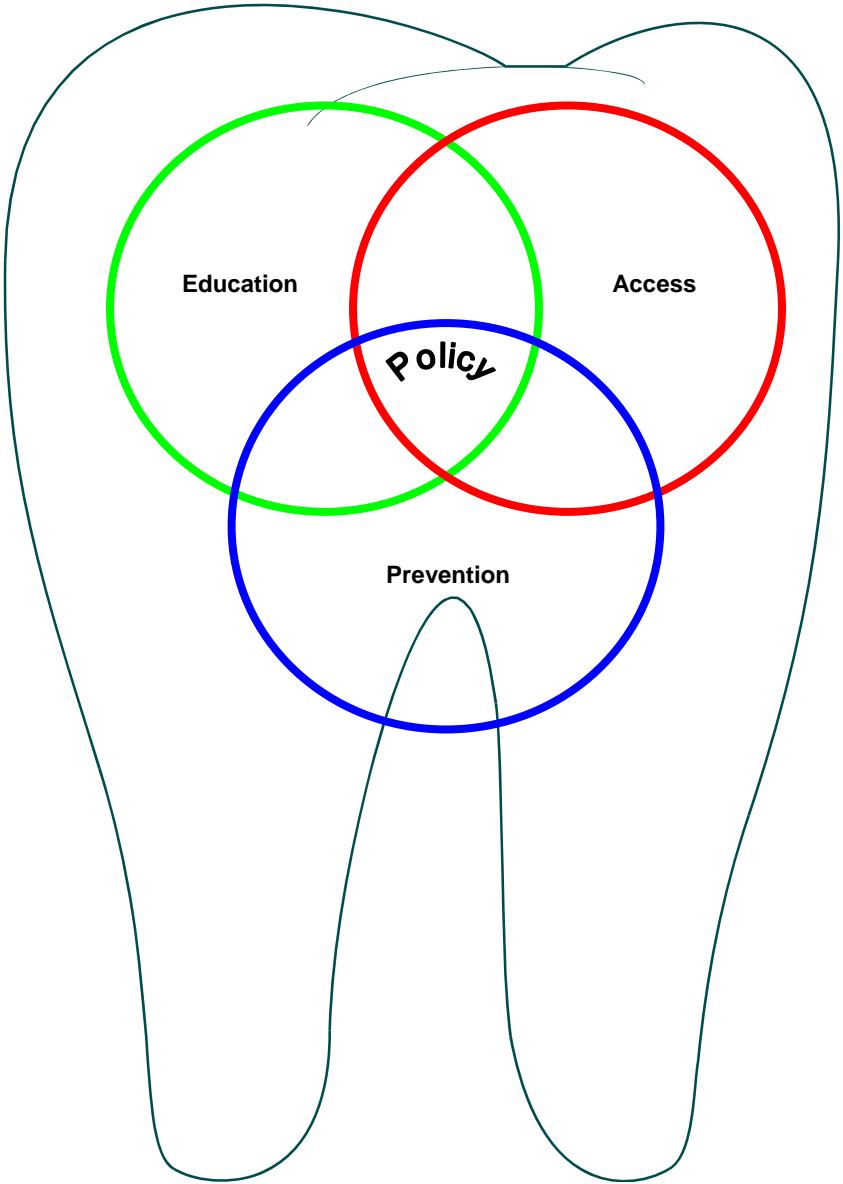


ARKANSAS ORAL HEALTH PLAN 2005



“SMILES: AR, U.S.”

TABLE OF CONTENTS

Members of Oral Health Coalition 3

Executive Summary..... 4

Accomplishments.....7

Oral Health Plan.....9

MEMBERS OF ORAL HEALTH COALITION

Arkansas Academy of General Dentistry
Arkansas Advocates for Children and Families
Arkansas Center for Health Improvement
Arkansas Child Abuse, Rape and Domestic Violence Commission
Arkansas Dental Assistants Association
Arkansas Department of Education – Office of Comprehensive Health Education
Arkansas Department of Health – Office of Oral Health (OOH)
Arkansas Department of Health – Office of Rural Health and Primary Care
Arkansas Department of Higher Education
Arkansas Department of Human Services – Developmental Disabilities Services
Arkansas Department of Human Services – Division of Medical Services
Arkansas Head Start Collaboration Project
Arkansas Health Care Access Foundation
Arkansas Minority Health Commission
Arkansas School Nurses Association
Arkansas State Board of Dental Examiners
Arkansas State Dental Association (ASDA)
Arkansas State Dental Hygienists Association (ASDHA)
Community Dental Clinic in Fort Smith
Community Health Centers of Arkansas, Inc. (CHCA)
Delta Dental Plan of Arkansas
Donald W. Reynolds Center on Aging
Healthy Connections, Inc.
Interfaith Clinic of El Dorado
Office of the Governor
Partners for Inclusive Communities
Pulaski Technical College Dental Assisting Program
University of Arkansas Cooperative Extension Service
UAFS Dental Hygiene Program
UALR Share America
UAMS Department of Dental Hygiene
UAMS College of Public Health
UAMS Office of Regional Programs (AHECs)
UAMS Arkansas Cancer Research Center

