Mississippi’s children and families.

Sincerely,

Haley Barbour

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**Vision Statement:** “We envision a Mississippi where every child enjoys optimal oral health; where prevention and health education are emphasized and treatment is available, affordable, accessible, acceptable and timely; where parents are involved, providers are engaged, and insurers are responsible; where government provides supplemental resources and ensures quality of care as well as protection of patients; and where the total well-being of the child is promoted.”

I. **ASSESSMENT**

**GOAL 1:** *Establish and maintain an ongoing oral health surveillance system to measure the population’s oral health status and needs, determine the effectiveness of interventions, and report oral health outcomes.*

**ACTION STEP I.1.1:** Perform periodic statewide clinical oral health assessment of representative populations using a self weighted sample analysis that adjusts for non-response.

**LEAD ORGANIZATIONS:** Mississippi Department of Health and Mississippi Department of Education

**PARTNERS:** Mississippi Division of Medicaid, Mississippi Dental Association, Mississippi Primary Healthcare Association, University of Mississippi Medical Center Adolescent and Child Tobacco Center, University of Mississippi Medical Center School of Dentistry, Mississippi Hospital Association, Mississippi Head Start Association, Coalition for Persons with Disabilities, Mississippi Alliance for School Health

**NATIONAL HEALTH OBJECTIVE:**
21-16 Increase the number of states with state-based oral health surveillance system.

**STRATEGIES:**

a) Increase infrastructure and capacity within the MDH to determine representative populations and sampling methodology, perform data collection and analysis, and report results;

b) Increase collaborations with lead agencies (e.g., MDE to share student enrollment data, inform parents and caregivers, and conduct clinical oral health screens during the school year);

c) Collect, analyze and report data as determined by the state oral health surveillance plan (i.e. using the Association of State and Territorial Dental Directors Basic Screening Survey or Decayed-Missing-Filled-Treated (DMFT) survey).

**TIMELINE:** Periodically as established by state oral health surveillance plan.

**OUTCOMES:**

a) Monitor and report oral health indicators to the Center for Disease Control & Prevention (CDC) National Oral Health Surveillance System (NOHSS);

b) Use oral health surveillance data for planning, public awareness, health status reporting, and professional use.

**ACTION STEP I.1.2:** Assure statewide oral cancer surveillance with periodic reviews of morbidity and mortality events.
LEAD ORGANIZATION: University of Mississippi Medical Center Cancer Registry

PARTNERS: Mississippi Department of Health, Mississippi Partnership for Comprehensive Cancer Control, University of Mississippi Adolescent and Child Tobacco Center, Mississippi Primary Healthcare Association, Mississippi Dental Association, Mississippi Medical Association

NATIONAL HEALTH OBJECTIVE:
21-6 Increase in detection of Stage I oral cancer lesions determined by assessment of the incidence of reporting invasive cancer of the oral cavity or pharynx.

STRATEGIES:
a) Promote increased awareness of oral cancer reporting among all health professionals;
b) Simplify oral cancer reporting processes to improve reporting;
c) Increase the accuracy and consistency of oral cancer reporting using targeted education and training initiatives.

TIMELINE: Periodically as established by state oral health surveillance plan.

OUTCOMES:
a) Increase the percentage of oral cancers reported;
b) Reduce morbidity and mortality from oral cancers.

ACTION STEP I.1.3: Conduct and report secondary oral health data analysis of existing health data sets, such as the CDC Behavioral Risk Factor Surveillance System (BRFSS) and Youth Risk Behavior Surveillance System (YRBSS).

LEAD ORGANIZATION: Mississippi Department of Health

PARTNERS: Centers for Disease Control and Prevention; State Schools of Public Health and/or Preventive Medicine

NATIONAL HEALTH OBJECTIVE:
5-15 Increase the proportion of persons with diabetes who have at least an annual dental examination (also cardiovascular disease, etc.)

STRATEGIES:
a) Identify disparities in dental care utilization and monitor access to oral health care services;
b) Increase the capacity to collect oral health data through existing data collection methods as determined by the state oral health surveillance plan.

TIMELINE: Every other year proposed by BRFSS Coordinators, beginning with 2005 (odd years). States may choose to use optional oral health module each year.

OUTCOME:
Improve the understanding and knowledge about oral diseases and their relationship with health to make informed policy and programmatic decisions.

ACTION STEP I.1.4: Assure timely and efficient communication or oral health-related data within and between government health agencies to monitor oral health care delivery and its impact on the burden of disease.

LEAD ORGANIZATIONS: Mississippi Division of Medicaid and Mississippi Department of Health

PARTNERS: Mississippi Primary Health Care Association, Mississippi Dental Association, Mississippi Dental Society, and Mississippi Dental Hygienists' Association

NATIONAL HEALTH OBJECTIVES:
21-10 Increase the proportion of children and adults who use the oral health care system each year.
16-10/16-11 Obtain data on access to oral health care for mothers of low birth weight babies, very low birth weight babies, and preterm births.

STRATEGIES:
a) Plan and implement data collection to identify policy and program needs;
b) Determine the incidence and prevalence of oral disease(s);
c) Determine the percent of population visiting dentist yearly;
d) Determine the population’s utilization of oral health services;
e) Identify and report on access barriers in communities;
f) Evaluate accessibility and availability of oral health services;
g) Identify and monitor dental health professional shortage areas on a periodic basis as per government criteria and definitions;
h) Assess oral health knowledge, opinions, and practices of the community.

TIMELINE: Ongoing; periodic reporting of data outcomes

OUTCOME: Decrease barriers to the utilization of oral health services in the community.

Goal 2: Integrate the oral health surveillance system across health care delivery systems and networks, public health, educational programs and social service systems.

ACTION STEP I.2.1: Identify data sources, linkages, and data gaps, and increase knowledge transfer.

LEAD ORGANIZATIONS: Oral Health Task Force /Oral Health Coalition and Mississippi Department of Health

PARTNERS: Mississippi Division of Medicaid, Mississippi Department of Information Technology, Mississippi Department of Finance and Administration, Mississippi Dental Association, Mississippi Primary Healthcare Association, University of Mississippi Medical Center Adolescent and Child Tobacco Center; University of Mississippi Medical Center School of Dentistry, Mississippi Hospital Association, Mississippi Head Start Association

NATIONAL HEALTH OBJECTIVES:
21-10 Increase utilization of oral health system;
21-11 Increase utilization of dental services for those in long-term care facilities;
21-16 Increase the number of states with state-based surveillance system;
21-17 Increase the number of state and local dental programs with effective public dental health program/director.

