

Department of Human Services 2009-11 Policy Option Package

Division Name: Public Health Division

Program Name: Office of Family Health, Oral Health Program

Policy Option Package Initiative: Vulnerable Oregonians Have Access to Health Care

Policy Option Package Title: State-based Oral Health Program Sustainability

Policy Option Package Number: 351

Related Legislation: Not Applicable

Summary Statement:

Oral disease is a major health concern for Oregonians. The majority of Oregonians, regardless of socio-economic status suffer from oral diseases. In recent years there has been a growing awareness of the importance of oral health in overall health. As public health fulfills its goals of promoting and assuring the attainment of health for all persons, it becomes evident that health be defined in its broadest terms to include oral health.

An oral health program within the Public Health Division insures a structure exists to promote oral health issues and implement community-based prevention strategies and activities. The current state oral health program,

with support from various federal and private funders conducts dental public health activities such as community leadership development, developed and maintains an oral health surveillance system, a state oral health plan, a statewide oral health coalition, conducts and disseminates statewide oral health disease prevalence data and reports, and implements and promotes community based oral disease prevention activities. According to the Association of State and Territorial Dental Directors Best Practices, the state oral health program should provide overall agency oral health coordination and leadership, develop and carry out specific program initiatives, and represent the agency to outside organizations.

This request would develop sustainability for the state oral health program and insure continuation of dental public health system.

1. WHAT WOULD THIS POLICY OPTION PACKAGE (POP) DO AND HOW WOULD IT BE IMPLEMENTED?

This policy option package would provide funding to maintain the Oral Health Program and state-based capacity. The model for a state-based oral health program is based on recommendations from the Association of State and Territorial Dental Directors that address essential public health functions: assessing health status and needs, assessing fluoridation status, implement an oral health surveillance system, develop plans through a collaborative process, provide leadership, mobilize community partners, inform and educate, promote and enforce laws, link people to population-based services, support primary and secondary prevention, assure workforce capacity and expertise, evaluate services, and conduct research and support demonstration projects. The Office of Family Health Oral Health Program began comprehensive approach in

2003 through a federal grant. That funding was limited to five years and the momentum and capacity established by the Oral Health Program is in jeopardy of going away without continued funding.

Surveillance:

Funding would support maintenance of the Oregon Oral Health Surveillance System (OOHSS). OOHSS is a comprehensive system of over 45 data points drawn from numerous sources such as the Pregnancy and Risk Assessment Monitoring System, the Oregon Healthy Teens Survey, the Behavioral and Risk Factor Screening Survey, the Water Fluoridation Reporting System, and the Division of Medical Assistance Programs to name a few. Also, the Oral Health Program conducts a screening survey called the Smile Survey to measure oral disease prevalence among elementary school children in Oregon. Data from the Smile Survey is reported every five years in a detailed report. Furthermore, data from the OOHSS is reported in an in-depth document describing the burden of oral disease in Oregon throughout the lifespan. These two documents are the cornerstones for oral health funding and policy development in Oregon.

Essential Public Health Functions addressed: assess oral health status and needs, analyze determinants, assess fluoridation status, implement an oral health surveillance system, and evaluate effectiveness of services.

Services:

Currently, the Oral Health Program provides numerous services to partners and citizens.

1. School-based dental sealants program: The school-based dental sealant program utilizes registered dental hygienists and dental assistants to screen and place the dental sealants. The Oral Health Program provides a small stipend to offset travel related costs for these volunteers. During the 2007-08 school year, fifty-eight volunteers were utilized to deliver dental sealants to forty-three schools. The Oral Health Program is

projecting to increase the number of participating schools to over 130 during the 2008-09 school year or thirty five percent of the total eligible schools. Funding for the 2009-11 biennium would allow the Oral Health Program to further enhance capacity and reach over 220 schools (50% of eligible schools). Funding would support volunteer stipends, materials, and supplies. Without funding the school-based dental sealant program would not be able to expand beyond serving 35% of eligible schools. Seventeen counties, most which are defined as high need rural, would not have any schools participating in the program.

2. School-based fluoride tablet program: In Oregon, only about 27% of Oregonians receive the benefits of fluoridated water either through public systems that add fluoride or through naturally occurring levels. The intake of optimal levels of fluoride, particularly among children, can be easily addressed through a school-based fluoride tablet program. The school-based fluoride tablet program provides daily fluoride tablets to children in participating schools. Teachers, aides, and other volunteers implement the program with training from the Oral Health Program. The target for the 2008-09 school year is 116 schools participating; this represents only 20% of eligible schools. The proposed target for the 2009-11 biennium is to increase the overall participation rate to at least 50% (293 schools). Without funding the school-based fluoride tablet program would only be able to maintain the current level.

3. Early childhood cavities prevention: The Oral Health Program provides expertise and technical assistance to local county health departments, WIC, Head Start and other community-based programs that have incorporated early childhood cavities prevention into their programs. Successful models in Oregon were started with special funding from the Oral Health Program through a Robert Wood Johnson Foundation Grant and through the Health Resources and Services Administration. Aside from the Oral Health Program there is no coordinating body regarding best practices, surveillance, policy development that has allowed programs to sprout and be successful.