EXECUTIVE SUMMARY

In 2002, the Arkansas State Oral Health Plan outlined a series of initiatives in four focus areas to facilitate progress towards the Oral Health Coalition recommendations. The state's oral health recommendations reflected the knowledge and emerging priorities at that time. To reflect the tracking of progress which is taking place across the state the strategy extends the current recommendations.

This plan outlines a series of recommendations and strategies to promote oral health in Arkansas. The steps involve federal, state, and local initiatives. The plan focuses on education, access, prevention, and policy realizing that these subject areas overlap in numerous ways.

The proposed recommendations will be accomplished by increasing awareness of the importance of oral health among the individuals who are most adversely affected by poor oral hygiene: i.e., the poor, the least educated, and racial and ethnic minorities.

Current priorities of each focus area include:

Education

- **Educate** the public, health professionals, educators and decision makers about the relationship between oral health and systemic health with an emphasis on:
 - Health behaviors that assure good oral health: daily oral hygiene, routine dental check ups, proper uses of fluoride, proper nutrition, and being tobacco free.
 - Prenatal oral health care for women
 - Removal of fear and misunderstandings about going to the dentist
 - Early detection and prevention of oral and pharyngeal cancer
 - The benefits of proven prevention strategies, including dental sealants and community water fluoridation
- **Maximize** use of the entire health care workforce to educate the public on the value and importance of oral health.
- **Establish** curricula in elementary and secondary schools on oral health
- **Promote** oral health education and practices in Head Start and Early Head Start agencies.
- **Expand** dental education opportunities to address the oral health needs of Arkansans
- **Support** dental professionals practicing in underserved areas of Arkansas
- **Educate** children, from kindergarten through high school, on the benefits and rewards of careers in the dental professions.

Access

- **Increase** participation in Medicaid by Arkansas dentists
- **Increase** Medicaid patient and parent responsibility in maintaining oral health
- **Increase** the representation of African-Americans and Hispanics in Arkansas dental and dental hygiene schools.

- **Increase** the number and types of community-based experiences that benefit both communities and students of dentistry and dental hygiene.
- **Improve** outreach to involve dentists and dental hygienists in private practice in community-based efforts to improve oral health and access to care.
- **Utilize** innovative mechanisms to provide increased access to care.
- **Increase** access to dental care for persons with developmental disabilities.
- **Establish** a uniform system for assessing oral health workforce capacity as a component of an Arkansas oral health surveillance system.

Prevention

- **Expand** community water fluoridation.
- **Expand** funding for school-based dental sealant programs.
- **Create** a school-based fluoride mouthrinse program for children not served by community water fluoridation.
- **Promote** healthy dietary choices in schools.
- **Allow** provision of assessment and preventive dental services by dental hygienists under appropriate supervision
- **Promote** early detection and prevention of oral and pharyngeal cancer

Policy

- **Create** a diverse, responsive, “elastic” dental workforce that will satisfy the demand for oral health services across the state.
- **Maximize** the contribution of dental auxiliaries through expanded functions and appropriate supervision regulation.
- **Allow** appropriate use of dental auxiliaries in supervised settings for prevention and assessment activities.
- **Mandate** oral health education in the public and private school curricula.
- **Increase** Medicaid participation by funding the program so that dentists can cover their costs plus a reasonable measure of profit.
- **Formalize** the Arkansas Oral Health Coalition and increase its impact as a working public/private partnership focused on oral health improvement for all residents of Arkansas.

The focus areas are based upon the current needs in Arkansas. The benefits of the recommendations will be both immediate and sustained and will be felt by all segments of Arkansas’ population.