STRATEGIES:
a) Implement process to obtain information from the public on the accessibility, availability, adequacy, usage, effectiveness, and cultural competency of oral health care delivery systems.
b) Develop a communications plan for oral health promotion and dental care practice to improve outcomes.

TIMELINE: 2007

OUTCOMES:
a) Increase access to oral health care and prevention services for at-risk populations and reduce health disparities;
b) Assure efficient and effective use of workforce and resources with cost-control.

ACTION STEP I.2.2: Create HIPAA-compliant data linkages and information sharing systems for oral health care measures.

LEAD ORGANIZATIONS: Mississippi Department of Information Technology and Mississippi Department of Finance and Administration

PARTNERS: Mississippi Department of Health, Blue Cross/Blue Shield of Mississippi, Delta Dental Plans of Mississippi, and Mississippi Division of Medicaid

NATIONAL HEALTH OBJECTIVES:
21-10 Increase utilization of oral health system;
21-11 Increase utilization of dental services for those in long-term care facilities;
21-16 Increase the number of states with state-based surveillance system;
21-17 Increase the number of state and local dental programs with effective public dental health program/director.

STRATEGY:
Implement interagency and interagency partnership agreements to communicate and share required health data as determined by the state oral health surveillance plan.

TIMELINE: 2008

OUTCOMES:
a) Increase access to oral health care and prevention services for at-risk populations and reduce health disparities;
b) Assure efficient and effective use of workforce and resources using cost-control.

GOAL 3: Determine and monitor the fluoridation status of public water systems and natural sources of dietary fluoride.

ACTION STEP I.3.1: Periodically assess and report the fluoride content of all public water systems.

LEAD ORGANIZATIONS: Mississippi Department of Health and Mississippi Rural Water Association

PARTNERS: Bower Foundation, Mississippi Dental Association, Mississippi Dental Society, Mississippi Primary Health Care Association, Mississippi State University (MSU) Extension Service, Centers for Disease Control and Prevention, and American Dental Association
NATIONAL HEALTH OBJECTIVE:
21-9 Increase the proportion of the U.S. population served by fluoridated water systems.

STRATEGIES:
a) Implement use of CDC Water Fluoridation Reporting System;
b) Establish protocol for water content reporting;
c) Assure ongoing water system training and reporting.

TIMELINE: 2006

OUTCOME:
Increase in the Mississippi population served by optimally fluoridated water systems.

ACTION STEP I.3.2: Monitor all public water fluoridation programs to assure compliance with fluoride testing and reporting recommendations.

LEAD ORGANIZATIONS: Mississippi Department of Health and Mississippi Department of Environmental Quality

PARTNERS: Mississippi Dental Association, Mississippi Primary Health Care Association, and Mississippi Rural Water Association

NATIONAL HEALTH OBJECTIVES:
21-9 Increase the proportion of the U.S. population served by community water systems with optimally fluoridated water.

TIMELINE: Ongoing

STRATEGIES:
a) Establish protocol for fluoride content testing and reporting;
b) Assure ongoing water operator training;
c) Monitor compliance with testing and reporting recommendations.

OUTCOMES:
a) Increase in the number of Public Water Systems that complete monthly reporting requirements;
b) Increase in Mississippi population served by optimally fluoridated water systems.

ACTION STEP I.3.3: Monitor the quality of fluoride analysis at state laboratory.

LEAD ORGANIZATIONS: Mississippi Department of Health and Mississippi Department of Environmental Quality

PARTNERS: Mississippi Rural Water Association and Mississippi State University (MSU) Extension Service

NATIONAL HEALTH OBJECTIVE
21-9 Increase persons on public water receiving fluoridated water.

STRATEGIES:
a) Assure that persons receive optimal levels of fluoride through public water supplies;
b) Assure quality fluoride testing procedures of PWS.

**TIMELINE:** Ongoing

**OUTCOME:**
Increase in the Mississippi population served by optimally fluoridated water systems.

**ACTION STEP I.3.4:** Monitor and report statewide public water fluoridation surveillance activities using the CDC Water Fluoridation Reporting System.

**PARTNERS:** Mississippi Rural Water Association and Mississippi State University (MSU) Extension Service

**NATIONAL HEALTH OBJECTIVE**
21-9 Increase persons on public water receiving fluoridated water.

**STRATEGY:**
Assure that persons receive optimal levels of fluoride through public water supplies.

**TIMELINE:** Ongoing

**OUTCOME:**
Assure timely access to accurate fluoride data for public water supplies to assure safety and assist health professional’s decision-making regarding alternative preventive therapies.

### II. Policy Development

**GOAL 1:** Develop plans and policies through a collaborative process to establish an efficient oral health services infrastructure that assures the protection and promotion of oral health for all Mississippians.

**ACTION STEP II.1.1:** Develop a state oral health plan through a collaborative process with representative stakeholders.

**LEAD ORGANIZATION:** MDH

**PARTNERS:** Office of the Governor, Mississippi Dental Association, Mississippi Primary Health Care Association, Mississippi State Board of Dental Examiners, Mississippi Dental Hygienists’ Association, Mississippi Rural Health Association, Mississippi Division of Medicaid, Mississippi Department of Finance and Administration (Children’s Health Insurance Program), Mississippi Department of Education, and Bower Foundation

**NATIONAL HEALTH OBJECTIVES:**
21-10 Increase the proportion of children and adults who use the oral health care system each year;
21-11 Increase the proportion of long-term care residents who use the oral health care system each

year;
21-12 Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year;
21-13 Increase the proportion of school-based health centers with an oral health component;
21-14 Increase the proportion of local health departments and community-based health centers that have an oral health component;
21-16 Increase the number of states with state-based surveillance system;
21-17 Increase the number of state and local dental programs with effective public dental health program/director.

STRATEGIES:
a) Establish a collaborative planning process that utilizes the National Call to Action to write a state oral health plan;
b) Identify the target population of public officials, community leaders, and key stakeholders;
c) Oversee the implementation of the state oral health plan.

TIMELINE: 2006 - 2010

OUTCOME:
Implementation of a state oral health plan that describes the burden of oral disease, the prevalence of risk factors, and the population at high risk; includes goals that prioritize and address need; and identifies specific activities that will be undertaken and responsible parties to achieve each objective.

ACTION STEP II.1.2: Assure leadership to address oral health problems by mandating a state oral health program.

