

Better Oral Health for **Massachusetts** Coalition



Oral Health Plan for Massachusetts

2010-2015



A Letter From the Coalition Chairs

March 31, 2010

Dear Colleagues and Residents of Massachusetts:


The Better Oral Health for Massachusetts Coalition is pleased to present this *Oral Health Plan for Massachusetts*. The plan represents over a year and a half of work by a broad-based statewide collaborative of providers, programs, lawmakers, state officials, insurers, health advocates, policy leaders, and consumers in communities from Cape Cod to the Berkshires.

The plan presented here seeks to improve oral health for all residents of Massachusetts by: (1) Enhancing assessment and surveillance of oral health needs and programs. (2) Advocating for policies that can improve oral health. (3) Expanding prevention efforts that can dramatically improve oral health, especially among our most vulnerable residents. (4) Strengthening the oral health workforce, and making the services they provide more accessible to underserved residents and communities.

This *Oral Health Plan for Massachusetts* is a significant milestone in a decade-long effort to improve access to care for all and promote oral health equity. It lays out goals, objectives, action steps, and a timeline. But no plan is self-executing. We and our colleagues in the Better Oral Health for Massachusetts Coalition are committed to seeing that the recommended actions are implemented, and these goals and objectives achieved.

You will be hearing more from us in the months to come about how to turn this plan into a reality. If you are already a Coalition member, get ready to work even harder. If not, please consider joining us in this important effort!

Sincerely,



Giuseppina Romano-Clarke, M.D., F.A.A.P.
Massachusetts Chapter of the
American Academy of Pediatrics



Mary Ellen Yankosky, R.D.H., B.S.
Oral Health Consultant



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Suggested citation: Oral Health Plan for Massachusetts: 2010-2015. Better Oral Health for Massachusetts Coalition, 2010.

The Better Oral Health for Massachusetts Coalition has been supported by the DentaQuest Foundation. Additional support has been provided by Delta Dental of Massachusetts, the Massachusetts Dental Society, Baystate Health and Partners for a Healthier Community, Inc., the Massachusetts Dental Hygienists' Association, and the Massachusetts Department of Public Health.

The Better Oral Health for Massachusetts Coalition

In 2000, a Special Legislative Commission on Oral Health released a report titled *The Oral Health Crisis in Massachusetts*, outlining five major recommendations for legislators, policymakers, community advocates, and residents to improve the oral health of the Commonwealth. In the same year, the federal government released *Oral Health in America: A Report of the U.S. Surgeon General*, alerting Americans to the importance of optimal oral health in their daily lives. While much progress has been made in oral health in Massachusetts over the last decade — for example, covering many more low-income people for dental care through MassHealth and more than doubling the number of community health center dental providers — much remains to be done.

Created in 2008, the Better Oral Health for Massachusetts Coalition is working to improve the oral health of all Massachusetts residents. The Coalition is a broad-based statewide collaborative of programs, providers (dentists, dental hygienists, physicians, and other health providers), lawmakers, state oral health officials, insurers, health advocates, policy leaders, and consumers in communities from Cape Cod to the Berkshires. The Coalition has one full-time staff member and a facilitator sponsored by the DentaQuest Foundation.

With a focus on improving access to care for all, reducing disparities, and promoting equity in Massachusetts' oral health, the Coalition has five goals:

- Increase access to oral health services and prevention.
- Promote positive policy, advocacy, and public awareness concerning oral health.
- Strengthen, diversify, and expand Massachusetts' oral health workforce.
- Promote and support ongoing statewide assessment and surveillance systems.
- Form a clear oral health action plan that incorporates at least all of these elements.

The Coalition held its first meeting in June 2008. Over 200 individuals involved in oral health in Massachusetts, including community programs and organizers, dentists, dental hygienists, physicians, professional organizations, legislators, and policymakers from Massachusetts and other New England states attended this leadership summit to discuss opportunities and concerns.

The *Oral Health Plan for Massachusetts* was developed by four working groups with more than 100 individuals: Assessment & Surveillance; Policy, Advocacy and Public Awareness; Prevention; and Workforce. Initial goals, objectives, and action steps from the working groups were presented for feedback to a statewide audience at two meetings, and at a series of seven community feedback meetings across the state during 2009. This feedback helped shape the final plan.



