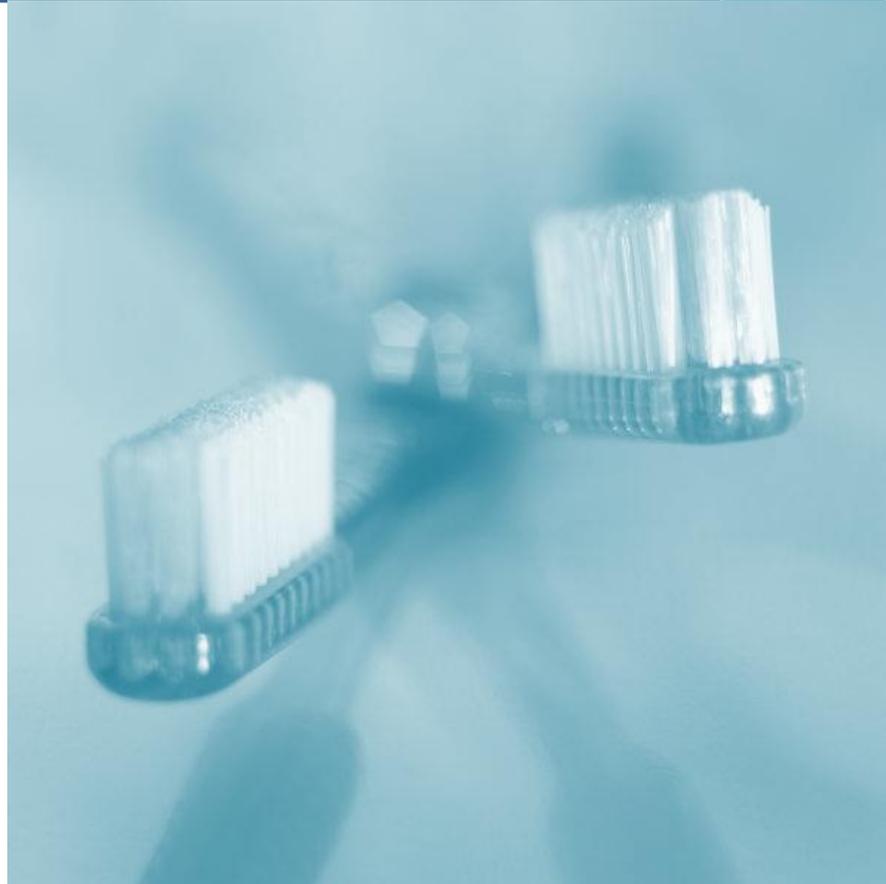


**Louisiana
Statewide Oral
Health Coalition**

State Plan for 2010 - 2013



Executive Summary

Presented in this document is the Louisiana Statewide Oral Health Coalition's state plan for improving oral health for Louisiana. The plan includes the goals that the Coalition hopes to complete by 2013, as well as the objectives and strategies that will lead to achieving these goals. The Coalition has identified goals for five focus areas: access, education, prevention, surveillance and evaluation and workforce.

The creation of this plan was the work of the Statewide Oral Health Coalition's members, which represent a wide variety of organizations, associations and individuals from across the state. The Coalition held its kick-off meeting in December 2009. At that meeting, invitees were asked to discuss issues relating to oral health. Based on the conversations held that day, the invitees assembled themselves into work groups and continued to meet throughout the spring of 2010 to draft the elements of the state plan. Individuals representing over 60 different agencies contributed to the content of the plan. This plan exists because of their hard work and commitment to the oral health of the state.

At the July 2010 Coalition meeting, the membership officially accepted the version of the state plan presented herein. The state plan is a document that will guide entities across the state involved with delivering oral health services, education and prevention initiatives to do so in a more effective and efficient manner. For too long, different agencies have been performing such functions independently and without knowledge of similar efforts. The state plan is a way to connect these agencies, improve upon their work, establish collaborations and reach more of the state's population. Furthermore, the Coalition has made a commitment to improve oral health by utilizing evidence-based best practices that will better use the resources at hand.