LEAD ORGANIZATIONS: Mississippi Department of Health and Mississippi State Legislature

PARTNERS: Office of the Governor, Mississippi Dental Association, Mississippi Primary Health Care Association, Mississippi State Board of Dental Examiners, Mississippi Dental Hygienists' Association, Mississippi Rural Health Association, University of Mississippi Medical Center School of Dentistry, Mississippi Rural Water Association, Mississippi Division of Medicaid, Mississippi Department of Finance and Administration (Children’s Health Insurance Program), Mississippi Department of Education, and Bower Foundation

NATIONAL HEALTH OBJECTIVES:
21-1 Reduce dental caries experience in children;
21-2 Reduce untreated dental decay in children and adults;
21-3 Increase adults with teeth who have never lost a tooth;
21-4 Reduce adults who have lost all their teeth;
21-5a Reduce gingivitis among adults;
21-5b Reduce periodontal disease among adults;
21-6 Increase detection of stage I oral cancer lesions;
21-7 Increase number of oral cancer examinations;
21-8 Increase sealants in 8 year-olds’ first molars and in 14 year-olds’ first and second molars;
21-9 Increase persons on public water receiving fluoridated water;
21-10 Increase utilization of oral health system;
21-11 Increase utilization of dental services for those in long-term facilities, e.g., nursing homes;
21-12 Increase preventive dental services for low-income children and adolescents;
21-13 Increase number of school-based health centers with oral health component;
21-14 Increase number of community health centers and local health departments with oral health component;
21-15 Increase states with system for recording and referring oral-facial clefts;
21-16 Increase the number of states with state-based surveillance system;
21-17 Increase the number of state & local dental programs with public health trained director.

STRATEGY:
Educate Mississippi State Legislature to obtain support for policies advised in the state oral health plan.

TIMELINE: Ongoing

OUTCOMES:
a) Increased access to prevention and oral health care for at-risk families;
b) Reduction in state oral disease rates;
c) Improved oral health outcomes for all Mississipians.

ACTION STEP II.1.3: Establish uniform system to assess state dental workforce capacity.

LEAD ORGANIZATIONS: Mississippi Department of Health and Mississippi Primary Health Care Association

PARTNERS: Mississippi Dental Association, Mississippi Dental Society, Mississippi Dental Hygienists’ Association, Mississippi Rural Health Association, Health Resources and Services Administration, and Mississippi State Legislature

NATIONAL HEALTH OBJECTIVES:
21-10 Increase the proportion of children and adults who use the oral health care system each year;
21-11 Increase the proportion of long-term care residents who use the oral health care system each year;
21-12 Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year;
21-13 Increase the proportion of school-based health centers with an oral health component;
21-14 Increase the proportion of local health departments and community-based health centers that have an oral health component;
21-16 Increase the number of states with state-based surveillance system;
21-17 Increase the number of state & local dental programs with effective public dental health program/director.

STRATEGIES:
a) Maintain an ongoing database to monitor oral health workforce needs;
b) Monitor decrease in barriers to utilization of oral health services in communities.

TIMELINE: Ongoing

OUTCOMES:

a) Increase access to dental care and reduce health disparities;
b) Decrease dental disease for at-risk populations.

ACTION STEP II.1.4: Support and promote the integration of oral health services as an integral component of a unified and coordinated service system.

LEAD ORGANIZATIONS: Mississippi Department of Health and Mississippi Division of Medicaid

PARTNERS: Oral Health Task Force/Oral Health Coalition, Mississippi Primary Health Care Association, Mississippi Dental Association, Mississippi Dental Society, Mississippi Medical Association, Mississippi Chapter of the American Academy of Pediatrics, Mississippi Hospital Association, Blue Cross/Blue Shield of Mississippi, and Delta Dental Plans of Mississippi

NATIONAL HEALTH OBJECTIVES:

21-10 Increase the proportion of children and adults who use the oral health care system each year;
21-11 Increase the proportion of long-term care residents who use the oral health care system each year;
21-12 Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year;
21-13 Increase the proportion of school-based health centers with an oral health component;
21-14 Increase the proportion of local health departments and community-based health centers that have an oral health component;
21-16 Increase the number of states with state-based surveillance system;
21-17 Increase the number of state & local dental programs with effective public dental health program/director.

STRATEGIES:

a) Establish and maintain an active referral network in each public health district;
b) Inform and utilize health care workforce in preventing oral disease and promoting access to dental care.

TIMELINE: Ongoing

OUTCOMES:

a) Increase access to dental care and reduce health disparities;
b) Decrease dental disease for at-risk populations.

ACTION STEP II.1.5: Require oral health component in all school-based health management; require school entrance oral health screening, referral and follow-up policies to minimize oral disease transmission and reduce infections.

LEAD ORGANIZATIONS: Mississippi Division of Medicaid, Mississippi Department of Education, and Mississippi Head Start Association

PARTNERS: Oral Health Task Force/Oral Health Coalition, Mississippi Department of Health, Mississippi Dental Association, Mississippi Primary Health Care Association, Mississippi Chapter American Academy of Pediatrics, Mississippi State Legislature, Mississippi Academy of General

Dentistry, Mississippi Nurses Association, and University of Mississippi Medical Center School of Nursing

NATIONAL HEALTH OBJECTIVES:
21-1 Reduce dental caries experience in children;
21-2 Reduce untreated dental decay in children and adults;
21-3 Increase adults with teeth who have never lost a tooth;
21-4 Reduce adults who have lost all their teeth;
21-7 Increase number of oral cancer examinations;
21-8 Increase sealants in 8 year-olds’ first molars and in 14 year-olds’ first and second molars;
21-10 Increase the proportion of children and adults who use the oral health care system each year;
21-12 Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year;
21-13 Increase the proportion of school-based health centers with an oral health component.

STRATEGIES:
a) Monitor increase in utilization of oral health system;
b) Monitor decrease in barriers to the utilization of oral health services in communities.

TIMELINE: Ongoing

OUTCOMES:
a) Increase access to dental care and reduce health disparities;
b) Decrease burden of dental disease for at-risk populations.

**ACTION STEP II.1.6:** Create incentives for dental professionals to provide oral health services for Medicaid eligible clients and working poor.

