STATES’ BEST PRACTICES IN IMPROVING STATE ORAL HEALTH PROGRAM WORKFORCE CAPACITY

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Session Objectives

• Look at ASTDD *Best Practice Approach Reports (BPAR)* that improve State Oral Health Program (SOHP) workforce

• Cite BPAR examples that SOHPs already are using to enhance workforce capacity

• Examples that highlight successful models for:
  • Leadership development
  • Improvements in infrastructure and capacity
  • Creative partnerships
Why Bother about Best Practices?

• Uses:
  • Use as building blocks
  • Share ideas & lessons learned
  • Raise awareness of oral health
  • Promote collaborations
  • Update guidelines
End-Users of Best Practice Information

- Dental Directors
- Public Health
- Coalitions
- Consumers
- Funders
- Professional & Advocacy
- Government Officials & Staff
Obtain Input from End-Users for Best Practice Criteria

- Build consensus through selection & ranking of BP criteria
  - Early buy-in

- Collect additional information to guide selection of BP criteria
  - Types of BP information end-users need
  - Public health strategies in use
  - Self-reported successful practices
Best Practice Approach Report
Categories – Core Public Health Functions

• Assessment
  • State-based Oral Health Surveillance System

• Policy Development
  State oral health coalitions and partnerships
  • State oral health plans
  • Statutory mandate for a state oral health program

• Assurance
  • Perinatal oral health
  • Community water fluoridation
  • School-based dental sealants
  • Special needs children and adults
  • Early childhood caries
State Examples for Workforce Development

Assessment
• Improvements in Infrastructure and Development
  • **Michigan** Oral Health Surveillance Plan – Guiding the Development of a State Oral Health Surveillance System
    http://www.astdd.org/bestpractices/DES25004Mlsurveillance_system.pdf

Policy Development
• Creative Partnerships
  • **Massachusetts** Special Leg. Commission on Oral Health
    http://www.astdd.org/bestpractices/DES24001MAcommission_reviewed%202012.pdf
  • Leadership Development
    • **Maryland** State Oral Health Program Leadership (new)

Assurance
• Improvements in Infrastructure and Development
  • **Wisconsin** Seal-A-Smile (SAS)
Other Workforce Development BPARs

http://www.astdd.org/access-to-oral-health-care-services-workforce-development/

Alaska – Medicaid Travel of Pediatric Dental Teams
Alaska – Dental Health Aide Program
Colorado – Colorado Old Age Pension Dental Program
Connecticut – Home by One Program
Indiana – Reforms in Indiana’s Medicaid Dental Program
Iowa – EPSDT Exception to Policy
Louisiana – Bright Smiles for Bright Futures
Maryland – Maryland Dent-Care Loan Assistance Repayment Program
Maryland – St. Mary’s County Pilot Dental Program

Michigan – Healthy Kids Dental
Michigan - University of Michigan Dental School’s Partnership with Community Health Centers
New Hampshire - New Hampshire School-Based Preventive Dental Programs
Pennsylvania - Community Primary Care Challenge Grants
Rhode Island - Rhode Island Prenatal & Pediatric Dentistry Mini-Residency
Vermont - Tooth Tutor Dental Access Program
Virginia - Dental Scholarship and Loan Repayment Program
And why these?

- **Improvements in Infrastructure and Development**
  
  - Building SOHP infrastructure and development by adding key workforce personnel (e.g., epidemiologist, school sealant coordinator) who have the capacity to perform key public health functions that contributes to the broader oral health and public health infrastructure and workforce

- **Creative Partnerships**
  
  - Innovative partnerships between state oral health programs and other sectors (such as education, legislative, training, business, management, research, social sector, public sector, etc.), leverages workforce resources to achieve a shared oral health goal, such as an adequate and competent oral health workforce, that benefits the SOHP and the community at large

- **Leadership Development**
  
  - SOHPs acquire staff skilled in oral health that provide leadership for statewide activities that leads to expansion of oral health programs, policy, and workforce
Improvements in Infrastructure and Development

Michigan (Last reviewed 2010)

Oral Health Surveillance Plan – Guiding the Development of a State Oral Health Surveillance System

Assessment – 1) Acquiring Data; 2) Use of Data Collaborative effort between Michigan Department of Community Health (MDCH) and Michigan OH Coalition

• Information from population-based databases was coordinated by a SOPH oral health epidemiologist
  • Developed workforce survey of dentists & dental hygienists supported by licensing fees from MDCH Healthcare Workforce Ctr.
    • Led to a State report assessing workforce needs
  • Identified data gaps and finding funds to collect data
  • Supported implementation of basic screening surveys
  • Helped develop a State Oral Health Plan and Oral Disease Burden document
Special Legislative Commission on Oral Health

**Assessment** - Use of Data; **Policy development** - Collaboration & Partnership for Planning and Integration; **Assurance** – Building Linkages & Partnerships for Interventions

- Special Legislative Commission on Oral Health was appointed
  - Representatives from health department and other government agencies, health and non-health professional organizations, state legislators, community advocates, public/private dental provider networks
  - Charged to make recommendations related to the oral health status among state residents, community prevention programs, and access to oral health care services
Creative Partnerships
Massachusetts (last reviewed 2012)

• Special Legislative Commission on Oral Health recommendations in Report to the Governor:
  • Improve access to dental care for public and private dental insured individuals by increasing workforce
  • Improve access to oral health screening and treatment services by increasing public/private workforce capacity
  • Promote statewide individual and population based preventive services and programs
  • Implement data collection and information system
  • Establish a Special Advisory Committee on Oral Health