ACCOMPLISHMENTS

The Oral Health Coalition began in 2001 as the Arkansas team at the National Governor's Association (NGA) Policy Academy on Improving Oral Health Access for Children. The academy team consisted of seven individuals representing Governor Mike Huckabee's Office, the Arkansas General Assembly, the Office of Oral Health, the Division of Medical Services, the Arkansas State Dental Association, the Arkansas Dental Hygienists' Association, and BHM International, Inc. The team worked with a faculty of national experts to develop Arkansas oral health goals in access, education, prevention and policy. To continue the academy efforts, the team invited other interested parties and expanded over the subsequent 10 months to what is now the Arkansas Oral Health Coalition. The Coalition has adopted the slogan "**SMILES: AR, U.S.**"

This Oral Health Plan for Arkansas was first developed from recommendations at the Governor's Oral Health Summit, held in Little Rock on February 23, 2002. The Summit was an effort by the Arkansas Oral Health Coalition to bring together health care professionals, policy makers and other citizens to address oral health issues in our state. Breakout sessions gave Summit attendees the chance to work in the various subject areas to address barriers, identify strengths and develop goals. Working in facilitated small groups, the attendees provided input to the Summit for the draft Oral Health Plan. The Arkansas Oral Health Plan is the culmination of the work of the entities listed on page 3. Coalition members reviewed and made changes to the draft Plan throughout the Spring of 2002 and approved its content in June, 2002. The Plan was updated in 2004 and again in 2005.

Below is a list of accomplishments that have been achieved since the first State Oral Health Plan. The focus areas include Education, Access, Prevention, and Policy.

Focus Areas

Education

- Delta Dental Plan of Arkansas provided a comprehensive elementary school curriculum to every elementary school in the state. In collaboration with that effort, the Office of Oral Health is planning a series of the train-the-trainer seminars for school nurses and health room volunteers on appropriate use of the materials.
- The Office of Oral Health and the Dental Health Action Team have created and broadcast PSA's on dental sealants and water fluoridation.
- The OOH was awarded a \$5,000 grant from the Association of State and Territorial Dental Directors to conduct a series of Head Start/Early Head Start Oral Health Forums. These forums, conducted in 2003, were used to develop policies and materials for Head Start staff, children and families.
- The OOH is working with Community Health Centers of Arkansas to provide the Bright Smiles, Bright Futures educational materials to pregnant women and new mothers, on the importance of oral health.
- The OOH, in cooperation with Partners for Inclusive Communities and community health centers, provides in-service education for those professionals treating patients with disabilities.

- The 2003 Governor's Oral Health Summit (June 14, 2003) focused on oral health and its impact on general health. One presenter discussed the connection between periodontal disease and pre-term, low birth-weight babies. The audience consisted of physicians, nurses, dentists, dental hygienists and advocates.
- The 2004 Governor's Oral Health Summit (June 12, 2004) provided continuing education on dentistry's response to bioterrorism, oral health and pregnancy, and increasing access in states lacking a dental school.
- The 2005 Governor's Oral Health Summit will provide continuing education on oral/pharyngeal cancer and tobacco cessation.
- The Arkansas Oral Health Coalition supported a legislative initiative presented by the Arkansas Academy of General Dentistry to increase oral health literacy through mandatory oral health education in elementary schools. Legislation was passed as Act 1216 of 2003. Members of the Arkansas Oral Health Coalition working with the Arkansas Department of Education promulgated the new curriculum in 2003.
- The Office of Oral Health, in cooperation with the Arkansas Oral Health Coalition, has brought "Body Walk" to Arkansas. Body Walk, a portable interactive exhibit has traveled throughout Arkansas this year and throughout Missouri for the past 7 years. The exhibit gives students the chance to travel through the "body" and contains a major focus on oral health.
- The Office of Oral Health has provided a Arkansas specific map of fluoridated communities (both natural and adjusted) to every dentist, dental hygienist, pediatrician and family practice physician in Arkansas. The cover letter explained the importance of fluoridation, how to properly prescribe fluoride supplements and how to initiate water fluoridation in communities and water districts.

Access

- The Dental Services Project completed a clinical survey of ambulatory adults with developmental disabilities, and a paper survey of patients and their caregivers to help develop policy to increase access for this special population.
- For the last three years Healthy Connections Inc. has partnered with UAFS to incorporate the dental sealant program into the dental hygiene curriculum. A partnership with Western Arkansas Total Community Health (WATCH) allows the children to receive services at the clinic.
- Under the CDC cooperative agreement, the Office of Oral Health is
 - is creating a state oral health surveillance system
 - hired a 0.25 FTE epidemiologist for oral health.
 - completed an expanded statewide oral health survey of third-grade students in early 2002
 - conducted a county-specific survey of 7000 students in 2003 and 2004
- In addition, the Office conducted two adult oral health surveys during May-June 2002. A statewide, random-sample telephone survey was conducted in collaboration with UALR. A paper survey of adults was conducted in cooperation with Community Health Centers of Arkansas, Inc. and their 49 clinical sites.
- The Office of Oral Health, in cooperation with the Arkansas State Dental Hygienist Association, conducted a workforce survey of dental hygienists.