KEY ORGANIZATIONS: Mississippi Office of the Governor, Mississippi State Legislature, Mississippi Division of Medicaid

PARTNERS: Mississippi Dental Association, Mississippi Dental Society, Mississippi Department of Health, Mississippi Department of Finance and Administration, Mississippi Primary Health Care Association, Mississippi Medical Association

NATIONAL HEALTH OBJECTIVES:
21-1 Reduce dental caries experience in children;
21-2 Reduce untreated dental decay in children and adults;
21-3 Increase adults with teeth who have never lost a tooth;
21-4 Reduce adults who have lost all their teeth;
21-7 Increase number of oral cancer examinations;
21-8 Increase sealants in 8 year-olds’ first molars and in 14 year-olds’ first and second molars;
21-10 Increase the proportion of children and adults who use the oral health care system each year;
21-12 Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.

TIMELINE: 2006 - 2010

OUTCOMES:

a) Increase utilization of oral health system;
b) Decrease dental disease prevalence in Mississippi;
c) Increase access to dental care and reduce health disparities.

**ACTION STEP II.1.7:** Review oral health related legislation to ensure adequacy of oral health capacity, resource allocation, and programming in governmental agencies to meet oral health needs.

**LEAD ORGANIZATIONS:** Oral Health Task Force/Oral Health Coalition

**PARTNERS:** Mississippi Dental Association, Mississippi Dental Society, Mississippi Academy of General Dentistry, Mississippi Dental Hygienists’ Association, Mississippi Department of Health, and Mississippi Chapter of American Academy of Pediatrics

**NATIONAL HEALTH OBJECTIVES:**
21-1 Reduce dental caries experience in children;
21-2 Reduce untreated dental decay in children and adults;
21-3 Increase adults with teeth who have never lost a tooth;
21-4 Reduce adults who have lost all their teeth;
21-7 Increase number of oral cancer examinations;
21-8 Increase sealants in 8 year-olds’ first molars and in 14 year-olds’ first and second molars;
21-10 Increase the proportion of children and adults who use the oral health care system each year;
21-12 Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year;
21-16 Increase the number of states with state-based surveillance system;
21-17 Increase the number of states with effective public dental health programs directed by appropriately trained dental professional.

**STRATEGY:**
Educate Mississippi state legislators and the public and monitor state legislation.

**TIMELINE:** Ongoing

**Outcomes:**
a) Increase access to dental care and reduce health disparities.
b) Decrease burden of dental disease for at-risk populations.

**ACTION STEP II.1.8:** Inform policy makers of identified problems, progress to date, and challenges to make effective policy decisions.

**LEAD ORGANIZATIONS:** Oral Health Task Force/Oral Health Coalition

**PARTNERS:** Mississippi Office of the Governor, Mississippi Department of Health, Mississippi Division of Medicaid, Mississippi Dental Association, Mississippi Dental Society, Mississippi Academy of General Dentistry, and Mississippi Dental Hygienists’ Association

**NATIONAL HEALTH OBJECTIVES:**
21-1 Reduce dental caries experience in children;
21-2 Reduce untreated dental decay in children and adults;
21-3 Increase adults with teeth who have never lost a tooth;
21-4 Reduce adults who have lost all their teeth;
21-7 Increase number of oral cancer examinations;
21-8 Increase sealants in 8 year-olds’ first molars and in 14 year-olds’ first and second molars;
21-10 Increase the proportion of children and adults who use the oral health care system each year;
21-12 Increase the proportion of low-income children and adolescents who received any preventive
dental service during the past year;
21-16 Increase the number of states with state-based surveillance system.

**STRATEGIES:**
a) Increase education of policy makers and legislators on dental disease and oral health;
b) Host an educational program at State Capitol at least annually for legislators to inform about oral
health issues.

**TIMELINE:** July 2007 and ongoing

**OUTCOMES:**
a) Increase access to dental care and reduce health disparities;
b) Decrease burden of dental disease for at-risk populations.

**ACTION STEP II.1.9:** Advocate legislative strategy to mandate an oral health division in the
Mississippi Department of Health to assure leadership for effective disease prevention and control. 
Consider same for the Mississippi Division of Medicaid.

**LEAD ORGANIZATIONS:** Oral Health Task Force/Oral Health Coalition

**PARTNERS:** Mississippi Dental Association, Mississippi Dental Society, Mississippi Academy of 
General Dentistry, Mississippi Dental Hygienist’ Association, Mississippi Primary Health Care 
Association, Mississippi Rural Health Care Association, Mississippi Chapter of the American Academy 
of Pediatrics, and Mississippi Medical Association

**NATIONAL HEALTH OBJECTIVES:**
21-1 Reduce dental caries experience in children;
21-2 Reduce untreated dental decay in children and adults;
21-3 Increase adults with teeth who have never lost a tooth;
21-4 Reduce adults who have lost all their teeth;
21-7 Increase number of oral cancer examinations;
21-8 Increase sealants in 8 year-olds’ first molars and in 14 year-olds’ first and second molars;
21-10 Increase the proportion of children and adults who use the oral health care system each year;
21-12 Increase the proportion of low-income children and adolescents who received any preventive
dental service during the past year;
21-16 Increase the number of states with state-based surveillance system.

**STRATEGY:**
Educate legislators and monitor legislation to assure an effective state oral health program for 
Mississippians.

**TIMELINE:** Ongoing
Outcomes:

a) Increase access to dental care and reduce health disparities;
b) Decrease burden of dental disease for at-risk populations.

**Action Step II.1.10:** Involve active participation of constituents with broad-based input from constituency groups (e.g., dental public health advisory committee).

**Lead Organizations:** Oral Health Task Force/Oral Health Coalition

**Partners:** Mississippi Dental Association, Mississippi Dental Society, Mississippi Academy of General Dentistry, Mississippi Dental Hygienists’ Association, Mississippi Primary Health Care Association, Mississippi Rural Health Care Association, and Mississippi Medical Association

**National Health Objectives:**
21-10 Increase utilization of oral health system;
21-12 Increase preventive dental services for low-income children and adolescents.

**Strategies:**
a) Assure an effective communications plan to educate and inform the public and policy makers about dental disease and its impact on health;
b) Include broad-based consumer advocacy organizations to serve on the oral health coalition.

**Timeline:** Ongoing

Outcomes:

a) Increase access to dental care and reduce health disparities;
b) Decrease burden of dental disease for at-risk populations.