This plan is a living document and as such, the Coalition assumes the responsibility of assessing its progress and evaluating outcomes.

It is expected that, with the advent of this plan, the burden of oral health in Louisiana will be markedly decreased.

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Glossary of Acronyms

AAP- American Academy of Pediatrics

ACOG- American Congress of Obstetricians and Gynecologists

DHH- Louisiana Department of Health and Hospitals

DHPA- Dental Health Professional Shortage Area

DOE- Louisiana Department of Education

EDSPW- Expanded Dental Services for Pregnant Women

FQHC- Federally Qualified Healthcare Center

LaCHIP- Louisiana's Children Health Insurance Plan

LDA- Louisiana Dental Association

LDHA- Louisiana Dental Hygiene Association

LPCA- Louisiana Primary Care Association

LSBD- Louisiana State Board of Dentistry

LSUHSC- Louisiana State University Health Sciences Center

WIC- Women, Infants, and Children

Vision: A Louisiana where people of all ages have excellent oral health.

Mission: To coordinate the provision of information, resources, and services so that people of all ages can have excellent oral health.

Access

Goal 1: Increase access to quality, comprehensive and continuous oral health services for all Louisiana citizens throughout their life stages.

Objective 1.1: By 2013, encourage and promote compassionate care programs that provide dental services to the underserved populations.

Strategy 1.1.1: Work with the dental and dental hygiene schools to incorporate an educational curriculum which provides a better understanding of the public health aspect of oral health and the mode of delivery of services for the impoverished population through compassionate care programs.

Strategy 1.1.2: Explore models that create tax incentives for volunteers (tax credits, or work through non-profit safety net oral health providers for credit for donated time, etc.) and make findings available to the Policy Workgroup.

Strategy 1.1.3: Explore models that allow dentists to earn continuing education (CE) credit for volunteer hours contributed.

Strategy 1.1.4: Explore and partner with the programs and organizations that provide preventive and restorative dental services such as Give Kids a Smile Day, and solicit the participation of dental providers.

Strategy 1.1.5: Explore partnerships with the Councils on Aging, Louisiana Nursing Home Association, and other organizations (public and private) to increase access to dental care for the elderly population.

Strategy 1.1.6: Support the special events which provide access to dental care for the adult and elderly population.

Objective 1.2: By 2013, support the development and stability of dental programs in Federally Qualified Health Centers (FQHCs), School-Based Health Centers and other safety net dental clinics/programs.

Strategy 1.2.1: Provide guidance, support, and expertise as requested to DHH -Bureau of Primary Care and Rural Health and the LPCA to establish and strengthen oral health services in FQHCs.

Strategy 1.2.2: Provide guidance, support and expertise as requested to the Louisiana Department of Education, DHH and to agencies and organizations that work with health care centers in a school setting to establish and strengthen oral health services.

Strategy 1.2.3: Provide guidance, support and expertise on the development of dental¹/medical homes.

¹ *Dental Home*- The ongoing relationship between the dentist who is the primary dental care provider and the patient, which includes comprehensive oral health care, beginning no later than age one, pursuant to ADA policy, adopted October 2005.

Objective 1.3: By 2013, annually increase the number of children with Medicaid and LaCHIP insurance coverage that access dental services by 5% or 38,806. (NB: In 2009, 38.51% of 776,127 eligible children actually received services.)

Strategy 1.3.1: Support organizations/programs that utilize mobile dental services in rural areas.

Strategy 1.3.2: Support organizations/programs that promote and deliver oral health services in school settings, outside of school settings and other locations where children come together.

Strategy 1.3.3: Encourage providers who accept Medicaid to increase the number of Medicaid enrollees they serve.

Objective 1.4: By 2013, annually increase the number of Medicaid enrolled pregnant women receiving dental services by 25% percent. (In 2009 SFY, a total of 5708 pregnant women received dental services under Expanded Dental Services to Pregnant Women (EDSPW) Medicaid program).