4. State plan for oral health: In 2005 the Oral Health Program coordinated the development a broad State

Plan for Oral Health. This process brought together hundreds of stakeholders from across Oregon to determine the best steps for improving oral health in Oregon. The State Plan for Oral Health is a roadmap for partners as they develop policy and implement programs. For example, the Office of Rural Health is utilizing the state plan to structure its policy recommendations. The plan will need to be revised with emphasis given to specific populations across the lifespan and to reflect emerging best practices and policy shifts. Funding will support the process to revise and enhance the State Plan for Oral Health, as well as development and printing of the document.

5. Oregon Oral Health Coalition: The Oral Health Program created a broad-based state oral health coalition in 2006. The coalition, called Oregon Oral Health Coalition (OROHC), has created several subcommittees working on various oral health issues pertinent to the needs of Oregon. The subcommittees are: school-based, early childhood cavities prevention, older adults, and oral health promotion. OROHC received non-profit status in 2008 and has launched a website, conducted several conferences, and has increased access to dental services for Oregonians. The Oral Health Program provides surveillance, technical expertise, and administrative support to OROHC.

Essential Public Health Functions addressed: develop plans and policies through a collaborative process, mobilize community partnerships, inform and educate the public, link people to population-based services, support primary and secondary prevention, and conduct research and support demonstration projects.

Staffing:

The existence of a state-based oral health program relies on staff to support the activities associated with the program. Funding would support four key staff positions in the Oral Health Program.

1. Oral Health Program Manager: The Oral Health Program Manager provides the general oversight and guidance to the Oral Health Program. Responsibilities include overseeing the development and

implementation of the strategic vision: state plan development, the Oregon Oral Health Surveillance System, the school-based prevention programs, collaboration and coordination with partners such as the Oregon Oral Health Coalition, and stewardship of funds and resources. The Oral Health Program Manager has extensive content knowledge about oral health public health practices and approaches as well as long established relationships with statewide partners.

2. Oral Health Surveillance Coordinator: The enhancement and maintenance of the Oregon Oral Health Surveillance System (OOHSS) and its reports is dependent upon expertise brought to the Oral Health Program by the Oral Health Surveillance Coordinator, a research analyst. The position is both a data expert as well as a content expert. Without the Surveillance Coordinator, the OOHSS would not be maintained and partners statewide and internal within DHS would not have access to current and appropriate oral health data.

3. School-Based Programs Specialist: The school-based dental sealant program and the school-based fluoride tablet program are extensive programs that require multiple levels of coordination. The School-Based Program Specialist provides support to the current School-Based Programs Coordinator by helping to schedule schools, train volunteers, maintain forms and other necessary documentation, tracking and ordering supplies, shipping materials to schools, and occasionally screening for and placing dental sealants. Without this position the Oral Health Program simply cannot support increasing capacity in the school-based programs.

4. Administrative Specialist: General staff and project specific support is the role of the administrative specialist. This position provides assistance to the Oral Health Program Manager through coordination of meetings, mailings, and basic research; to the Surveillance System Coordinator through data entry, and to the school-based prevention programs through maintenance of an inventory database, placing material and supply orders, maintaining school-based programs databases, and providing information to schools and other

partners as directed. Additionally, this position provides administrative support to the OROHC through meeting coordination, maintaining basic financial records, and coordinating membership database. This position serves to provide higher-level support to projects while also serving as general office support to the Oral Health Program.

Essential Public Health Functions addressed: provide leadership, mobilize community partnerships, inform and education the public, promote and enforce laws, link people to population-based services, support primary and secondary prevention, evaluate services, and conduct research.

2. WHY DOES DHS PROPOSE THIS POP?

Funding for oral health infrastructure development and capacity building is extremely limited. According to a 2007 health policy report, funding for oral health accounts for less than 1% of all grants and the funding that is available is predominantly towards research. Oral health is a necessary component of good overall health. It is the function of public health to create and maintain a state-based oral health program.

3. HOW DOES THIS FURTHER THE AGENCY'S MISSION OR GOALS?

This policy option package helps to ensure that all Oregonians are healthy. It also ensures that DHS acts as good stewards to our resources.

4. IS THIS POP TIED TO A DHS PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL DHS MEASURE THE SUCCESS OF THIS

POP?

Healthy People 2010 Oral Health Objectives:

- 21.8 Increase sealants in 8 year old first molars to 50% (OR=38.4%)
- 21.15 Increase states with systems for recording and referring orofacial clefts to 51 (OR does not have)
- 21.16 Increase the number of states with a state-based surveillance system to 51 (OR has)

Healthy People 2010 Public Health Infrastructure Objective:

- 23.15 Increase the proportion of Federal, Tribal, State, and local jurisdictions that review and evaluate the extent to which their statutes, ordinances, and bylaws assure the deliver of essential public health services.

Association of State and Territorial Dental Directors:

- States have a statutory mandate for a state oral health program.
- The state oral health program should provide overall agency oral health coordination and leadership, develop and carry out specific program initiatives, and represent the agency to outside organizations.
- Fourteen essential oral health public health functions.