**Action Step II.1.11:** Cultivate sustainable funding streams for successful oral health programs.

**Lead Organizations:** Oral Health Task Force/Oral Health Coalition

**Partners:** Mississippi Dental Association, Mississippi Dental Society, Mississippi Academy of General Dentistry, Mississippi Dental Hygienists’ Association, Mississippi Primary Health Care Association, Mississippi Rural Health Care Association, and Mississippi Medical Association

**National Health Objectives:**
21-1 Reduce dental caries experience in children;
21-2 Reduce untreated dental decay in children and adults;
21-3 Increase adults with teeth who have never lost a tooth;
21-4 Reduce adults who have lost all their teeth;
21-7 Increase number of oral cancer examinations;
21-8 Increase sealants in 8 year-olds’ first molars and in 14 year-olds’ first and second molars;
21-10 Increase utilization of oral health system;
21-12 Increase preventive dental services for low-income children and adolescents.

**Strategies:**

a) Assure an effective communications plan to educate and inform the public and policy makers about dental disease and its impact on health;
b) Apply for grants and funding proposals as appropriate and available.

TIMELINE: Ongoing

OUTCOMES:
a) Increase access to dental care and reduce health disparities;
b) Decrease burden of dental disease for at-risk populations.

GOAL 2: Assure leadership to address oral health problems by maintaining a strong oral health unit within the state health department.

ACTION STEP II.2.1: Assure leadership to address oral health problems and maintain a strong oral health unit within the health agency.

LEAD ORGANIZATIONS: Oral Health Task Force/Oral Health Coalition

PARTNERS: Mississippi Office of the Governor, Mississippi State Legislature, Mississippi Dental Association, Mississippi Dental Hygienists’ Association, Mississippi Academy of General Dentistry, Mississippi Primary Health Care Association, Mississippi Rural Health Association, Mississippi Chapter of American Association of Pediatrics, Mississippi State Medical Association, Bower Foundation, and the Mississippi Division of Medicaid

NATIONAL HEALTH OBJECTIVES:
21-1 Reduce dental caries experience in children;
21-2 Reduce untreated dental decay in children and adults;
21-3 Increase adults with teeth who have never lost a tooth;
21-4 Reduce adults who have lost all their teeth;
21-5a Reduce gingivitis among adults;
21-5b Reduce periodontal disease among adults;
21-6 Increase detection of Stage I oral cancer lesions;
21-7 Increase number of oral cancer examinations;
21-8 Increase sealants in 8 year-olds’ first molars and in 14 year-olds’ first and second molars;
21-9 Increase persons on public water receiving fluoridated water;
21-10 Increase utilization of oral health system;
21-11 Increase utilization of dental services for those in long-term care facilities, e.g., nursing homes;
21-12 Increase preventive dental services for low-income children and adolescents;
21-13 Increase number of school-based health centers with oral health component;
21-14 Increase number of community health centers and local health departments with oral health component;
21-15 Increase states with system for recording and referring oral-facial clefts.

STRATEGY:
Assure an effective communications plan to educate and inform the public and policy makers about dental disease and its impact on health;

TIMELINE: Ongoing.

OUTCOMES:

a) Increase access to dental care and reduce health disparities;
b) Decrease burden of dental disease for at-risk populations.

ACTION STEP II.2.2: Maintain a full-time State Dental Director at the Mississippi Department of Health with the authority to institute oral health programs.

PARTNERS: Mississippi Department of Health, Mississippi Dental Association, Mississippi Academy of General Dentistry, Mississippi Primary Health Care Association, Mississippi Chapter of American Academy of Pediatrics, Mississippi State Medical Association, and Bower Foundation

NATIONAL HEALTH OBJECTIVES:

21-1 Reduce dental caries experience in children;
21-2 Reduce untreated dental decay in children and adults;
21-3 Increase adults with teeth who have never lost a tooth;
21-4 Reduce adults who have lost all their teeth;
21-5a Reduce gingivitis among adults;
21-5b Reduce periodontal disease among adults;
21-6 Increase detection of Stage I oral cancer lesions;
21-7 Increase number of oral cancer examinations;
21-8 Increase sealants in 8 year-olds’ first molars and in 14 year-olds’ first and second molars;
21-9 Increase persons on public water receiving fluoridated water;
21-10 Increase utilization of oral health system;
21-11 Increase utilization of dental services for those in long-term care facilities, e.g., nursing homes;
21-12 Increase preventive dental services for low-income children and adolescents;
21-13 Increase number of school-based health centers with oral health component;
21-14 Increase number of community health centers and local health departments with oral health component;
21-15 Increase states with system for recording and referring oral-facial clefts;
21-16 Increase the number of states with state-based surveillance systems;
21-17 Increase the number of states with effective public dental health program directed by appropriately trained dental professional.

STRATEGY:

Educate legislators and monitor legislation to assure an effective state oral health program for Mississippians.

TIMELINE: Ongoing

OUTCOMES:

a) Increase access to dental care and reduce health disparities;
b) Decrease burden of dental disease for at-risk populations.

ACTION STEP II.2.3: Provide authority for oral health programs by legislative mandate in the appropriate health agencies.
LEAD ORGANIZATIONS: Oral Health Task Force/Oral Health Coalition and Mississippi State Legislature

PARTNERS: Mississippi Office of the Governor, Mississippi Department of Health, Mississippi Division of Medicaid, Mississippi Dental Association, Mississippi Dental Hygienists’ Association, Mississippi Academy of General Dentistry, Mississippi Dental Society, Mississippi Primary Health Care Association, MS Chapter of American Academy of Pediatrics, Mississippi State Medical Association, and Bower Foundation

NATIONAL HEALTH OBJECTIVES:
21-16 Increase the number of states with state-based surveillance system;
21-17 Increase the number of states with effective public dental health program directed by appropriately trained dental professional.

STRATEGIES:
a) Assure authority for leadership of state oral health program in consultation with appropriate health agencies;
b) Educate legislators and monitor legislation to assure an effective state oral health program for Mississippians.

TIMELINE: Ongoing

OUTCOMES:
a) Increase access to dental care and reduce health disparities;
b) Decrease burden of dental disease for at-risk populations.

ACTION STEP II.2.4: Maintain the oral health unit within the organizational structure of the state health agency to allow clear access to the state health officer and/or immediate subordinate.

LEAD ORGANIZATION: Mississippi Department of Health

PARTNERS: Mississippi Office of the Governor, Mississippi Division of Medicaid, Mississippi State Board of Dental Examiners

NATIONAL HEALTH OBJECTIVES:
21-17 Increase the number of states with effective public dental health program directed by appropriately trained dental professional.