- The Office of Oral Health conducted a statewide oral health survey in randomly selected long-term care facilities across the state.

Prevention

- UALR Share America in partnership with 14 organizations designed the Future Smiles Program; an initiative that annually provides 2,500 dental screenings, 250 sealants, and oral health education for families. To provide parents with important information about sealants, Share America developed an education sealant brochure for parents in the Little Rock School District. Next steps include the opening of a school-based dental clinic at Wakefield Elementary in Fall 2004.
- Healthy Connections, Inc. has provided oral cancer screenings for children at WATCH Center with Stamp Out Smoking (SOS) grant funding. WATCH also conducts oral health screenings for youth playing sports.
- Additional communities have passed fluoridation ordinances or resolutions, including Dardanelle, Ashdown, Rector, Monticello, Paris, Perryville and El Dorado. Fluoridation equipment for these communities is funded in part by PHHS Block Grant. (See attached Fluoridation Map)
- The OOH is currently working with the communities of Ft. Smith, DeQueen, Harrison, and Etowah to initiate fluoridation.
- The OOH and the Dental Health Action Team developed and aired radio PSA's on dental sealants and fluoridation.

Policy

- Arkansas State Board of Dental Examiners approved the proposal, amending Article XI of the Rules and Regulations regarding general supervision.
- Arkansas State Board of Dental Examiners approved changes to the Rules and Regulations on infection control in dental settings.
- A legislative initiative presented by the Arkansas Academy of General Dentistry has passed increasing oral health literacy through mandatory oral health education in elementary schools.
- The coalition has approved Bylaws and incorporated under Arkansas state law. Application for IRS 501(c)(3) status is in process.
- The Arkansas Oral Health Coalition has grown to 33 members representing widely diverse organizations and agencies listed on page 3.
- The Office of Oral Health secured funding to support the Governor's Oral Health Summits. The summit also serves as the annual meeting for the Coalition.

Focus Area 1 - Education

RECOMMENDATIONS AND STRATEGIES

Recommendation 1.1. Develop a comprehensive statewide oral health education and awareness program. The program should include at a minimum:

- A statewide media campaign with messages about the value and importance of oral health and the impact of poor oral health on systemic health.
- Specific messages for populations identified as most at risk for poor oral health such as low-income populations, populations with developmental disabilities, and the elderly.
- Culturally and linguistically appropriate materials.
- The incorporation of oral cancer prevention and awareness messages into existing state and local cancer prevention efforts.
- Targeted marketing to increase personal responsibility in oral health.

Strategy:

On an ongoing basis, coordinate current statewide efforts and resources, including, but not limited to:

CDC funded
OOH oral health education activities
Head Start/Early Head Start oral health curricula and dental health practices,
Delta Dental Plan's "Teeth on the Go" activity kits
OOH long-term-care facilities oral health education efforts
OOH Spit Tobacco Prevention efforts ("Spit Tobacco: Chew, Dip and Die").

Recommendation 1.2. Provide prenatal education to all pregnant women with an emphasis on the relationship between maternal oral health and pre-term low birth weight, the relationship between maternal oral health and infant oral health, and the benefit of establishing positive oral health behaviors in infancy.

Strategies:

By 2006, Establish a partnership between the Arkansas Department of Health, community health centers, Area Health Education Centers, hospitals and private health care providers to provide prenatal education.

By 2005, Promote the Bright Smiles Bright Futures program targeting oral health education for pregnant women and new mothers.

Recommendation 1.3. Implement comprehensive, evaluated school health curricula with an oral health education and prevention component in all Arkansas schools to assure that children are healthy to learn. (*Accomplished through Act 1216 for 2003*)

Strategy:

By 2004, design a comprehensive oral health education curriculum for elementary and secondary students. Coordinate efforts among Coalition members, school health educators, school health clinic staff and others to assure oral health is addressed with the framework of comprehensive school health. Work with the Department of Education

and legislators to promote oral health education as a mandated part of the school curriculum. (*Accomplished through passage of Act 1215 of 2003 and development of the revised Health and Physical Fitness Curriculum.*)

On an ongoing basis, promote the Delta Dental Plan of Arkansas “Teeth on the Go” educational messages.

By 2006, work with Head Start agencies to ensure that oral health education and dental health practices are actively promoted to their students.

Recommendation 1.4. Provide information on oral disease prevention and treatment to spread the oral health message in communities.

Strategies:

On an ongoing basis, maintain an exhibit and accompanying materials for schools, health fairs, and other community activities so that members of the health care team can provide information within their communities.

By 2006, develop programs to educate medical providers (including medical students; and medical residents in pediatrics, internal medicine and family practice) about the prevention of oral disease, ECC, existing oral health services in communities, and where to refer patients for oral health services.

