



Ohio Department of Health Oral Health Section 2013 Plan

OUR MISSION: *To promote and improve the oral health of all Ohioans.*

The Oral Health Section (OHS) has four goals that support our mission:

Goal 1: Ohio communities will have access to community oral disease prevention programs.

- Community water fluoridation
- School-based oral health (e.g., grants for school-based dental sealant programs)
- Fluoride mouthrinse programs (in schools in non-fluoridated areas)

Goal 2: Ohioans will have access to dental care.

- Grants to support safety net dental clinics
- Web-based resources for safety net dental clinics
- Dentist loan repayment and dental Health Professional Shortage Area (HPSA) designation
- Ohio Partnership To Improve Oral health through access to Needed Services (OPTIONS) / case management program

Goal 3: Ohioans, local programs, policymakers and advocates will have access to high quality population-based and community oral health information.

- Oral health data collection, analysis and reporting (e.g., statewide oral health surveys)
- Web-based information
 - * Ohio Oral Health Surveillance System
 - * Educational materials and distance learning
- Information, consultation, and technical assistance for dental and non-dental health professionals

Goal 4: Public policy in Ohio will include oral health as an essential component of health.

- Advocacy for oral health issues, especially access to dental care
- Collaboration/consultation with local, state and national government agencies and professional organizations



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Goal 1: Ohio communities will have access to community oral disease prevention programs

Strategy 1.1: Encourage and enable Ohio communities to implement community water fluoridation.

OHS Activities:

- A. Maximize the impact of Ohio's fluoridation statute through fluoridation promotion and education efforts.
- B. Collaborate with the Ohio Environmental Protection Agency (OEPA) and state policy makers to revise the Ohio fluoridation law to reflect new national recommendations of the U.S. Department of Health and Human Services.
- C. Collaborate with the OEPA, professional dental and medical associations, community water systems, municipalities and educational institutions to disseminate information about the new national recommendations for fluoride levels used in community water fluoridation.
- D. Maintain/update fluoridation information on the OHS Web site and on the Community Water Fluoridation At-A-Glance to reflect new national recommendations for fluoride levels in community water fluoridation. On hold pending release of federal recommendations.
- E. Collaborate with the OEPA and the Centers for Disease Control and Prevention to evaluate fluoridation quality, recognize systems that achieve excellence in fluoridation and monitor the state fluoridation census.
- F. Through the Fluoridation Assistance Program, provide limited reimbursement for start-up and maintenance costs for water fluoridation.

Strategy 1.2: Support school-based oral health programs.

OHS Activities:

- A. Fund local agencies (through grants) to operate efficient, high quality school-based dental sealant programs (SBSPs).
 - Explore methodologies to evaluate leading factors contributing to decreasing levels of participation in SBSPs and identify strategies to increase positive consent return.
 - Assure quality of Ohio Department of Health (ODH)-funded SBSPs, sharing dashboard and comparison reports with subgrantees and conducting 5-6 comprehensive site visits). Review and update PIP and manual, as necessary.
 - Continue to update the SBSP expansion plan. Discuss potential for developing alternatives to ODH grant funding to expand access to SBSPs.



- Collaborate with two mobile dental programs in Northeastern Ohio to provide follow-up dental treatment for children identified as needing care through ODH-funded SBSPs and implement strategies to increase participation in both programs.
- B. Make available materials and/or provide training and technical assistance to school staff (e.g., school nurses) on oral health topics (e.g., oral health screening in the school setting, Dental FUNDamentals).
- C. Identify school-based health centers in Ohio that include an oral health component and determine the characteristics of each (e.g., staffing, services provided, funding etc.).
- Analyze data from the National Assembly of School-based Health Care state-based census of school-based health centers and/or data from the Ohio School-based Health Care Association.
 - Supplement data with additional information collected via surveys and contacts with program directors of Ohio school-based programs.

Strategy 1.3: Provide the opportunity for communities without optimal water fluoridation to operate school-based fluoride mouthrinse (FMR) programs.

OHS Activities:

- A. Provide FMR supplies and forms to participating schools.
- B. Using the FMR Operations Manual as a guide, provide training and technical assistance to new FMR program coordinators regarding proper implementation of the program and continue to monitor FMR programs to assure program quality (e.g., conduct telephone and on-site program monitors early in the school year).
- C. Promote the FMR Manual with FMR coordinators, review the manual and update, as necessary and before the start of the school year.
- D. Maintain current data (e.g., responses to Fall and Spring mailings, program coordinator training) to track the status of programs.