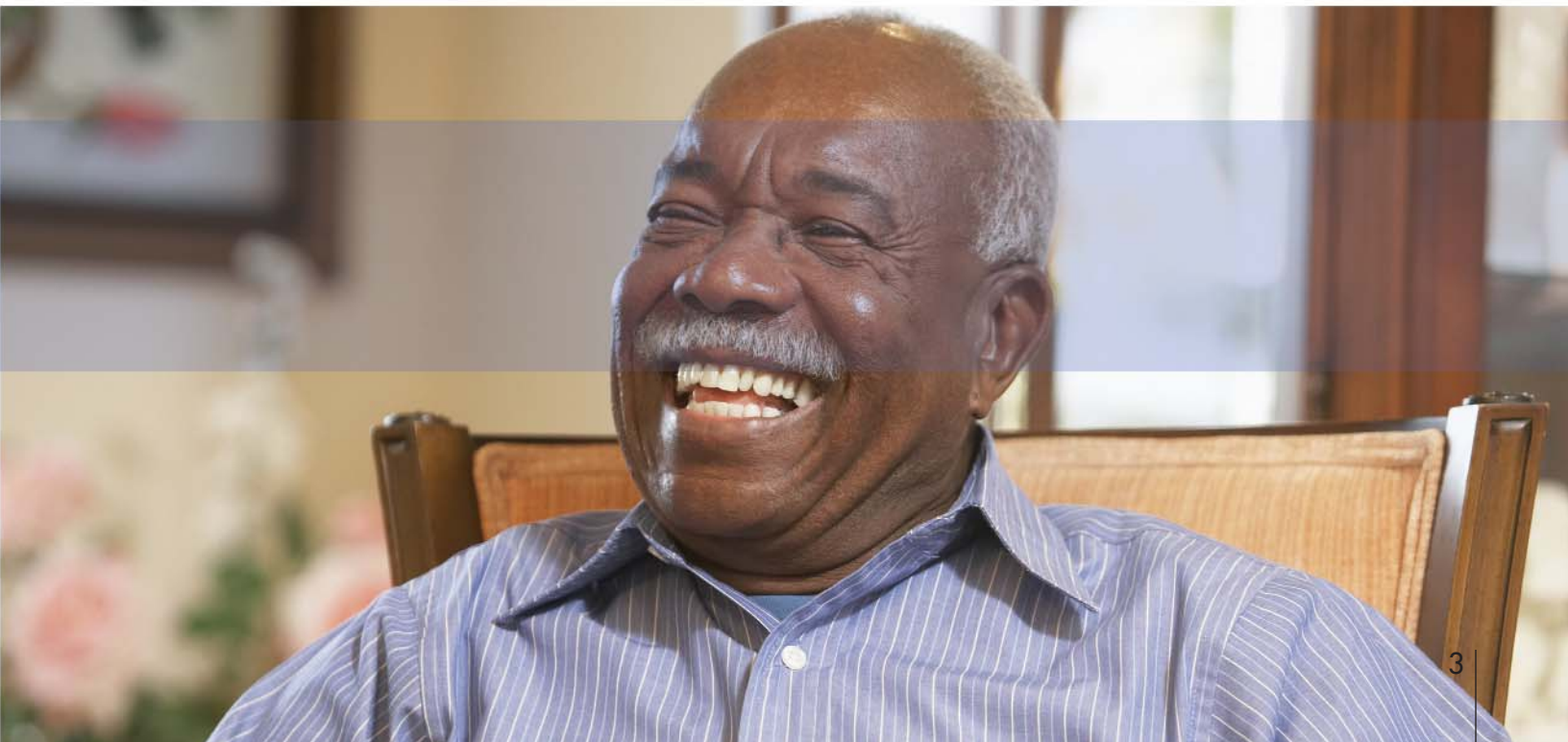
With the release of the *Oral Health Plan for Massachusetts*, the Coalition moves into a new phase. In the coming months, Coalition members will focus on achieving the plan's goals and objectives. This will require developing the organizational capacity to choose priorities, direct resources, and implement action steps outlined in the plan. Coalition members have agreed to continue working together and to engage additional partners in making the transition from an *ad hoc* working Coalition to a more permanent organization.

Toward this end, the Coalition has developed a set of Operating Guidelines that define categories of membership, governance, and a committee structure to guide future work. Additional issues under consideration include:

- determination of final organizational structure;
- staffing and professional services required;
- organizational roles in advocacy;
- securing adequate funding to sustain the Coalition's work over time;
- relationships with public and private sector entities that may promote the Coalition's goals without joining as members; and
- priorities for the coming year's work plan.

In order to improve the oral health of Massachusetts residents, it is vital to maintain the spirit of cooperation that has enabled stakeholders with varying agendas to define common goals and objectives. Coalition partners are optimistic about the prospects for ensuring that this *Oral Health Plan for Massachusetts* marks not the end of a promising discussion but the beginning of collaborative action to transform the health of our state's population.

For more information about the Better Oral Health for Massachusetts Coalition, including a membership application, visit www.massoralhealth.org or call (617) 886-1599.



Contributors to the Oral Health Plan for Massachusetts

Better Oral Health for Massachusetts Coalition acknowledges the following individuals and their organizations for their time and energy in preparing the *Oral Health Plan for Massachusetts*.