By 2006, include oral health disease control as a component of overall health promotion in the curricula and training experiences of all Arkansas’ schools of medicine, public health, nursing and other allied health professions.

By 2006, build and strengthen critical partnerships between dental and medical communities with an emphasis on pediatricians and primary care providers.

Recommendation 1.5. Expand mechanisms to support dental professional education for Arkansas residents.

Strategies:

On an ongoing basis, continue work with the ASDA, ASDHA and the General Assembly to fund Arkansas students in dental schools and to expand the number of Arkansas students accepted into dental programs each year. Continue consideration of dental education opportunities within Arkansas, including dental schools, dental hygiene programs, post-graduate residency training and fellowships.

On an ongoing basis, pursue outside funding sources to further support in-state and out-of-state dental education.

Recommendation 1.6. Create incentives to support those dental professionals practicing in underserved areas of the state.

Strategies:

By 2007, work with the General Assembly, professional associations and potential funding sources to create a unified system of tax credits, loan forgiveness, low interest loans and other mechanisms to reward dental professionals practicing in underserved areas.

By 2007, design and/or implement programs to actively recruit promising students from underserved areas toward dental careers.

Recommendation 1.7. Support efforts to provide post-graduate dental education through general practice residencies and pediatric dental residencies.

Strategy:

By 2006, work with community groups, community health centers, dental schools and dental hygiene programs to expand or create new residency opportunities in general dental practice and pediatric dentistry.

Focus Area 2 - Access

RECOMMENDATIONS AND STRATEGIES

Recommendation 2.1. Increase Medicaid reimbursement rates to encourage participation in Medicaid.

Strategies:

On an ongoing basis, work with the General Assembly, the Arkansas State Dental Association, Medicaid recipients and all other interested parties to support increased funding for Medicaid dental benefits.

By 2006, actively promote dentist participation in Medicaid through targeted marketing campaigns, such as the Take Five program.

By 2006, work with the General Assembly to expand tax incentives for practitioners accepting Medicaid patients.

Recommendation 2.2. Create a mechanism to provide case management for Medicaid dental patients to promote patient compliance.

Strategy:

By 2006, work with DHS to create a pilot program to identify areas with high rates of broken Medicaid dental appointments and provide case management for patients and their parents.

Recommendation 2.3. Expand Medicaid to provide emergency treatment for adults, to include extractions and fillings, for adults.

Strategy:

By 2007, work with Medicaid, Federal agencies and the General Assembly to create additional dental treatment for adults under Medicaid to include the relief of dental pain.

Recommendation 2.4. Expand Medicaid dental benefits to include expectant mothers to give infants and toddlers the best chance at optimum oral health.

Strategy:

By 2006, work with the UAMS College of Public Health and College of Medicine on a pilot program designed to train OB-GYN physicians on the need for periodontal screening and referral for pregnant women.

By 2007, work with Medicaid and the General Assembly to specify a set of dental treatments that would best improve oral health in pregnant women and provide funding for those modalities.

Recommendation 2.5. Increase the representation of students from underrepresented minorities in dental schools and dental hygiene programs.

Strategies:

By 2006, work with the Arkansas Medical, Dental and Pharmaceutical Association and the National Dental Association Foundation to increase the number of Arkansas minority students receiving scholarships.

By 2007, develop a Dental Student Scholarship Program and alternatives to monetary payback to provide full tuition grants and monthly living stipends for under-represented minority students agreeing to practice in underserved areas of the state. Inform and educate these students about the scholarship once established.

By 2006, work with dental schools and Arkansas dental hygiene programs, in collaboration with other health professions schools, to seek funding for the development of programs to attract under-represented minority students into the health professions.

Recommendation 2.6. Increase the number and types of community-based experiences available to students of dentistry and dental hygiene.

Strategies:

On an ongoing basis, support efforts through Community Health Centers and Area Health Education Centers to provide community-based experiences for health professions students through the SEARCH (Student Resident Experience And Rotations in Community Health) program.

On an ongoing basis, create linkages between schools of dentistry and dental hygiene so that community-based programs (school-based and school-linked clinics, dental sealant programs, and state facilities that serve the developmentally disabled) can serve as service and rotation sites for students of dentistry and dental hygiene.

Recommendation 2.7. Integrate information and training experiences into the dental and dental hygiene education curricula that will allow these dental health professionals to treat a diverse public.

Strategies:

By 2006, incorporate principles of culturally competent health care in the curricula of all Arkansas' programs for the health professions, including dental residencies and dental hygiene programs.

By 2007, provide specific experiences for students in the treatment of populations that require special care, particularly the developmentally disabled, the elderly and children under age five.