Goal 2: Ohioans will have access to dental care.

Strategy 2.1: Strengthen and support the dental care safety net.

OHS Activities:

- A. Fund subgrants to support 11 safety net dental clinics.
- B. Conduct comprehensive site reviews for 3-4 safety net grantees using established quality assessment and performance improvement criteria.
- C. Contract with a local agency to provide dental services in their community using ODH's mobile dental van.
- D. Develop and improve the efficiency and quality of safety net dental clinic operations through activities developed in collaboration with the local philanthropic community.
- E. Collaborate with philanthropic partners (The HealthPath Foundation of Ohio, Ohio Osteopathic Heritage Foundations and Sisters of Charity) to develop a legacy report to document combined efforts to strengthen the safety net.
- F. Provide technical assistance to agencies interested in starting new or improving operations of existing safety net dental clinics.
- G. Collaborate with National Maternal and Child Oral Health Resource Center on the continued development and maintenance of the Web-based Ohio Dental Safety Net Clinics Website (www.ohiodentalclinics.com).
- H. Collaborate with national partners (e.g., Association of State and Territorial Dental Directors (ASTDD), the Indian Health Service, National Maternal and Child Oral Health Resource Center, National Network for Oral Health Access, Safety Net Solutions) to maintain and improve the safety net dental clinic manual (www.dentalclinicmanual.com).
- I. Administer the Ohio Dentist Loan Repayment Program (ODLRP) and the Dentist Workforce Loan Repayment Program (DWLRP).
- J. Prepare and submit 16 applications for federal dental HPSA designations in Ohio.

Strategy 2.2: Administer the Dental OPTIONS Program, the statewide dental case management program for low-income, uninsured Ohioans without access to dental care.

OHS Activities:

- A. Fund (through grants) four agencies to provide regional OPTIONS referral coordination services.



- B. Provide technical assistance to regional OPTIONS offices, as necessary.
- C. Support the OPTIONS Steering Committee in its role of providing program oversight and making policy decisions.
- D. Work with the ODH Office of Management Information Systems to create a more user-friendly, current, Web-based platform for referral coordinators to report program data.
- E. Update the OPTIONS Referral Coordinator Manual.
- F. Conduct structured site-visit assessments with four OPTIONS sub-grantee agencies: Cuyahoga County Board of Health, Dental Center of NW Ohio, HandsOn Central Ohio, and CincySmiles.



Goal 3: Ohioans, local programs, policymakers and advocates will have access to high quality population-based and community oral health information.

Strategy 3.1: Make data and other oral health information available to communities and policy-makers.

OHS Activities:

- A. Maintain and update the Ohio Oral Health Surveillance System, an Internet-based application that provides a profile of oral health status, demographics and access to dental care for each county in Ohio.
- B. Analyze data from the Ohio State Dental Board (OSDB) on trends in the number and geographic distribution Ohio's dental workforce. Work will be done with support of MPH student intern.
- C. Write and disseminate data brief for publication on data from the Ohio Hospital Association on oral-health related hospital visits.
- D. Continue planning and begin implementation of the next county-level statewide survey of 3rd grade schoolchildren (including form and database design, facilitation and data collection planning, gaining participation from 1st year 3rd grade schools and initiating data collection).
- E. Maintain the OHS Web site as a rich information source on oral health, oral health policy issues, and OHS programs/funding opportunities that are coordinated with ohiodentalclinics.com.
- F. Provide information, consultation and technical assistance to customers, as requested (e.g., local health departments, school staff and consumers).
- G. Work with the OSDB to add demographic data and workforce questions on the dentist license renewal applications.

Strategy 3.2: Enable health professionals to improve the oral health of the people they serve.

OHS Activities:

- A. Continue to develop, promote and implement oral health training and materials for non-dental health professionals.
 - Promote Help Me Smile (HMS) and Smiles for Ohio-Fluoride Varnish (S4O-FV) Web-based trainings to systems in Ohio that serve mothers and young children