Strategy 1.4.1: Partner with DHH programs, like Partners for Healthy Babies, and other organizations that provide support to pregnant women to provide information on the EDSPW program.

Strategy 1.4.2: Partner with OB-GYN professional associations to solicit participation by medical providers.

Strategy 1.4.3: At regional LDA meetings, solicit the participation of dental providers to accept pregnant women in their patient pool.

Strategy 1.4.4: Conduct joint regional/city wide meetings of dental and medical providers to educate and recruit providers for the EDSPW waiver program.

Strategy 1.4.5: Encourage providers who accept Medicaid to increase the number of Medicaid enrollees they serve.

Objective 1.5: By 2013, identify methods or avenues to ensure oral health service to disparate populations through incentive-enhanced guided placement of dental providers.

Strategy 1.5.1: Collaborate with DHH-Bureau of Primary Care and Rural Health and LPCA to identify areas of greatest need by assessing Dental Health Professional Shortage Areas (DHPSA), Medicaid usage by parish, and other sources of data.

Strategy 1.5.2: Partner with LSUHSC Dental School to establish a program for placement for dental school graduates.

Strategy 1.5.3: Work with the State to develop incentive programs for placement of dental providers in identified areas of need.

Strategy 1.5.4: Work with communities to establish a dental practice with community financial support in exchange for years of service.

Strategy 1.5.5: Gain support of the LDA, LDHA and other medical professional organizations.

Objective 1.6: By 2013, increase the number of access points for dental provider locator information.

Strategy 1.6.1: Encourage oral health stakeholders and Oral Health Coalition representative member organizations to host links to dental provider locator sites on their websites.

Strategy 1.6.2: Work with all organizations, public and private, that support medical provider locator sites to include, where appropriate, dental provider locator list.

Strategy 1.6.3: Identify and compile an inventory of compassionate care clinics and provide for the distribution of the list as needed to appropriate patients, agencies, stakeholders, etc.

Objective 1.7: By 2013, support policies and regulatory changes that would lead to an expansion of Medicaid coverage for pregnant women, adults, and seniors.

Strategy 1.7.1: Identify and adopt successful models that have proven to increase dental care to the adult and elderly population.

Strategy 1.7.2: Work with Medicaid to identify the cost benefit to increasing services

Strategy 1.7.3: Identify services that will make the greatest impact and explore the cost to offer those services in Louisiana. At a minimum, work with Medicaid to add extractions to covered Medicaid dental services.

Education

Goal 2: Through the use of linguistically appropriate, culturally competent materials and methods, empower Louisiana citizens to improve oral health by changing perceptions and increasing awareness of oral health and hygiene practices.

Objective 2.1: By 2013, promote the benefits of population-based preventive oral health services.

Strategy 2.1.1: Use available materials and/or develop new materials on the benefits of fluorides, such as fluoride varnish and water fluoridation, to use during outreach efforts.

Strategy 2.1.2: Support the Healthy Smiles Coalition's efforts to promote community water fluoridation through provision of education materials or guest speakers.

Strategy 2.1.3: Use available materials and/or develop new materials on the benefits of dental sealant application and find ways to promote use of sealants.

Strategy 2.1.4: Provide dental and medical clinicians with talking points for patient education about population-based preventive oral health services.

Strategy 2.1.5: Build upon local and national campaigns that highlight population-based prevention services.

Objective 2.2: By 2013, promote the importance and benefits of good oral health among pregnant women.

Strategy 2.2.1: Collaborate with WIC clinics to provide information and display materials on oral health for WIC clients.

Strategy 2.2.2: Collaborate with the Nurse-Family Partnership program to provide information for expectant mothers.

Strategy 2.2.3: Partner with the Louisiana chapter of the American Congress of Obstetricians and Gynecologists (ACOG) to educate obstetrician-gynecologists in the state about the importance of oral health for expectant mothers as well as the Medicaid dental benefits for pregnant women.