Surgeon General's Report on Oral Health

- Address oral health disparities by building an effective oral health infrastructure.

5. DOES THIS POP REQUIRE A CHANGE(S) TO AN EXISTING STATUTE OR REQUIRE A NEW STATUTE? IF YES, IDENTIFY THE STATUTE AND THE LEGISLATIVE CONCEPT.

No

6. WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?

The Oral Health Program applied for continued program funding through the Centers for Disease Control and Prevention. Although that application was approved it was not funded as of August 2008. The Oral Health Program has sought other funding opportunities through foundations, but according to a 2007 health care policy report oral health funding through grants accounts for less than 1% of all health related grants so funding opportunities are scarce.

7. WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?

The State Oral Health Program has been operating on “soft” money for 6 years, building infrastructure for oral health disease prevention and promotion activities. The supporting grants have ended and the program is not sustainable without continued funding from some other source.

The State Oral Health program has been successful in implementation of the prevention and promotion elements identified by the Centers of Disease Control and Prevention as the key activities for a state program. The program has acquired staffs skilled in oral health that provide leadership for statewide activities.

Without funding the program would not be able to:

- continue oral health surveillance system (including conducting disease prevalence data on children: Smile Survey);
- administer the state oral health plan;
- support the statewide oral health coalition;
- expand the statewide school-based dental disease prevention program (dental sealants and fluoride supplement programs);
- integrate oral health into general health activities within Public Health; and
- bring key stakeholders together to discuss oral health issues and provide technical assistance on oral health best practice and evidenced based practice to decision makers, County Health Departments and other partners.

Loss of the Oral Health Program would mean an inability of sustain the considerable momentum generated by the successful activities and approaches begun over the past six years. Additionally, and the lack of a program would result in Public Health not being eligible for most future oral health grants.

8. WHAT OTHER AGENCIES (STATE, TRIBAL AND/OR LOCAL GOVERNMENT) WOULD BE AFFECTED BY THIS POP? HOW WOULD THEY BE AFFECTED?

Any agency with an interest in addressing the oral health needs of Oregonians, whether directly or indirectly, would be affected by this POP. Specifically, Local County Health Departments rely upon the guidance and technical assistance of a state-based oral health program to create, implement, and evaluate direct oral health services to their clients. The Office of Rural Health bases strategies and interventions on the recommendations of the Oral Health Program. Public Health Division programs such as WIC, Maternal and

Child Health, diabetes, Medicaid, the legislature, the Governor's office, and others would lose access to oral health expertise and guidance to ensure that oral health strategies are incorporated into their work.

9. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

Implementation Date(s): July 1, 2009

End Date (if applicable): N/A

- a. Will there be new responsibilities for DHS? Specify which division(s) and describe their new responsibilities.**

No new responsibilities – activities fall under current program activities of the Oral Health Program in the Office of Family Health, Public Health Division.

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|---|--------------------------------------|
| Administrative Services | Addictions and Mental Health |
| Children, Adults and Families | Public Health |
| Division of Medical Assistance Programs | Seniors and People With Disabilities |

- b. Will there be new administrative impacts sufficient to require additional funding? Specify which office(s) and describe how it will be affected.**

Human Resources
Information Security/Privacy
Document Management
Audit and Consulting
Information Services (computers)
Financial Services (accounting)

Payment Accuracy and Recovery
Investigations and Training
Facilities
Contracts and Procurement
Budget, Planning and Analysis
DHS Office of Communications

- c. Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.**

None

- d. Will it take new staff or will existing positions be modified? For each classification, list the number of positions and the number of months the positions will work in each biennium. Specify if the positions are permanent, limited duration or temporary.**

Oral Health Program Manager (Operations & Policy Analyst 3) – 1.0 FTE Permanent
Surveillance Coordinator (Research Analyst 3) – 1.0 FTE Permanent
Program Support (Administrative Specialist I) – 1.0 FTE Permanent NEW
School-based Prevention Specialist (Program Analyst 1) - .5 FTE Permanent NEW

- e. **What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?**

None

- f. **What are the ongoing costs?**

Dental sealant consumables/supplies/stipends.

- g. **What are the potential savings?**

Potential savings is best calculated by lifetime disease costs averted. Oral disease is a chronic condition that can never be cured. The cost savings associated with the school-based dental sealant program alone are as follows:

Estimated lifetime treatment costs averted by sealants/child = \$1,461

Number of children projected to receive sealants over 2009-11 biennium = 65,000

Averted treatment costs = **\$94,965,000 for each child screened in the biennium**

- h. **Based on these answers, is there a fiscal impact?**

This fiscal impact, though not immediate, will be substantial. In addition to the cost savings associated with the school-based dental sealant program's sealant placement, there will also be a positive fiscal impact resulting from coordinated use of resources, as well as development and implementation of policy founded on evidence based practice.

- i. What are the sources of funding and the funding split for each one? Include grant names and fund type, such as “Medicaid, General and Federal Funds.”**

General Funds