STRATEGIES:
a) Assure authority for leadership of state oral health program in consultation with appropriate health agencies;
b) Educate legislators and monitor legislation to assure an effective state oral health program for Mississippians.
TIMELINE: Ongoing

OUTCOMES:
- Increase access to dental care and reduce health disparities;
- Decrease burden of dental disease for at-risk populations.

ACTION STEP II.2. 5: Provide State Dental Director with at least advisory responsibility for all oral health programs sponsored by state government agencies and boards.

LEAD ORGANIZATION: Mississippi Department of Health

PARTNERS: Mississippi Division of Medicaid, Mississippi Office of the Governor, Mississippi State Legislature

NATIONAL HEALTH OBJECTIVES:
- 21-1 Reduce dental caries experience in children;
- 21-2 Reduce untreated dental decay in children and adults;
- 21-3 Increase adults with teeth who have never lost a tooth;
- 21-4 Reduce adults who have lost all their teeth;
- 21-5a Reduce gingivitis among adults;
- 21-5b Reduce periodontal disease among adults;
- 21-6 Increase detection of Stage I oral cancer lesions;
- 21-7 Increase number of oral cancer examinations;
- 21-8 Increase sealants in 8-year-olds’ first molars and in 14-year-olds’ first and second molars;
- 21-9 Increase persons on public water receiving fluoridated water;
- 21-10 Increase utilization of oral health system;
- 21-15 Increase states with system for recording and referring oral-facial clefts;
- 21-16 Increase the number of states with state-based surveillance system;
- 21-17 Increase the number of states with effective public dental health program directed by appropriately trained dental professional.

STRATEGIES:
- Assure authority for leadership of state oral health program in consultation with appropriate health agencies;
- Educate legislators and monitor legislation to assure an effective state oral health program for Mississippians;
- Implement and oversee State of Mississippi Oral Health Plan.

TIMELINE: Ongoing

OUTCOMES:
- Increase access to dental care and reduce health disparities;
- Decrease burden of dental disease for at-risk populations.

GOAL 3: Mobilize community partnerships between and among policy makers, professionals, organizations, groups, the public, and others to identify and implement solutions to oral health problems.

ACTION STEP II.3.1: Form a statewide oral health coalition to continue the work of the Mississippi NGA Oral Health Policy Academy and State Oral Health Task Force to “assure that every child enjoys optimal oral health”.

LEAD ORGANIZATIONS: Oral Health Task Force/Oral Health Coalition

PARTNERS: Mississippi Office of the Governor, Mississippi Dental Association, Mississippi Primary Health Care Association, Mississippi State Board of Dental Examiners, Mississippi Dental Hygienists’ Association, Mississippi Dental Society, MS Rural Health Association, University of Mississippi Medical Center School of Dentistry, Mississippi Rural Water Association, Mississippi Division of Medicaid, Mississippi Department of Finance and Administration (Children’s Health Insurance Program), Mississippi Department of Education, and Bower Foundation

NATIONAL HEALTH OBJECTIVES:
21-1 Reduce dental caries experience in children;
21-2 Reduce untreated dental decay in children and adults;
21-3 Increase adults with teeth who have never lost a tooth;
21-4 Reduce adults who have lost all their teeth;
21-5a Reduce gingivitis among adults;
21-5b Reduce periodontal disease among adults;
21-6 Increase detection of Stage I oral cancer lesions;
21-7 Increase number of oral cancer examinations;
21-8 Increase sealants in 8 year-olds’ first molars and in 14 year-olds’ first and second molars;
21-9 Increase persons on public water receiving fluoridated water;
21-10 Increase utilization of oral health system;
21-11 Increase utilization of dental services for those in long-term care facilities, e.g., nursing homes;
21-12 Increase preventive dental services for low-income children and adolescents;
21-13 Increase number of school-based health centers with oral health component;
21-14 Increase number of community health centers and local health departments with oral health component;
21-15 Increase states with system for recording and referring oral-facial clefts;
21-16 Increase the number of states with state-based surveillance system;
21-17 Increase the number of states with effective public dental health program directed by appropriately trained dental professional.

STRATEGIES:
a) Maintain an adequate database for oral health surveillance activities;
b) Implement and oversee State of Mississippi Oral Health Plan;
c) Decrease in barriers to the utilization of oral health services in communities and increase in access to dental care.

TIMELINE: Ongoing

OUTCOMES:
a) Increase access to dental care and reduce health disparities;
b) Decrease burden of dental disease for at-risk populations.

ACTION STEP II.3.2: Prepare and disseminate oral health information in a timely manner based on findings from oral health surveillance (statewide data, cluster data, relevant research findings, and other reports such as policy updates, state plan, and health objective progress reports.)

LEAD ORGANIZATIONS: Mississippi Department of Health and Mississippi Division of Medicaid

PARTNERS: Mississippi Office of the Governor, Mississippi Primary Health Care Association, Mississippi State Board of Dental Examiners, Mississippi Rural Health Association, University of Mississippi Medical Center School of Dentistry, University of Mississippi School of Nursing, Mississippi Rural Water Association, and Mississippi Department of Education

NATIONAL HEALTH OBJECTIVES:
21-10 Increase utilization of oral health system;
21-12 Increase preventive dental services for low-income children and adolescents;
21-16 Increase the number of states with state-based surveillance system;
21-17 Increase the number of state & local dental programs with public health trained director.

STRATEGY:
Develop and implement a state oral health surveillance plan to monitor dental disease rates and inform programs.

TIMELINE: Ongoing

OUTCOMES:
a) Increase access to dental care and reduce health disparities;
b) Decrease burden of dental disease for at-risk populations.

III. ASSURANCE

GOAL 1: Educate and empower the public to improve oral health and provide mechanisms to enhance oral health care available to Mississippi residents.

ACTION STEP III.1.1: Educate public on proper oral health practices and the value of having oral health.

LEAD ORGANIZATIONS: Mississippi Department of Health, Mississippi Division of Medicaid, and Mississippi Department of Finance and Administration (Children’s Health Insurance Program)

PARTNERS: Oral Health Task Force/Oral Health Coalition, Mississippi Dental Association, Mississippi Dental Society, Mississippi Academy of General Dentistry and Mississippi Dental Hygienists’ Association

NATIONAL HEALTH OBJECTIVES:
21-1 Reduce dental caries experience in children;
21-10 Increase utilization of oral health system;
21-12 Increase preventive dental services for low-income children and adolescents;
21-13 Increase number of school-based health centers with oral health component.
STRATEGIES:
a) Provide expertise, resources (human and fiscal), and technical assistance to support informational activities to educate and empower the public about current oral health problems and solutions to address community oral health problems.
b) Provide a central resource for informational materials/services/programs through toll-free telephone numbers, clearinghouses.
c) Develop and distribute culturally appropriate materials/programs that are linguistically and age appropriate.