Strategy 2.2.4: Partner with the Louisiana Medicaid outreach division to highlight the availability of the Medicaid dental benefits for pregnant women when DHH does application drives.

Strategy 2.2.5: Partner with certified birthing hospitals in Louisiana to provide oral health information and resources for their prenatal classes.

Objective 2.3: By 2013, improve knowledge among parents on the subject of children’s oral health.

Strategy 2.3.1: Emphasize the importance of caring for primary and secondary dentition to new parents through multiple outlets, including, but not limited to, pediatrician offices, WIC offices, Nurse Family Partnership program, Head Start and Early Head Start.

Strategy 2.3.2: Provide education on cariogenic foods and beverages to parents and caregivers through multiple outlets, including, but not limited to, school newsletters, day care locations, PTA meetings, and Head Start.

Strategy 2.3.3: Provide education on dental emergencies and the necessity of mouth protection during sports to parents at outlets like sports camps, with registration for school sports, at YMCAs and other youth camps.

Strategy 2.3.4: Develop talking points for dental and medical clinicians to conduct chair side education for parents on caring for their child’s teeth, avoiding giving children cariogenic foods and beverages, and having their child use mouth protection.

Objective 2.4: By 2013, improve oral health knowledge among children.

Strategy 2.4.1: Work with DOE to improve the oral health component of the health curriculum used in schools.

Strategy 2.4.2: Ensure that oral health is included in the wellness policies being developed by schools across the state.

Strategy 2.4.3: Explore ways to support and assist with the Louisiana State University Agricultural Center’s “Body Walk” school display.

Strategy 2.4.4: Sponsor a statewide poster contest for National Children’s Dental Health Month. Winning poster design(s) will be produced into display posters for WIC clinics and similar outlets.

Strategy 2.4.5: Develop information for targeted age groups: first grade (mixed dentition, brushing habits), sixth/seventh grade (braces, sport protection), tenth grade (wisdom teeth).

Strategy 2.4.6: Support Give Kids a Smile Day[®] and National Children’s Dental Health month.

Objective 2.5: By 2013, increase knowledge on the importance of mouth protection during athletics as well how to save a tooth in an emergency.

Strategy 2.5.1: Identify areas where dissemination of information on mouth guards would be appropriate and is not being done so already.

Strategy 2.5.2: Provide information on mouth guards and tooth- saving procedures to various outlets, such as school coaches, youth sports camps, college recreation centers, community recreation centers and leagues.

Objective 2.6: By 2013, increase competency of health care professionals in graduate training programs to assess the oral health status of a patient, look for signs that oral health care is needed and discuss oral health with their patients.

Strategy 2.6.1: Offer to provide lectures or presentations to graduate and training programs of medical professionals at their respective locations of training (i.e., Tulane University School of Medicine, Louisiana Technical Institute's nursing program).

Strategy 2.6.2: Provide students in training information on local and statewide resources for information and care are available for their patients.

Objective 2.7: By 2013, increase competencies of medical professionals who have completed their training to assess the oral health status of a patient, look for signs that oral health care is needed, and discuss oral health with their patients.

Strategy 2.7.1: Develop a training course that would include CE credits for medical professionals to learn about the importance of oral health and their patients. Training courses could be conducted at professional conferences held across the state.

Strategy 2.7.2: Partner with various entities such as the LDHA, LDA, AAP, etc. to help conduct training course and similar education opportunities.

Strategy 2.7.3: Provide practitioners information on what local and statewide resources for information and care are available for their patients.

Objective 2.8: By 2013, increase knowledge on oral health care and denture care among the adult and elderly population, as well as caregivers of these populations.

Strategy 2.8.1: Develop a flier on denture care and oral health care for the elderly for distribution at commodities programs.

Strategy 2.8.2: Coordinate with Councils on Aging throughout the state to distribute information on denture care and oral health care for the elderly.