Name

Affiliation/Organization

Myron Allukian, Jr.
Kathleen Atkinson
Marlene Barnett
Helene Bednarsh
Lynn Bethel
Rebecca Bialecki
Antonia Blinn
Anthony Borgia
Marcy Borofsky
Anthony Boschetti
Cindy Cadoret
Deidre Callanan
Nancy Carpenter
Suzanne Cashman
Dianne Chadbourne

Oral Health Consultant
Massachusetts Board of Registration in Dentistry
Office of Oral Health, Massachusetts Department of Public Health
Boston Public Health Commission
Office of Oral Health, Massachusetts Department of Public Health
North Quabbin Community Coalition
Massachusetts Coalition of School-Based Health Centers
Massachusetts Dental Society
Mobile Dentists Smile Program
Oral Health Consultant
Boston University Goldman School of Dental Medicine
Massachusetts Head Start Association, Inc.
Massachusetts Coalition of School-Based Health Centers
University of Massachusetts Medical School
Forsyth School of Dental Hygiene, Massachusetts College of Pharmacy and Health Sciences

Tracy Chase
Courtney Chelo
Sherry Cohen
Harris Contos
Claradine Cowell
Corinna Culler
Scott Davis
Barbara Dawidjan
Andrea Dickhaut
Kathryn Dolan
Lori Doppman
Susan Downey
Kathy Eklund
Ellen Factor
Judith Foley
Susan Fournier
Paula Friedman
Ralph Fuccillo
Robert Gallant
Colette Gelinas
Ellen Gould
BL Hathaway
Catherine Hayes
Josie Haywood
Janice Healey
Jennifer Hedstrom
Michelle Henshaw
Annmarie Hollis
Margaret Howard
Mick Huppert
Babanina James
Nancy Johnson
Donna Johnson
Debbie Johnston
Judith Jones
Christine Keeves
Robin Klar
Mary Ann Kozlowski

Blue Cross Blue Shield of Massachusetts
Health Care for All
WCAC Head Start
Asclepius Associates
WEATOC
Boston University Goldman School of Dental Medicine
Massachusetts Dental Society
Quinsigamond Community College
Community Health Connections
Tufts University School of Dental Medicine
Tufts Community Dental Program
Health Resources in Action
Forsyth Institute
Massachusetts Dental Society
DentaQuest Foundation
Massachusetts Public Employees Fund
Massachusetts Dental Society
DentaQuest Foundation
Highland Valley Elder Services
Chicopee Health Department
Forsyth Institute
Tri-County Collaborative for Oral Health Excellence
Tufts University School of Dental Medicine
Executive Analytics & Design, Inc.
Office of Oral Health, Massachusetts Department of Public Health
Mobile Dentists
Boston University Goldman School of Dental Medicine
Henry Schein Dental, inc.
Bay State Dental Society, National Dental Association
Community Health Connections, Inc.
Innovative Strategic Solutions
Tufts Community Dental Program
Massachusetts Department of Public Health
Dental Hygienist
Boston University Goldman School of Dental Medicine
Health Care for All
Graduate School of Nursing, University of Massachusetts Medical School
Delta Dental of Massachusetts



Name

Brenda Lavasta
Mary Leary
Herlivi Linares
Joan Lowbridge-Sisley
Barry Major
Robert Marra
Cindy Marti
Karine Martirosyan
Ana Karina Mascarenhas
Katie Millett
Manny Molina
Michael Monopoli
John Morgan
Kathleen Myers
Louise Nally
Man Wai Ng
Biyi Ogunjimi
Kelli Ohrenberger
Anthony Olatunji
Robyn Olson
Peter Paradiso
Katherine Pelullo
Elizabeth Perry
Kristin Peters
Jean Pontikas

Shannon Quirk
Heather Reid
Steve Ridini
Frank Robinson
Giuseppina Romano-Clarke
Derek Roos
Jonina Schonfeld
Machelle Seibel
Judith Shannon
Stephen Shea
Hugh Silk
Frank Singleton
Pamela Smith
Brian Souza
Rebecca Starr
Sheila Stille
Brian Swann
Edward Swiderski
Mary Tavares
Carol Teixeira
Gerry Thomas
Nancy Topping-Tailby
Sandra Vasquez
David White
Alex White
Geoff Wilkinson
Jane Willen
Tom Wolff
Mary Ellen Yankosky
Jeffrey Zornitsky