TIMELINE: Ongoing

OUTCOMES:
a) Increase access to dental care and reduce health disparities;
b) Decrease burden of dental disease for at-risk populations.

**ACTION STEP III.1.2:** Educate and train school nurses to provide oral health screening, institute appropriate prevention activities at schools and promote good oral health practices.

PARTNERS: Mississippi Dental Association, Mississippi Primary Health Care Association, Mississippi State Board Dental Examiners, Mississippi Dental Hygienists’ Association, Mississippi Rural Health Association, University of Mississippi Medical Center School of Dentistry, University of Mississippi School of Nursing, Bower Foundation, and Mississippi Head Start Association

NATIONAL HEALTH OBJECTIVES:
21-1 Reduce dental caries experience in children;
21-10 Increase utilization of oral health system;
21-12 Increase preventive dental services for low-income children and adolescents;
21-13 Increase number of school-based health centers with oral health component.

STRATEGIES:
a) Establish working relationship with the Mississippi Office of Healthy Schools and the Mississippi Alliance for School Health;
b) Develop and implement school oral health protocols;
c) Assure that children entering kindergarten have completed oral health screening or received a comprehensive dental evaluation.

TIMELINE: Ongoing

OUTCOMES:
a) Increase access to dental care and reduce health disparities;
b) Decrease burden of dental disease for at-risk populations.

**ACTION STEP III.1.3:** Form a partnership with Mississippi State University Extension Service to utilize area health agents to deliver educational programs about the value of good oral health.

LEAD ORGANIZATIONS: Mississippi Department of Health and Mississippi State University Extension Service

PARTNERS: Oral Health Task Force/Oral Health Coalition

NATIONAL HEALTH OBJECTIVES:
21-1 Reduce dental caries experience in children;
21-10 Increase utilization of oral health system;
21-12 Increase preventive dental services for low-income children and adolescents;
21-13 Increase number of school-based health center with oral health component.

STRATEGY:
Develop written memorandum of understanding with MSU Extension Service.

TIMELINE: Ongoing

OUTCOMES:
a) Increase access to dental care and reduce health disparities;
b) Decrease burden of dental disease for at-risk populations.

ACTION STEP III.1.4: Develop public service announcements on basic prevention strategies and promote the value of good oral health.

LEAD ORGANIZATIONS: Mississippi Department of Health and Mississippi Public Broadcasting Network/Ed Health Division.

PARTNERS: Mississippi Dental Association, Mississippi Primary Health Care Association, Mississippi Dental Society, Mississippi Dental Hygienists’ Association, and University of Mississippi Medical Center School of Dentistry

NATIONAL HEALTH OBJECTIVES:
21-1 Reduce dental caries experience in children;
21-2 Reduce untreated dental decay in children and adults;
21-3 Increase adults with teeth who have never lost a tooth;
21-4 Reduce adults who have lost all their teeth;
21-5a Reduce gingivitis among adults;
21-5b Reduce periodontal disease among adults;
21-6 Increase detection of Stage I oral cancer lesions;
21-7 Increase number of oral cancer examinations;
21-8 Increase sealants in 8 year-olds’ first molars and in 14 year-olds’ first and second molars;
21-9 Increase persons on public water receiving fluoridated water;
21-10 Increase utilization of oral health system;
21-11 Increase utilization of dental services for those in long-term care facilities, e.g., nursing homes;
21-12 Increase preventive dental services for low-income children and adolescents;
21-13 Increase number of school-based health centers with oral health component;
21-14 Increase number of community health centers and local health departments with oral health component;
21-15 Increase states with system for recording and referring oral-facial clefts;
21-16 Increase the number of states with state-based surveillance system;
21-17 Increase the number of states with effective public dental health program directed by appropriately trained dental professional.

STRATEGIES:
a) Assure an effective communications plan to educate and inform the public and policy makers about dental disease and its impact on health;
b) Work with the media, including the Mississippi Broadcasting Network, to development and make available appropriate oral health-related public service announcements.

TIMELINE: Ongoing

OUTCOMES:
a) Increase access to dental care and reduce health disparities;
b) Decrease burden of dental disease for at-risk populations.

ACTION STEP III.1.5: Develop partnerships with community, consumer and faith-based organizations to increase oral health promotion activities.

LEAD ORGANIZATIONS: Oral Health Task Force/Oral Health Coalition

PARTNERS: Mississippi Primary Healthcare Association, Mississippi Dental Association, Mississippi Dental Society, Mississippi Academy of General Dentistry, Mississippi Dental Hygienists’ Association, University of Mississippi Medical Center School of Dentistry

NATIONAL HEALTH OBJECTIVES:
21-1 Reduce dental caries experience in children;
21-2 Reduce untreated dental decay in children and adults;
21-3 Increase adults with teeth who have never lost a tooth;
21-4 Reduce adults who have lost all their teeth;
21-5a Reduce gingivitis among adults;
21-5b Reduce periodontal disease among adults;
21-6 Increase detection of Stage I oral cancer lesions;
21-7 Increase number of oral cancer examinations;
21-8 Increase sealants in 8 year-olds’ first molars and in 14 year-olds’ first and second molars;
21-9 Increase persons on public water receiving fluoridated water;
21-10 Increase utilization of oral health system;
21-11 Increase utilization of dental services for those in long-term care facilities, e.g., nursing homes;
21-12 Increase preventive dental services for low-income children and adolescents;
21-13 Increase number of school-based health centers with oral health component;
21-14 Increase number of community health centers and local health departments with oral health component;
21-15 Increase states with system for recording and referring oral-facial clefts;
21-16 Increase the number of states with state-based surveillance system;
21-17 Increase the number of states with effective public dental health program directed by appropriately trained dental professional.

STRATEGIES:
a) Assure an effective communications plan to educate and inform the public and policy makers about dental disease and its impact on health.
b) Assure networking coordination and outreach.
STATE OF MISSISSIPPI ORAL HEALTH PLAN (2006 – 2010)

TIMELINE: Ongoing

**ACTION STEP III.1.6:** Form a partnership with Hinds Health Alliance, Delta Regional Authority, Mississippi Economic Development Councils, and other development entities to support public-private strategies to promote oral health and encourage workplace interventions.