Strategy 2.8.3: Coordinate with churches and their respective health ministries, if applicable, for distribution of information on denture care and oral health care for the elderly.

Strategy 2.8.4: Offer to guest lecture on denture care and oral health care for the elderly to the following, but not limited to, nursing assistant programs, AARP, social clubs for the elderly (i.e., Ochsner Golden Opportunities, Tenet 65).

Strategy 2.8.5: Provide information on denture care and oral health care for the elderly to physicians practicing geriatric medicine.

Strategy 2.8.6: Provide the Primary Care Assistants (PNA) and Certified Nursing Assistants (CNA) who assist elderly patients with information on oral health and how to best provide hygiene care.

Prevention

Goal 3: Improve and maintain oral health, and prevent the progression of oral disease through interventions that address risk factors and at-risk population groups.

Objective 3.1: By 2013, establish a statewide program to distribute oral hygiene supplies such as toothbrushes, toothpaste, mouthwash and dental floss at commodities distribution sites.

Strategy 3.1.1: Identify sources of oral health supplies among manufacturers, dental providers, local agencies, educational institutions and other stakeholders and secure their participation.

Strategy 3.1.2: Work with the state agencies and non-profit groups managing commodities programs to establish a process for supply distribution.

Strategy 3.1.3: Work with the Coalition's Education Committee to develop materials to include with the distributed supplies.

Objective 3.2: By 2013, increase the Louisiana population receiving the benefit of optimally fluoridated water.

Strategy 3.2.1: Support the grass roots efforts throughout the state, such as the Healthy Smiles Coalition and the Fluoridation Advisory Board, to promote community water fluoridation.

Strategy 3.2.2: Encourage oral health stakeholders to provide on their website links to the Center for Disease Control and Prevention's "My Water's Fluoride" webpage.

Strategy 3.2.3: Develop a guide to assist medical and dental professionals to identify whether or not their patients are serviced by water systems with naturally- occurring or adjusted fluoride levels.

Strategy 3.2.4: Identify permanent funding streams as well as innovative and new funding streams to initiate and maintain community water fluoridation.

Objective 3.3: By 2013, identify permanent funding streams to initiate and maintain community water fluoridation to achieve a goal of 50% of Louisiana citizens receiving the benefit of optimally fluoridated water.

Strategy 3.3.1: Get dedicated funds in state budget, such as a state fluoridation fund, that would act as a pool of money which could grow each year if unused.

Strategy 3.3.2: Identify new funds like private foundations, grants, etc. that could be used to fund fluoridation projects.

Strategy 3.3.3: Identify ways for people/towns/systems to self fund—i.e. \$1.00 on income tax or fee on water bill.

Strategy 3.3.4: Explore the use of unused Medicaid funding (left over from dental Medicaid budget).

Strategy 3.3.5: Get support of LDA, LDHA, Medical professional organizations.

Objective 3.4: By 2013, increase the number of children with dental sealants on their primary and secondary molars.

Strategy 3.4.1: Support the DHH- Oral Health Program's school-based dental sealant program.

Strategy 23.4.: Support school-linked dental sealant programs.

Strategy 3.4.3: Support programs that aim to deliver sealants to youth in non-school settings, such as camps, special events, etc.

Strategy 3.4.4: Work with the LDA to monitor the number of kids who receive sealants through the Jefferson Parish pilot project.

Strategy 3.4.5: Encourage sealant events as part of Give Kids a Smile Day[®], and as part of National Children's Dental Health month.

Objective 3.5: By 2013, increase the number of individuals receiving fluoride varnish applications in multiple settings.

Strategy 3.5.1: Support the recommendations and efforts of the Louisiana Chapter of AAP, LDA and the State Medicaid Office to achieve a Medicaid-supported Physician Fluoride Varnish Program.

Strategy 3.5.2: Support the Coalition's Policy Action Team in their efforts to allow pediatricians or medical practitioners to bill Current Dental Terminology (CDT) codes for the application of fluoride varnish in medical offices to patients age 0-6.