Affiliation/Organization

DentaQuest Foundation
Massachusetts League of Community Health Centers
Lynn Community Health Center
Partners for a Healthier Community, Inc.
DentaQuest
Cambridge Health Alliance
Massachusetts Association of Community Health Workers
ABCD Head Start
Boston University Goldman School of Dental Medicine
Massachusetts Department of Elementary and Secondary Education
DentaQuest Institute
DentaQuest Foundation
Tufts University School of Dental Medicine
Tower Solutions
Community Health Connections, Inc.
Children's Hospital Boston
DentaQuest Foundation
DentaQuest Institute Safety Net Solutions
El-Shaddai Dental
Boston Benefit Partners
Massachusetts Department of Public Health
Massachusetts Dental Hygienists' Association
Elder Dental Program
Fitchburg Community Health Center
Division of Health Professions Licensure, Massachusetts Department
of Public Health
Massachusetts League of Community Health Centers
Caring Health Center
Health Resources in Action
Partners for a Healthier Community, Inc.
Massachusetts Chapter of the American Academy of Pediatrics
Massachusetts Association of Community Health Workers
Northeast Center for Healthy Communities
HealthRock
Massasoit Community College
Fitchburg Community Health Center
University of Massachusetts Medical School
Lowell Department of Health
Massachusetts Department of Public Health
DentaQuest Institute
RWJ Foundation Jobs to Careers Initiatives
University of Massachusetts Memorial Medical Center
Cambridge Health Alliance
Massachusetts Dental Society
Forsyth Institute
Tufts University School of Dental Medicine
Boston Public Health Commission
Massachusetts Head Start Association, Inc.
Boston Public Health Commission
Massachusetts Dental Society
DentaQuest Institute
Massachusetts Department of Public Health
MassHealth
Tom Wolff & Associates
Oral Health Consultant
Performance Solutions Network, Inc.



Executive Summary

Created in 2008, the Better Oral Health for Massachusetts Coalition is working to improve the oral health of all Massachusetts residents. In conjunction with four working groups comprised of more than 100 individuals, and with input from community meetings held across the state, the Coalition developed this *Oral Health Plan for Massachusetts*.

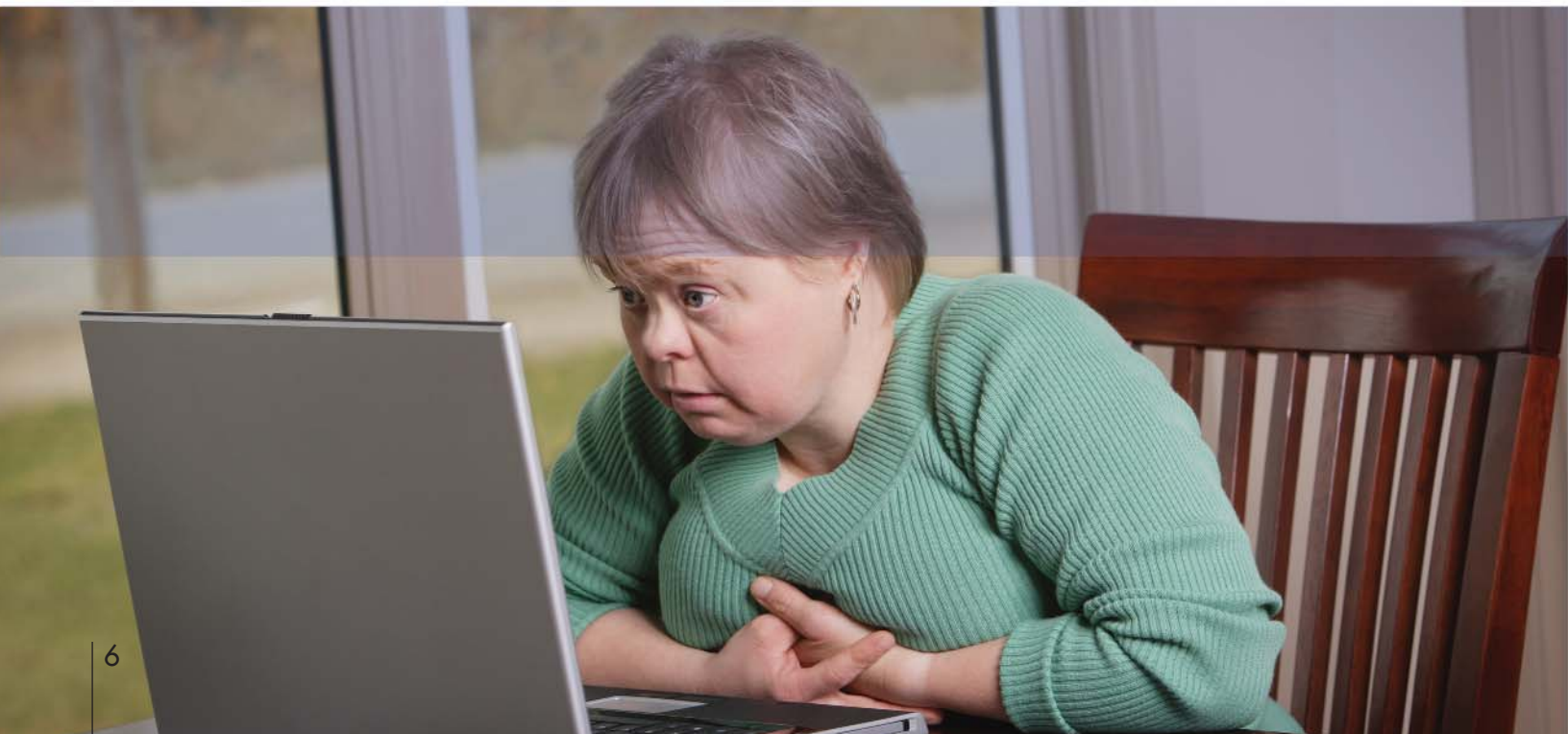
We have made great strides in improving oral health in Massachusetts over the last decade, but there is much more to be done, especially to protect the oral health of our most vulnerable residents. There remain significant regional, racial, and ethnic disparities in access to dental care and dental outcomes.