LEAD ORGANIZATIONS: Oral Health Task Force/Oral Health Coalition

PARTNERS: Delta Dental Plans of Mississippi, Blue Cross/Blue Shield

**NATIONAL HEALTH OBJECTIVES:**

21-1 Reduce dental caries experience in children;
21-2 Reduce untreated dental decay in children and adults;
21-3 Increase adults with teeth who have never lost a tooth;
21-4 Reduce adults who have lost all their teeth;
21-5a Reduce gingivitis among adults;
21-5b Reduce periodontal disease among adults;
21-6 Increase detection of Stage I oral cancer lesions;
21-7 Increase number of oral cancer examinations;
21-8 Increase sealants in 8 year-olds’ first molars and in 14 year-olds’ first and second molars;
21-9 Increase persons on public water receiving fluoridated water;
21-10 Increase utilization of oral health system;
21-11 Increase utilization of dental services for those in long-term care facilities, e.g., nursing homes;
21-12 Increase preventive dental services for low-income children and adolescents;
21-13 Increase number of school-based health centers with oral health component;
21-14 Increase number of community health centers and local health departments with oral health component;
21-15 Increase states with system for recording and referring oral-facial clefts;
21-16 Increase the number of states with state-based surveillance system;
21-17 Increase the number of states with effective public dental health program directed by appropriately trained dental professional.

**STRATEGY:**

Plan and host a State Dental Summit with coalition partners to inform the business community and the public.

**TIMELINE:** 2006-2007

**OUTCOMES:**

a) Increase access to dental care and reduce health disparities;
b) Decrease burden of dental disease for at-risk populations.

**ACTION STEP III.1.7:** Provide parent-teacher organizations with oral health information.

LEAD ORGANIZATIONS: Mississippi Department of Education, Mississippi Head Start Association, and Mississippi Department of Health
PARTNERS: Oral Health Task Force/Oral Health Coalition

NATIONAL HEALTH OBJECTIVES:
21-1 Reduce dental caries experience in children;
21-10 Increase utilization of oral health system;
21-12 Increase preventive dental services for low-income children and adolescents;
21-13 Increase number of school-based health centers with oral health component;

STRATEGIES:
a) Plan and host a State Dental Summit with coalition partners to inform the education community and the public;
b) Partner with other coalitions to participate in educational programs.

TIMELINE: Ongoing

OUTCOMES:
a) Increase access to dental care and reduce health disparities;
b) Decrease burden of dental disease for at-risk populations.

GOAL 2: Enhance oral health practitioners’ awareness and ability to improve oral health in their community.

ACTION STEP III.2.1: Utilize existing oral health associations to provide information and continuing education to members.

LEAD ORGANIZATIONS: Oral Health Task Force/Oral Health Coalition

PARTNERS: Mississippi Dental Association, Mississippi Dental Society, Mississippi Primary Health Care Association, Mississippi State Board Dental Examiners, Mississippi Dental Hygienists’ Association, Mississippi Rural Health Association, University of Mississippi Medical Center School of Dentistry, University of Mississippi School of Nursing, Mississippi Chapter of the American Academy of Pediatrics, and Mississippi Academy of Family Medicine

NATIONAL HEALTH OBJECTIVES:
21-1 Reduce dental caries experience in children;
21-10 Increase utilization of oral health system;
21-12 Increase preventive dental services for low-income children and adolescents;
21-13 Increase number of school-based health centers with oral health component.

STRATEGIES:
a) Improve educational opportunities to promote awareness of and prevent the burden of dental disease and best practices;
b) Partner with other health coalitions to participate in educational programs.

TIMELINE: Ongoing

OUTCOMES:
a) Increase access to dental care and reduce health disparities;
b) Decrease burden of dental disease for at-risk populations.
LEAD ORGANIZATIONS: Mississippi Chapter of American Academy of Pediatrics and Mississippi Academy of Family Medicine

PARTNERS: Oral Health Task Force/Oral Health Coalition, Mississippi Dental Association, Mississippi Dental Hygienists’ Association, and Mississippi Nursing Association

NATIONAL HEALTH OBJECTIVES:
21-1 Reduce dental caries experience in children;
21-10 Increase utilization of oral health system;
21-12 Increase preventive dental services for low-income children and adolescents;
21-13 Increase number of school-based health centers with oral health component.

STRATEGY:
Utilize best practice models for health workforce education and skills development.

TIMELINE: Ongoing

OUTCOMES:
a) Increase access to dental care and reduce health disparities;
b) Decrease burden of dental disease for at-risk populations.

GOAL 4: Increase availability of preventive oral health services.

LEAD ORGANIZATIONS: Mississippi Department of Health and Mississippi Division of Medicaid

PARTNERS: Oral Health Task Force/Oral Health Coalition, Mississippi Dental Association, Mississippi Dental Hygienists’ Association, Mississippi Primary Health Care Association, Mississippi Department of Finance and Administration (Children’s Health Insurance Program) and Mississippi Department of Human Services

NATIONAL HEALTH OBJECTIVES:
21-1 Reduce dental caries experience in children;
21-10 Increase utilization of oral health system;
21-12 Increase preventive dental services for low-income children and adolescents;
21-13 Increase number of school-based health centers with oral health component.

STRATEGY:
Assure viable state oral health program to implement and maintain effective preventive programs.

TIMELINE: Ongoing
OUTCOMES:
a) Increase access to dental care and reduce health disparities;
b) Decrease burden of dental disease for at-risk populations.

ACTION STEP III.4.2: Develop age and culturally appropriate educational materials.

LEAD ORGANIZATIONS: Mississippi Department of Health and Mississippi Division of Medicaid

PARTNERS: Oral Health Task Force/Oral Health Coalition

NATIONAL HEALTH OBJECTIVES:
21-1 Reduce dental caries experience in children;
21-10 Increase utilization of oral health system;
21-12 Increase preventive dental services for low-income children and adolescents;
21-13 Increase number of school-based health centers with oral health component.

STRATEGIES:
a) Develop a communications plan for oral health promotion and dental care practice to improve outcomes;
b) Work with partners to create and distribute culturally and developmentally appropriate oral health education materials;
c) Provide a central resource for informational materials/services/programs through toll-free telephone numbers, clearinghouses;
d) Develop and distribute culturally and linguistically age-appropriate materials.

TIMELINE: Ongoing

OUTCOMES:
a) Increase access to dental care and reduce health disparities;
b) Decrease burden of dental disease for at-risk populations.