Recommendation 2.8. Expand the continuing education opportunities for currently practicing dentists and dental hygienists in the area of dental public health.

Strategies:

By 2006, with collaboration between the Office of Oral Health and the College of Public Health, develop a partnership among training programs for dentistry and dental hygiene education, dental professional associations, and public health education and training programs to recommend and develop qualified continuing education opportunities in dental public health and oral disease prevention for existing practitioners of dentistry and dental hygiene.

By 2005, develop service-learning opportunities for dentists and dental hygienists in collaboration with facilities that serve special needs populations, such as the developmentally disabled, nursing home residents, and those living with HIV disease. *(Accomplished in coordination with Partners for Inclusive Communities in providing communications modules for working with patients with disabilities.)*

By 2006, coordinate local public health department continuing education programs with local dental and dental hygiene association efforts to provide service-learning for dentist and dental hygienist for special populations.

Recommendation 2.9. Create opportunities to take oral health services into areas not currently served.

Strategy:

On an ongoing basis, work with the Arkansas Department of Health, Medicaid, the Arkansas State Board of Dental Examiners, community groups and potential funding sources to create new programs for community dental services, including but not limited to mobile dental operatories, portable dental operatories, and school-based/school-linked dental services.

Recommendation 2.10. Increase access to dental services for persons with developmental disabilities.

Strategies:

By 2006, work with Development Disabilities Services, the Office of Oral Health, Partners for Inclusive Communities and the ASDA to create a cadre of dentists, specially trained to treat patients with development disabilities. Provide no-cost, ongoing continuing education for dentists and dental hygienists willing to be listed in a state database of providers for special needs patients.

By 2006, work with Department of Human Services to Increase reimbursement for services to persons with developmental disabilities who require special treatment modalities, including desensitization and relaxation procedures.

On an ongoing basis, provide information through a variety of venues to the guardians of persons with developmental disabilities on the importance of good oral health.

By 2006, expand Special Olympic's "Special Smiles" program in Arkansas

Recommendation 2.11: Provide funding for public health clinic start up and maintenance grants and other safety net programs including community health centers and not- for-profit volunteer programs.

Strategy:

On an ongoing basis, pursue funding for community health center dental expansion and volunteer community programs through the Tobacco Master Settlement Agreement and other funding mechanisms.

Recommendation 2.12. Establish a process for the systematic, ongoing collection of oral health workforce capacity in Arkansas, and utilize that system to assess the distribution of and potential need for general dentists and dental specialist, particularly pediatric dentists.

Strategies:

By 2005, work with the Arkansas State Dental Association, the Arkansas State Dental Hygienists' Association, UAMS College of Public Health and the Arkansas State Board of Dental Examiners to create a sustainable database of practitioners, their hours of practice and availability. Use the database to help design programs to increase appropriate distribution of dentists and dental hygienists.

By 2006, approach the Arkansas State Board of Dental Examiners to consider dental workforce data element collection as part of the licensure renewal process and make recommendations to appropriate agencies regarding the oral health workforce in Arkansas.

Recommendation 2.13. Create and maintain an oral health surveillance system for use by policy makers and program planners to most effectively address the oral health needs of Arkansans across the lifespan.

Strategies:

By 2004, examine existing data sets containing public health and oral health data for potential relevance and contribution to a state oral health surveillance system. At a minimum the following data sets should be assessed for elements to be included in the state oral health surveillance system:

- Arkansas Department of Health Needs Assessments
- Behavioral Risk Factor Surveillance System (BRFSS)
- Youth Behavioral Risk Surveillance (YRBS)
- Arkansas Cancer Registry
- National Oral Health Surveillance System data submitted by Arkansas
- Arkansas Medicaid data
- Data on the health insurance benefit packages for both public and private insurance
- Pregnancy Risk Assessment Monitoring System (PRAMS)
- Hospital discharge data
- School nurses' surveys on children receiving an annual dental check-up

On an ongoing basis, utilize the services of a trained epidemiologist to assist in analysis of existing data and to design optimum methods for future data collection.

Recommendation 2.14. Implement a pilot case management system addressing the oral health care needs of low income and uninsured individuals, specifically missed dental appointments.

Strategy:

By 2006, identify funding for a pilot case management project to specifically reduce the missed appointment rate for low-income patients. Develop the program in collaboration with Medicaid community health centers, local health department programs, school nurses, the private sector and educational institutions. Examine existing case management approaches to determine the role of such programs in meeting this objective.

Recommendation 2.15. Pursue specific funding for loan repayments or loan forgiveness for Arkansas dental school graduates who agree to practice in a dentally underserved area, or to serve an underserved population (e.g., persons with developmental disabilities) upon graduation. Focus resources on applications from rural areas, in an effort to improve retention in rural communities.