- (e.g., Medicaid providers, ODH WIC, Early Head Start/Head Start, Help Me Grow, the ODH Bureau of Child and Family Health Services, and the ODH Bureau for Children with Medical Handicaps and Early Intervention Services).
- i. Continue to update and post materials/information on this topic for the bureau Web page.
 - ii. Evaluate the response to HMS and S4O-FV Web-based trainings (e.g., number of trainings completed, evaluation results and comments).
- B. Provide information, consultation and technical assistance to the Ohio Head Start Association to encourage Head Start and Early Head Start Programs to identify dental homes and access dental care for Head Start students.
- Serve as liaison between Ohio Head Start programs and the National Center on Health, Oral Health Project.
 - Participate in three regional Head Start Nurse Conferences in Ohio.
 - Collaborate with Ohio Head Start dental consultant to inform and advise programs.
- C. Work with professional medical and dental organizations, dental practitioners and dental/dental hygiene students to educate and/or encourage collaboration in achieving patient-centered primary care (PCPC).
- Continue to obtain/develop resources that describe the ways in which oral health is a component of PCPC and provide this information to all bureau staff.
 - Develop competency related to PCPC, then identify and pursue opportunities to educate dental professionals and dental/dental hygiene students about PCPC and how it relates to public and private dental practices.



Goal 4: Public policy in Ohio will include oral health as an essential component of health.

Strategy 4.1: Maintain public and policymaker awareness of the importance of access to dental care as a public policy issue.

OHS Activities:

- A. Collaborate/consult with agencies and professional organizations (e.g., the Children's Oral Health Action Team (COHAT), Ohio Dental Association, Ohio Department of Job and Family Services, Best Evidence for Advancing Childhealth in Ohio NOW [BEACON] Council, Ohio Department of Education [Race to the Top]) on oral health and dental care policy issues.
- B. Contract with the Ohio State University, College of Dentistry for a dentist with public health training and experience to work for the Ohio Department of Health one day per week, serving as the State Dental Director. This individual will provide general supervision for the Oral Health Section activities (e.g. FMR, Oral Health Survey) and participate in state level discussions relating to oral health policy.

Strategy 4.2: Advocate for oral health issues.

OHS Activities:

- A. Incorporate oral health as an essential aspect of all patient-centered health care and wellness delivery systems.
- B. Work towards accomplishing recommendations of the 2009 Director of Health's Task Force on Oral Health and Access to Dental Care by participating, as appropriate, on COHAT.
- C. Begin planning for the 2014 Director of Health's Task Force on Oral Health and Access to Dental Care.
- D. Promote oral health issues in the course of intra-and inter-agency discussions and with outside entities.

Strategy 4.3: Participate in national efforts to shape oral health policy and practice.

OHS Activities:

- A. Serve on the ASTDD Data Committee and ASTDD Best Practice Committee.



Population Targets

Although accomplishing these targets is beyond the control of the Ohio Department of Health, they indicate the direction in which the department seeks to move the oral health status for the state through its activities.

- Population Target 1:** **17% of third grade school-children will have untreated dental caries.** [Data Source: 2013-2015 ODH Statewide School Oral Health Survey] (**Baseline: 19% in 2009-2010**)
- Population Target 2:** **86% of children enrolled in Head Start Programs will have had a dental visit by the end of the school year.** [Data Source: Head Start Program Information Report] (**Baseline: 85% in 2011-2012**)
- Population Target 3:** **93% of Ohioans served by public water systems will receive optimally fluoridated drinking water.** [Data Source: OEPA/ODH] (**Baseline: 92% in 2012**)
- Population Target 4:** **55% of third grade Ohio schoolchildren will have dental sealants on one or more permanent molar teeth.** [Data Source: 2013-2015 ODH Statewide School Oral Health Survey] (**Baseline: 50% in 2009-2010**)



Annual OHS Program Targets

- Annual Program Target 1:** Through 18 OHS-funded school-based dental sealant programs, evaluate 40,000 children in grades 2, 3, 6 and 7 for sealants and provide sealants to 26,000 of them. (Baseline: 37,870 children evaluated and 25,321 received sealants in 2012)
- Annual Program Target 2:** Dental OPTIONS will have 940 dentists enrolled and will close 770 cases. (Baseline: 934 dentists and 906 cases in 2012)
- Annual Program Target 3:** 79 underserved areas in Ohio will have dental Health Professional Shortage Area (HPSA) designations or will have applications submitted to the federal Shortage Designation Branch. (Baseline: 74 areas in 2012)
- Annual Program Target 4:** 8 Ohio dentists will receive loan repayment for serving underserved Ohio communities. (Baseline: Ten dentists in 2012)
- Annual Program Target 5:** Through 11 OHS-funded safety net dental clinics, 37,000 unduplicated patients will receive needed dental care. (Baseline: 76,500 unduplicated patients in 2012)