The good news is that prevention works! We all learned that brushing and flossing is important for a healthy mouth, as are regular dental checkups. But there are a variety of significant actions that schools, communities, health providers, insurers, and state government can take to improve oral health, especially for the most vulnerable. These actions are the main focus of this *Oral Health Plan for Massachusetts*.

The plan recommends goals, objectives, and action steps in four main areas:

Assessment and Surveillance: Many groups in Massachusetts collect oral health data — school-based programs, community health centers, universities, health departments, Head Start agencies, and others. Sharing this data can strengthen oral health efforts and help improve understanding oral health status and needs. The strategies discussed here will facilitate collaboration, communication, and coordination of data efforts throughout the state by:

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



Policy, Advocacy, and Public Awareness: The focus of the policy, advocacy, and public awareness strategy is:

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

Prevention and Access: The proposed prevention and access strategies focus on:

- Promoting expansion of community water fluoridation as the foundation of better oral health.
- Promoting preventive oral health services including sealants and access to fluoride products.
- Increasing healthy equity by improving access to preventive, restorative, and rehabilitative oral health services for vulnerable and diverse populations.
- Promoting oral health knowledge and awareness.
- Educating the public about the connection between oral health and general health.
- Engaging a broad coalition of community-based providers in oral health promotion.

Workforce: Workforce strategies focus on:

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



Oral Health in Massachusetts

Oral Health Status

We have made great strides in improving oral health in Massachusetts over the last decade, but there is much more to be done, especially to protect the oral health of our most vulnerable residents. The November 2009 report from the Massachusetts Department of Public Health, *The Status of Oral Health in Massachusetts*, provides a thorough review of the oral health status of Massachusetts residents. The report may be downloaded at http://www.mass.gov/Eeohhs2/docs/dph/com_health/oral_health_burden.pdf. Among its most significant findings:

Access to care. 53 areas in Massachusetts, home to almost 1.3 million people, have been designated by the federal government as Dental Health Professional Shortage Areas. The residents of these communities were less likely to have seen a dentist in the past year, compared to residents statewide, and 90% between ages 25 and 44 had lost at least one tooth, a much higher percentage than those living in non-shortage areas.

Disparities in dental care and outcomes. Minorities and children in lower-income areas of the state are less likely to receive oral health care, and they experience greater rates of dental decay. For example, while 45% of third graders statewide have dental sealants, a low-cost way to prevent decay, only 29% of black third graders have them.

Pregnant women have an increased risk of oral disease, especially gingivitis (inflammation of the gums). Periodontal disease or pregnancy gingivitis can begin in the second or third month of pregnancy and increase in severity through the eighth month of pregnancy. Yet 57% of women in Massachusetts did not have their teeth cleaned during their pregnancy.

Children and adolescents. Tooth decay is the most common oral disease among children and adolescents. In Massachusetts: 37% of Head Start children between the ages of three and five had experienced dental decay, and 30% of middle school and 35% of high school students reported having a cavity during the previous year.

Among adults, tooth loss is a major indicator of oral health, and disparities exist based on race, ethnicity, income, and education. In Massachusetts: 33% of 31- to 44-year-olds have lost at least one tooth, much lower than the national average. Residents ages 25 to 44 living in dental shortage areas have one-third more tooth loss than those in the same age group living in non-shortage areas. Diabetes contributes to lost teeth: 74% of residents with diabetes have lost teeth to oral disease or decay, compared to 42% of those without diabetes.

Seniors. 14% of Massachusetts elderly residents have complete tooth loss, which is less than the national average of 22%. Some seniors are especially vulnerable. Among seniors living in long-term care facilities, 59% were found to have untreated decay. A study of lower income seniors at state-subsidized meal sites found that 35% had untreated decay.



How Massachusetts stacks up on key oral health indicators:

Indicator	United States	Massachusetts
Dental decay experience (ages 2–4)	22%	28%
Dental decay experience (ages 6–8)	51%	58%
Untreated decay (ages 2–4)	17%	15%
Untreated decay (ages 6–8)	28%	17%
Adults with no tooth loss (ages 31–44)	38%	67%
Dental sealants (age 8)	35%	46%
Dental sealants (age 14)	19%	52%
Population served by fluoridated water	67%	59%
Dental visits in past 12 months (children and adults)	44%	76%
Preventive dental care in past 12 months for low-income children and adolescents	29%	43%
School and community health centers and health departments with oral health component	64%	61%

Prevention Works!