Strategy 3.5.3: Partner with school-based health care centers to provide fluoride varnish applications in those settings.

Strategy 3.5.4: Support agencies such as The Health Enrichment Network, who desire to conduct fluoride varnish applications in schools and at other locations.

Strategy 3.5.5: Partner with Head Start to provide fluoride varnish to students enrolled in the program.

Strategy 3.5.6: Explore the appropriateness of fluoride varnish or other topical fluoride applications for children over 6 years old, as well as adult, elderly and other at-risk populations.

Objective 3.6: By 2013, increase the identification of oral disease and related complications through comprehensive screenings of targeted populations in multiple settings.

Strategy 3.6.1: Train medical workforce and caregivers on how to conduct an oral health screening.

Strategy 3.6.2: Support inclusion of oral health screening into school entry/enrollment requirements.

Strategy 3.6.3: Include oral health screening with the in-school screenings for hearing, vision, height and weight.

Strategy 3.6.4: Train health care providers to conduct oral cancer screenings in medical settings.

Strategy 3.6.5: Train health care providers to screen for oral diseases in patients with chronic disease(s).

Strategy 3.6.6: Train health care providers to screen for oral health in pregnant women and women of reproductive age.

Strategy 3.6.7: Support the required protocol of oral health screening of Head Start students.

Objective 3.7: By 2013, establish media messaging that encourages the social desirability of good oral health, good dentition and healthy living/lifestyles.

Strategy 3.7.1: Partner with established media outlets to produce and maximize message exposure, particularly to underserved populations like youth and older populations. Seek support of these productions in state and local organizations.

Strategy 3.7.2: Partner with local, state and national organizations that share an interest in healthy living (i.e., tobacco-free, anti-obesity, wellness entities) to pool resources in message marketing.

Strategy 3.7.3: Utilize existing expertise in social marketing to enhance the desirability of good oral health, good dentition and healthy living.

Objective 3.8: By 2013, establish unified messaging about tobacco use and oral health that targets youth.

Strategy 3.8.1: Explore trends in social marketing to best reach target audiences.

Strategy 3.8.2: Partner with and support local and national tobacco-free organizations to reinforce anti-tobacco messaging.

Strategy 3.8.3: Support local organizations' efforts to reduce the availability of tobacco products.

Objective 3.9: By 2013, support activities that lead to the creation of an Oral Health Caucus in the Louisiana Legislature.

Strategy 3.9.1: Prepare issue briefs and program summary statements for dissemination to policy makers, key stakeholders and professional medical and dental organizations.

Strategy 3.9.2: Develop burden of oral disease messaging.

Strategy 3.9.3: Identify oral health champions in DHH, the Legislature, and the Governor's office. Work with DHH and stakeholders to organize a caucus.

Strategy 3.9.4: Gain support of DHH, LDA and LDHA and other professional organizations, medical and non-medical that have paid lobbyists to organize a caucus.

Surveillance & Evaluation

Goal 4: Maintain and expand a statewide Oral Health Surveillance System to monitor the status of oral disease in Louisiana to improve oral health outcomes through implementation of evidence-based strategies and to guide policy changes that will improve oral health for all Louisiana citizens.

Objective 4.1: By 2013 expand the Louisiana Oral Health Surveillance System to collect data from additional sources.

Strategy 4.1.1: Work with private insurers to identify and collect data on dental services provided in private dental practices.

Strategy 4.1.2: Work with Louisiana Nursing Home Association, local Councils on Aging and volunteer dentists to conduct a basic screening survey in the elderly population.

Strategy 4.1.3: Work with Medicaid to improve the data reporting process.

Strategy 4.1.4: Encourage the public, oral health stakeholders and program partners to participate in data collection activities and to utilize the data.

Strategy 4.1.5: Explore the utilization of GIS mapping of targeted oral health indicators.