• Outcomes
  • Funding to increase the Medicaid reimbursement rates
  • Expansion of safety net provider sites
  • Establishment of a dental sealant demo project
  • Incorporation of an oral health component for School Health Programs across the state
## Leadership Development

**Maryland (new) - State Oral Health Program Leadership**

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<tr>
<th>“X”</th>
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<tbody>
<tr>
<td>X</td>
<td>1. Acquiring Data</td>
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### Policy Development

| X   | 3. Collaboration and Partnership for Planning and Integration |
| X   | 4. Oral Health Program Policies |
| X   | 5. Use of State Oral Health Plan |
| X   | 6. Oral Health Program Organizational Structure and Resources |

### Assurance

| X   | 7. Population-based Interventions |
| X   | 8. Oral Health Communications |
| X   | 9. Building Linkages and Partnerships for Interventions |
| X   | 10. Building State and Community Capacity for Interventions |
| X   | 11. Access to Care and Health System Interventions |
| X   | 12. Program Evaluation for Outcomes and Quality Management |
Leadership Development
Maryland (new)

Leadership in Oral Health Access Reforms/Oral Health Safety Net Program

• Movement to a single statewide vendor to administer Medicaid dental services
• Increased Medicaid dental reimbursement
• Enhancement of the dental public health infrastructure
• Expansion of public health dental hygienists’ capacity to provide care
• Development of a statewide, unified oral health message
• Provision of dental training for dental and medical providers
Leadership Development - Maryland

Outputs and Outcomes:

• Increased access to Medicaid dental program (from 34% in CY 2001 to 68% in CY 2013)
• Increase the public and private healthcare workforce
  • 1,865 Medicaid dentists in 2012 vs. 649 in 2009
  • 5 new local health department dental programs and staff
  • 43 new Public Health Dental Hygienists
  • More school-based dental sealant programs and staff
  • Medical practitioners (~440) now providing fluoride varnish to children during well-child visits
• Develop “Healthy Teeth, Healthy Kids” oral health literacy campaign with coalition - SOHP communications director
• Reduced untreated tooth decay by 41% between 2000 and 2010.
Assessment - 1) Acquiring Data; 2) Use of Data
Policy development - 1) Collaboration & Partnership for Planning and Integration; 2) Oral Health Program Policies; 3) Use of State Oral Health Plan
Assurance – 1) Population-based Interventions; 2) Building Linkages & Partnerships for Interventions; 3) Building State and Community Capacity for Interventions; 4) Access to Care and Health System Interventions; 5) Program Evaluation for Outcomes & Quality Mgmt
• Collaboration of WI SOHP & Children’s Health Alliance of WI
• Provides grants ($1,000 - $75,000) to local health departments, hospitals, schools, professional schools, FQHC, and other community-based clinics and practitioners
Improvement in Infrastructure and Development
Wisconsin

• Program Outputs:
  • Increased funding (Delta Dental of WI and state) from $60,000 to >$600,000
    • HRSA State Workforce Grants (2006-2012) which was matched by Delta Dental of WI
    • Delta Dental of WI interest due to strong SAS data collection aspect
  • Increased number of schools from 135 (2006) to 613 (2013)
    • For Free and Reduced Meal Program schools, the increase went from 48 (2006) to 402 (2013)
  • Increased number of children receiving sealants from ~5,000 in 2006 (out of 8,000 evaluated) to 21,000 in 2013 (out of 33,000 evaluated)
  • Increased dental workforce both in the community and the SOHP (school dental sealant coordinator)
Improvement in Infrastructure and Development
Wisconsin

• Program Outcomes:
  • Untreated decay rates dropped from 31% in 2001 to 17% in 2013
  • Dental caries experience dropped from 60% to 53% for the same period
  • 61% of WI 3rd grade students with dental sealants
    • Exceeds HP 2020 objective target of 28%
  • All socioeconomic groups in WI exceeded 50% for receipt of dental sealants
  • Children attending high Free and Reduced Meal Programs in schools had the highest rates of sealants
Currently, there are two state dental directors who are board certified (down from three state dental directors in 2013) and three dentists who are board eligible.

- What educational competencies does AAPHD need to develop to address the needs of state oral health programs?
  - ASTDD developed competencies for state oral health programs. How do those competencies fit into the DPH specialty curriculum?
  - Should AAPHD and ASTDD collaborate to develop an educational program specifically related to State Oral Health Programs?
  - Would there be a demand?
Collaboration between AAPHD & ASTDD

- Opportunity for ASTDD to partner with AAPHD to expand the existing collaboration with Dental Public Health Residency Directors
  - Currently, DPH residents partner with the ASTDD Policy Committee to develop Policy Statements. Several DPH programs have taken advantage of this collaboration
  - Dr. Samantha Jordan (DPH Director: Dr. Mary Tavares) collaborated with ASTDD in the creation of this Best Practices Report
- ASTDD could utilize the curriculum developed by AAPHD as an educational opportunity for State Oral Health Program Directors
- Develop collaborative opportunities for leadership training for state oral health program directors and dental public health leaders
Conclusions

• Best practices in SOHP workforce development are incorporated within all 3 core public health functions
• SOHP workforce development works hand in hand between the SOHP infrastructure and capacity and the community at large
• Through the posted BPARs, SOHPs can review and learn from best practices of other states regarding workforce development and other areas and decide if they can/should be replicated or adapted
• BPs display promising implementation models at the state and local level and also demonstrate lessons learned
• BPARs assist and provide different ideas for consideration for low performing programs