Most oral health disease is preventable. We all learned that brushing and flossing is important for a healthy mouth, as are regular dental checkups. But there are several extremely significant actions that schools, communities, health providers, insurers, and state government can take to improve oral health, especially for the most vulnerable. These actions are the main focus of this *Oral Health Plan for Massachusetts*.

Dental sealants are a plastic material placed on the pits and fissures of the chewing surfaces of teeth. They cover up almost all of the places where decay occurs in children's teeth. According to the U.S. Surgeon General's 2000 report on oral health, sealants have been shown to reduce decay by more than 70%. One of the best ways to provide dental sealants for children at risk is through the schools. School-based sealant programs reduce oral health disparities in children. Unfortunately, in 2006, only 8% of Massachusetts schools had a dental sealant program, and little has changed since then.

Fluoride is the foundation for preventing tooth decay. It is a natural substance and the 17th most abundant element in nature. Fluoride prevents decay by helping teeth maintain harder, healthier enamel. Community water fluoridation increases the amount of fluoride in a water supply for optimal oral health. In Massachusetts, of the 289 communities that have a public water supply, 49% fluoridate their water and 51% do not. As of 2009, Massachusetts is providing fluoridated water to 59% of residents. While the state is above average in many categories of oral health, we are way behind in fluoridation — 36th among all states.



Fluoride mouth rinse can be an effective way to prevent tooth decay in children who live in communities without fluoridated water. Weekly mouth rinsing with fluoride is safe, inexpensive, and effective, reducing tooth decay by 20%-40%. Since 1978, the Massachusetts Department of Public Health has supported the School Fluoride Mouthrinse Program for children in grades 1–6 in non-fluoridated communities. Though the number of schools participating in the program increased by 15% last year, the program is still only available to about 52,000 children weekly — a fraction of those who could benefit.

Fluoride varnish is yet another way that fluoride can prevent tooth decay. Widely used in Europe for decades, the procedure is catching on in the United States. Massachusetts has recently become the 26th state to allow Medicaid (MassHealth) reimbursement for fluoride varnish applied by physicians, physician assistants, nurse practitioners, registered nurses, and licensed practical nurses. This is a positive step towards increasing children's access to preventive oral health services, and reducing tooth decay among moderate- to high-risk children, especially those under age five.

Dental workforce: There are currently 5,889 dentists with a Massachusetts address, giving the state a dentist-to-patient ratio of 1 to 1,095, much better than the 1 to 1,700 national ratio. However, dentists are not distributed equally across the state, and 53 areas in Massachusetts (with almost 1.3 million residents) have been designated by the federal government as dental professional shortage areas. Massachusetts has 5,161 licensed dental hygienists with the majority having more than 15 years of experience. New legislation has allowed dental hygienists to offer direct access to preventive services to residents in public health settings. Massachusetts has three dental schools, ten dental residency programs, and eight dental hygiene programs.

One especially serious concern is access to dental care for low-income residents. Between 2006 and 2008, the number of children enrolled in the MassHealth dental program increased significantly. Yet fewer than half of these children received any type of dental examination in the previous year, suggesting there are not enough dentists participating in MassHealth to meet the demands of those enrolled. In 2009, a third of the licensed dentists in Massachusetts were MassHealth providers. But with just 16% of licensed dentists submitting claims to MassHealth of more than \$10,000, the number of dentists providing significant amounts of care to MassHealth participants is small indeed.

Community health centers are our dental safety net. There are now 48 health center dental programs, more than double the number providing services a decade ago. Community health centers are unique in that they can employ limited license (foreign-trained) dentists to provide culturally and linguistically competent dental treatment. Health center dental programs provided more than 377,577 patient visits in 2008, up 16% from 2005. MassHealth is the greatest payer source for community health center dental programs in Massachusetts. Translation services for more than 21 foreign languages are available at the community health center dental programs, as is American Sign Language and telephonic interpretation. With demand growing, a survey of community health center dental programs found that 61% had the capacity to provide more space for dental services and 71% indicated the ability to expand their hours.





Oral Health Plan for Massachusetts

Assessment and Surveillance

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

OVERVIEW: Many groups in Massachusetts collect oral health data - school-based programs, community health centers, universities, health departments, Head Start agencies, and others. Sharing this data can strengthen oral health efforts and help improve understanding oral health status and needs. The strategies discussed here will facilitate collaboration, communication, and coordination of data efforts throughout the state by:

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

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

Objectives:

1. Define a comprehensive set of oral health variables that can be used to assess and track oral health needs. (By 2010)
2. Review and catalog existing oral health-related systems that collect data and report on:
a) oral health status; b) correlated data such as age, socio-economic status, race/ethnicity, and insurance status; c) workforce availability; d) status of the oral health safety net; e) status of Dental Health Professional Shortage Areas (DHPSAs); and f) relevant policies and regulations, including an analysis of financial needs and resources to support surveillance. (By 2010)
3. Report on: a) available data collection systems b) surveillance gaps; c) ways to build on existing data collection systems to develop a comprehensive surveillance system that will help state and local policymakers and providers improve the oral health of priority populations. (By 2011)
4. Evaluate the surveillance system and methods of disseminating oral health data. (By 2012, reviewed annually thereafter)