Objective 4.2: By 2013, conduct a process and outcome evaluation of the Coalition's state plan to measure the effectiveness of the coalition's activities and interventions.

Strategy 4.2.1: Organize a standing Surveillance and Evaluation Committee/work group as a part of the Oral Health Coalition.

Strategy 4.2.2: Collaborate with Oral Health Program Evaluation Team and Coalition Surveillance and Evaluation Committee/workgroup to implement State Plan evaluation as outlined in the Oral Health Program's Five-Year Evaluation Plan.

Strategy 4.2.3: Assist other Coalition Committees/workgroups with data and evaluation request that the workgroup deems necessary to achieve their work.

Strategy 4.2.4: Disseminate information and evaluation results appropriately.

Objective 4.3: Research oral health activities in other states and countries for feasibility and practicality for Louisiana.

Strategy 4.3.1: On a frequent basis, conduct literature review for best practices. Share in a journal club format.

Strategy 4.3.2: Review national and international association/organizations' official statements, policy statements and white papers regarding oral health practices.

Objective 4.4: By 2013, develop and implement a method to disseminate information on the activities and achievements of the Oral Health Coalition.

Strategy 4.4.1: Develop a communication plan of the Coalition's activities and achievements, to identify avenues for dissemination and target audiences (stakeholders, coalition members, etc).

Strategy 4.4.2: Develop and maintain a data page on the DHH-Oral Health Program's web site.

Strategy 4.4.3: Develop a process for workgroup collaboration and dissemination of their projects/activities/intervention results.

Strategy 4.4.4: Identify who needs to receive information on the Coalition's results.

Workforce

Goal 5: Support the efforts to ensure the preparation of, and the recruitment and retention of, an oral health workforce that is adequate and skilled, so that it may better service the state's population groups.

Objective 5.1: By 2013, increase the number of dental providers participating in Medicaid in the state from 649 to 850.

Strategy 5.1.1: Explore incentives for dentists who significantly increase their service to Medicaid patients.

Strategy 5.1.2: Work with Medicaid and dental providers to identify barriers to the administrative process and to propose solutions to increase and maintain provider participation.

Strategy 5.1.3: Identify programs that have successfully reduced "no show" rates in dental offices and dental clinics and disseminate information about these programs. Encourage strategies and techniques to help discourage "no shows."

Strategy 5.1.4: Explore opportunities to encourage and educate dentists to participate in the Medicaid program.

Strategy 5.1.5: Explore models from other states in which providers are educated in "Practice Management" skill for service to Medicaid patients.

Objective 5.2: By 2013, support and promote policy changes that allow dental practitioners to provide outreach and public education to promote good oral health.

Strategy 5.2.1: Utilize retired dental professionals for trainings and outreach efforts.

Strategy 5.2.2: Gain support of LDA, LSB and LDHA.

Strategy 5.2.3: Develop a list of the types of training and outreach efforts requested for approval by such a policy change.

Strategy 5.2.4: Research practices in other states pertaining to objective.

Objective 5.3: By 2013, support efforts that will increase the number of dental professional students who graduate from Louisiana institutions who remain in Louisiana to practice.

Strategy 5.3.1: Explore loan forgiveness and other financial incentives.

Strategy 5.3.2: Support guided placement programs to encourage dental school graduates to practice in areas of unmet needs.

Objective 5.4: By 2013, encourage the LSBDD to adopt regulatory language that would decrease the length of time allowed for licensure by credentials to 30 days or less.

Strategy 5.4.1: Gain support of the LDA and LDHA.

Strategy 5.4.2: Gain support of the LSBDD.

Objective 5.5: By 2013, increase the number of providers who are trained to provide service to children and adults with special health care needs.

Strategy 5.5.1: Work with LSUHSC Dental School and dental hygiene schools throughout the state to support training for providers.

Strategy 5.5.2: Support the efforts of DHH- Office for Citizens with Developmental Disabilities to secure dental services.

Appendix I

Coalition Development Team

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