Strategy:

On an ongoing basis, work with the General Assembly to create a program for loan forgiveness or low interest loans for dentists and dental hygienists who practice in underserved communities based on a obligation to practice and see a minimum percentage of most-needy patients. Identify state funding to match federal loan repayment program dollars for dentists and dental hygienists.

Recommendation 2.16. Decrease the number of people in Arkansas who are uninsured for dental services

Strategy:

By 2006, develop programs in collaboration with Arkansas Center for Health Improvement and the UAMS College of Public Health; develop programs for the business community on the importance of oral health in relation to employee health in an effort to assure dental coverage as part of employer sponsored health insurance plans.

Focus Area 3 - Prevention

RECOMMENDATIONS AND STRATEGIES

Recommendation 3.1: To reduce the incidence of dental caries in Arkansas, increase the percentage of the Arkansas residents on community water systems receiving the benefits of water fluoridation.

Strategies:

By 2006, pursue policy changes at the Arkansas Department of Health and Human Services that will allow active promotion of community water fluoridation.

On an ongoing basis, build and maintain adequate capacity and infrastructure within ADH -- including the Office of Oral Health, the Division of Engineering, the State Health Laboratory and Information Technology -- to support fluoridation continuation and new community start-ups.

By 2005, consider community incentives that will promote local support for water fluoridation, including funding incentives, recognition for fluoridation and grant funds tied to fluoridation.

On an ongoing basis, continue collaborations with the Arkansas State Dental Association, the Arkansas AGD and Arkansas State Dental Hygienists Association for their members to support and promote fluoridation.

Recommendation 3.2. To reduce the incidence of dental caries in Arkansas, replicate and expand the current school-based dental sealant pilot programs into new communities to achieve the Healthy People 2010 goal of 50% dental sealant rate.

Strategies:

By 2005, identify funding to support infrastructure needs so as to increase the number of school children served by dental sealant programs.

By 2006, seek funding to create a statewide dental sealant program for those children at highest risk. Create mechanisms to provide dental sealants in two venues: (1) in school-based/school linked programs in areas without dentists providing sealants, and (2) enlist dentists and provide reimbursement to cover those children not qualified for other payment modalities.

On an ongoing basis, develop materials for educating the private practice community about the importance of dental sealants.

Recommendation 3.3. Promote oral cancer screenings by dentists and dental hygienists.

By 2006, identify funding to implement and maintain a public/private statewide partnership that focuses on the prevention and control of oral and pharyngeal cancer.

By 2007, develop and implement community-based efforts that empower local communities to prevent oral and pharyngeal cancer

By 2005, develop a plan to educate dentists and primary-care providers on the importance of, and the protocol for, conducting oral-cancer examinations, especially for those at high risk for oral cancer. (*Accomplished through the 2005 Governor's Oral Health Summit on oral / pharyngeal cancer detection and prevention.*)

By 2005, collaborate with ACRC and the Oral Health Coalition and other agencies to coordinate and support national oral and pharyngeal cancer awareness and education campaigns.

By 2005, provide continuing education to oral health and primary care providers. *(Accomplished through the 2005 Governor's Oral Health Summit on oral / pharyngeal cancer detection and prevention.)*

On an ongoing basis, provide education for the public to increase awareness of oral cancers

Recommendation 3.4. Promote tobacco use prevention and cessation in dental offices.

By 2005, secure funding to educate and provide resources for dental offices and primary-care providers. *(Accomplished through grant funding under the Master Tobacco Settlement to promote the Quit Line and the "Spit Tobacco: Chew, Dip and Die" initiatives.)*

By 2005, enlist oral health and primary care providers to participate in alcohol and tobacco education and cessation programs. *(Accomplished through the 2005 Governor's Oral Health Summit on oral / pharyngeal cancer detection and prevention.)*

By 2005, educate and provide resources for dentist and primary-care providers to participate in tobacco prevention and cessation programs. *(Accomplished through the 2005 Governor's Oral Health Summit on oral / pharyngeal cancer detection and prevention.)*

Focus Area 4 – Policy

RECOMMENDATIONS AND STRATEGIES

Recommendation 4.1. Work with existing groups representing minorities and with the Arkansas Minority Health Commission to increase minority representation in dental schools and dental hygiene programs.

Strategy:

On an ongoing basis, seek funding from the General Assembly and a variety of other sources that would assist minority students in attending dental and dental hygiene programs and promote their entry into the workforce.