Action Step:

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



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

Objectives:

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

Action Steps:

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



Policy, Advocacy, and Public Awareness

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

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

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

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

Objectives:

1. Inventory current and proposed national, state and local statutes, regulations, and policies related to matters that impact oral health. (By 2010)
2. Assess challenges and opportunities in health policy, financing, quality and organization of the system of oral health care delivery that facilitate or create barriers to access, equity, and utilization of oral health services. (2010–2015)
3. Evaluate relevant national, state, and local advocacy and policy efforts to identify best practices that offer the potential to prevent and control oral disease. (2010–2015)

Action Steps:

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



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

Objectives:

1. Develop a database of active oral health advocates, and increase the number of advocates annually. (By 2010, then updated annually)
2. To ensure increased advocacy and support for legislation that positively affects oral health, increase the active membership of the legislative Oral Health Caucus by 20%. (By 2011)
3. Increase public awareness of the impact that oral health policies and programs have on the health and well-being of individuals and communities. (2010–2015)
4. Ensure the inclusion of oral health quality measures in payment reform efforts and medical home initiatives. (2010–2015)

Action Steps:

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

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

Objectives:

1. Identify policy options that strengthen and support the capacity to promote innovations and support initiatives advancing the oral health plan. (By 2010)
2. Develop an annual policy agenda that advances the oral health plan. (By 2010, then annually)
3. Evaluate the effectiveness of the policy agenda in promoting positive change. (2011–2015)

Action Steps:

- Review the goals, objectives, and strategies of the oral health plan to identify those that may benefit from action by the Policy, Advocacy, and Public Awareness workgroup. Examples may include: fluoridation of public water supplies; funding for community and school-based oral health prevention and education programs; funding for workforce development, including scholarships and loan forgiveness programs; and legislation to improve oral health and promote access to dental care for all residents.
- Identify policy priorities that promote improvements in the organization and financing of the oral health delivery system.
- Develop and promote a framework for the evaluation of the policy agenda.
- Develop and implement a rapid communication system to inform Coalition members and stakeholders about emerging oral health issues.



Prevention and Access

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

OVERVIEW: The proposed prevention and access strategies focus on:

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

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

Objectives:

1. Promote the use of fluoride and fluoridation among individuals, regardless of age, at moderate to high risk for dental decay. (2010–2015)
2. Maintain fluoridation in communities currently fluoridated, and increase the number of communities with a fluoridated public water supply. (2010–2015)
3. Increase the number of children at moderate to high risk for dental decay who have sealants on primary and permanent molar teeth by 25%. (By 2012)
4. Increase the number of children in school-based, early childhood, and community fluoride programs by 10%. (By 2012)

Action Steps:

- Collaborate with the legislature and the Department of Public Health to identify opportunities and strategies to expand the number of community-based prevention programs for vulnerable populations.
- Advocate for increased funding for integrated community and school-based oral health education and prevention programs targeting vulnerable populations.
- Work with municipal leaders, health boards, community groups, and coalitions to coordinate a united effort for community water fluoridation.
- Establish a multi-disciplinary group of experts to serve as a resource for communities considering water fluoridation.
- Work with the Office of Oral Health in the Department of Public Health to expand school-based prevention programming.
- Advocate for legislation that mandates private insurance to reimburse for selected oral health prevention services by trained non-dental providers.



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

Objectives:

1. Increase access to and use of preventative, restorative, and rehabilitative oral health services by seniors living independently in the community and in long-term care and assisted living facilities. (2010–2015)
2. Double the number of pediatric primary care providers who deliver oral health services including oral health screenings, fluoride varnish application, and dental referrals for patients at risk. (By 2012)
3. Increase the number of adult primary care providers, including obstetricians and gynecologists, who perform oral health and oral cancer screenings and make dental referrals during routine medical visits. (2010–2015)
4. Increase the number of oral health safety net programs (e.g., community health centers, mobile dental care programs) performing outreach and enrolling and serving as a dental home for those who have no dental insurance, and traditionally underserved populations such as chronically ill individuals, pregnant women, and the homeless. (2010–2015)
5. Increase access to and use of preventative, restorative, and rehabilitative oral health services by racial and ethnic minorities, low-income populations, pregnant women, and people with special health care needs, including people with disabilities and people living with HIV/AIDS. (2010–2015)
6. Increase the number of MassHealth recipients receiving preventive, restorative, and rehabilitative services. (2010–2015)

Action Steps:

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



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

Objectives:

1. Increase the public's oral health knowledge and raise awareness of its importance to overall health, helping to promote effective individual oral health practices. (2010–2015)
2. Increase oral health knowledge of pre-school staff, teachers, health workers, nursing home staff, and other key service providers. (2010–2015)
3. Increase the oral health knowledge of students enrolled in health professional schools and programs by integrating culturally appropriate oral health curricula. (2010–2015)

Action Steps:

- Partner with key statewide and local stakeholders to develop and deliver consistent and culturally appropriate messages to increase oral health knowledge and awareness, including the importance of annual oral cancer screenings.
- Partner with state and local athletic associations, school departments, and coaches to promote the use of mouth guards by children engaged in contact sports, regardless of age.
- Train parents, teachers, community health workers, personal care attendants, nursing home staff, and other caregivers on oral health concerns.
- Collaborate with state health professions schools to identify culturally appropriate oral health curricula and to integrate them in their training programs.



Workforce

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

OVERVIEW: Workforce strategies focus on:

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

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

Objectives:

1. Provide financial incentives and resources (including scholarships and loan forgiveness programs, scholarships) that encourage the expansion of the oral health workforce. (2010–2015)
2. Ensure the adequate financing of government-run insurance programs and departments working on oral health. (2010–2015)
3. Facilitate the efficient allocation of fiscal resources to support expansion of the oral health workforce. (2010–2015)
4. Ensure adequate resources for publicly funded dental education and training programs to meet current and future labor demands for oral health providers. (2010–2015)

Action Steps:

- Develop a campaign to educate legislators on the need for financial assistance to support dental, dental hygiene, and post-graduate dental students, as well as licensed dental practitioners who practice in or would like to practice in underserved areas, as well as the need for increased funding for loan and scholarship programs for dental professionals.
- Develop a report for legislators and government officials demonstrating the impact of limited oral health financing and the benefit of increasing financing for oral health services to improve the health care system.
- Promote an oral health license plate to generate funding to support workforce expansion initiatives for dental professionals.
- Propose legislation to include oral health providers as members of the Health Care Workforce Center Advisory Council and allow dental professionals to be eligible for associated loan repayment funds.
- Promote the financing of residency programs in public health settings utilizing Indirect and Direct Medical Education funding reimbursement through Medicare and Medicaid.
- Promote the financing of recruitment or apprenticeships programs in high schools.
- Identify best practices that demonstrate a measurable improvement to oral health for replication and expansion.



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

Objectives:

1. Increase the number of private providers actively participating in government–sponsored dental insurance (MassHealth and Commonwealth Care). (2010–2015)
2. Establish sustainable partnerships and collaborations between dental providers and other healthcare professionals to ensure continuity of comprehensive oral health care (with medical doctors, nurse practitioners, nurses, community health workers, case managers, etc). (By 2015)
3. Double the number of pediatric primary care providers who deliver oral health services including oral health screenings, fluoride varnish application, and dental referrals for patients at risk. (By 2012)
4. Increase the number of adult primary care providers, including obstetricians and gynecologists, who perform oral health and oral cancer screenings and make dental referrals during routine medical visits. (2010–2015)
5. Increase the number of dental providers working in a safety net setting and the number of oral health safety net programs (e.g., community health centers, mobile dental care programs) performing outreach, and enrolling and serving as a dental home for those who have no dental insurance, including special populations such as the homeless. (2010–2015)
6. Maintain or increase (as needed) the total number of dental providers in the Commonwealth. (2010–2015)



Action Steps:

- Increase the enrollment and active participation of licensed dentists in the MassHealth Program to 65%.
- Enroll 200 dental hygienists as providers in the MassHealth Dental Program.
- Increase reimbursement for dental services provided under MassHealth to the 75th percentile of the ADA Survey of General Dentists.
- Offer four model business plans for dentists, dental hygienists, or dental programs to efficiently integrate MassHealth patients into practices.
- Increase the number of dental departments and clinical oral health staff, including dental hygienists, in community health centers.
- Establish a plan for fostering partnerships between oral health professionals and local community health workers to improve capacity for providing culturally responsive dental care.
- Increase the number of general practice dental residency positions (General Practice Residency or Advanced Education in General Dentistry Residency) by 50%.
- Conduct a survey of new dental graduates to identify factors that drive employment decisions after graduation from an accredited Massachusetts dental, dental hygiene, and dental-assisting program (e.g., educational debt, geography, cost of living, specialization), especially factors that may increase the number of new graduates who decide to practice in the Commonwealth.
- Establish a Dental Professional Recruitment Program workgroup to explore retention of new graduates providing dental services in the Commonwealth.
- Explore and pilot dental team member models and other alternative workforce models.

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


Objectives:

1. Increase the proportion of dental providers receiving training in cultural competency. (2010–2015)
2. Increase the number of multilingual dental practices. (2010–2015)
3. Increase the number of multicultural dental school graduates. (2010–2015)
4. Increase the number of foreign-trained dentists in private practice. (2010–2015)

Action Steps:

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





**Better Oral Health
for Massachusetts**
Coalition