Recommendation 4.2. Seek regulatory or legislative changes that would allow expanded functions under appropriate supervision in a variety of ongoing dental settings. *(Accomplished through action of Arkansas State Board of Dental Examiners in April 2004)*

Strategies:

Work with the Arkansas State Board of Dental Examiners, the Arkansas State Dental Association and the Arkansas State Dental Hygienists' Association to create new categories of supervision that would allow dental hygienists to provide services commensurate with their training and experience.

Work with the Arkansas State Board of Dental Examiners, the Arkansas State Dental Association and the Arkansas State Dental Hygienists Association to allow preventive therapy modalities by dental hygienists commensurate with their training and experience

Recommendation 4.3. Create opportunities in all elementary and secondary schools for required oral health education. (*Accomplished through Act 1216 of 2003*)

Strategy:

On an ongoing basis, work with the Department of Education and the General Assembly on policies that would require appropriate, evaluated curricula on oral hygiene, proper nutrition, and other aspects of oral health in all Arkansas schools. (*In 2004, the Coalition passed Resolution #2 stating “that the Arkansas Oral Health Coalition supports and urges the enactment of policies to ensure that foods and drinks sold out of vending machines in public and private schools, kindergarten through high school, are healthful and make a positive contribution to children’s nutrition and daily dietary needs.”*)

Recommendation 4.4. Increase Medicaid funding for dental care.

Strategies:

On an ongoing basis, continue to assess oral health needs for all Arkansans, especially those at highest risk for poor oral health.

On an ongoing basis, provide information to legislators and other policy makers on lack of Medicaid funding, utilizing various member organizations of the Coalition. (Coalition Resolution #4, approved unanimously on January 15, 2005 states “*that the Arkansas Oral Health Coalition, comprised of more than thirty-two organizations interested in optimum oral health throughout Arkansas, supports the proposed \$2.6 million increase in current Medicaid funding to increase reimbursement rates for participating dentists in the ARKids program to improve oral health for Arkansas children.*”)

On an ongoing basis, assess barriers to access to care and resulting deficiencies in individual and population based oral health.

Recommendation 4.5. Establish mechanisms for the continued existence and operation of the Arkansas Oral Health Coalition.

Strategies:

By 2004, draft guidelines to be approved by current members of the coalition that will specify the functions of the coalition and provide for its continued efforts toward optimum oral health for all Arkansans. (*Accomplished. Bylaws unanimously passed in 2004 and the Coalition was incorporated in November of 2004*)

On an ongoing basis, continue the Annual Meeting of the Arkansas Oral Health Coalition as an opportunity for oral health awareness and education as evidenced by the 2002, 2003 and 2004 Governor’s Oral Health Summits.

Recommendation 4.6. Include representatives from key stakeholder groups and from populations disproportionately affected by oral health problems (e.g., the

elderly, persons with developmental disabilities) in the Arkansas Oral Health Coalition.

Strategy:

On an ongoing basis, actively recruit participation from a wide variety of agencies, organizations and community groups representing underserved populations and those that serve their needs.

Recommendation 4.7. Effectively utilize the Arkansas Oral Health Plan.

Strategy:

By 2005, optimize the impact of the Arkansas Oral Health Plan through monitoring and continued development of the plan via the Arkansas Oral Health Coalition and other public or private partners.

By 2006, evaluate Arkansas Oral Health Plan utilizing evaluation tools developed by CDC's Division of Oral Health and other instruments as they become available.

Recommendation 4.8. Identify funding streams to assure the long-term development and institutionalization of the Arkansas Oral Health Coalition.

Strategy:

On an ongoing basis, promote the efforts of the Coalition to enlighten potential supporters about the need for the Coalition and the impact of effective oral health programs.

Recommendation 4.9. Pursue legislative and/or regulatory changes that will increase the rate of community water fluoridation to achieve the Healthy People 2010 goal of 75%.

Strategy:

On an ongoing basis work with legislators and other decision-makers to advance the community water fluoridation agenda for water supplies across Arkansas. *(In July of 2004, The Coalition unanimously passed resolution #3 stating "that the Arkansas Oral Health Coalition urges the Arkansas General Assembly to encourage and support, by any and all means, an increase in the percentage of Arkansans now served by community water systems containing the optimum level of fluoride, as recommended by the Arkansas Department of Health, to protect the health of all Arkansans.*

Recommendation 4.10. Pursue policy changes and educational opportunities that will increase effective practice of infection control in dentistry.

Strategies:

By 2005, work with the Arkansas State Board of Dental Examiners to develop new infection control Rules and Regulations. *(Accomplished through Board passage of revised Article XV on infection control, including a continuing education requirement.)*

On an ongoing basis, work with Coalition partners and outside entities to ensure appropriate continuing education opportunities on infection control.