



State Plan for Oral Health

**Overarching Issues
Impacting All
Oregonians**

April 2006



Acknowledgements

This plan represents the collaboration between diverse stakeholders and partners throughout the state of Oregon. There were hundreds of contributors to this document and a list acknowledging their contribution is provided in the appendix.

Our sincere thanks to all who contributed to this plan in one way or another.

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for Oral Health**

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To the people of Oregon:

I am pleased to present the Oregon State Oral Health Plan. This plan was developed by the Oral Health Program in collaboration with numerous stakeholders across the state, to address the oral health issues that affect all Oregonians. The Oral Health Program is part of the Office of Family Health, and is one of the many State Public Health programs in the Department of Human Services that are striving to help you and your family be as healthy as possible.

The Plan has identified goals, objectives, and strategies that cover a broad range of issues related to promotion, prevention, access, workforce, and infrastructure. We hope that this Plan will serve as a roadmap for moving toward optimal oral health for all Oregonians.

Oral disease is a major health concern affecting all Oregonians. This isn't just an issue of cosmetics. Oral disease has direct links to many other significant health conditions, including chronic diseases, and the economic and social impacts of oral disease are great.

The good news is that oral disease is preventable. There are efficient and effective strategies that can help to reduce pain, suffering, and costs. Promoting and implementing preventive measures and best practices is a wise investment and an important priority.

We thank everyone who contributed to this Plan. As we carry forward the activities outlined in this plan, we invite all stakeholders and partners to join us in improving the oral health of all Oregonians.

Sincerely,

Susan Allan, MD, JD, MPH
State Public Health Director
State Health Officer
Oregon Department of Human Services



Table of Contents

Introduction.....	1
Why Create a State Plan?	3
How was This Plan Created?	3
Next Steps.....	4
Navigating this State Plan	4
Plan Goals and Objectives:.....	5
Education	5
Prevention	6
Access	6
Workforce.....	7
Infrastructure	8
Appendix	11
Relevant and Useful References and Tools	11
Data Citations	12
Contributors.....	13





Introduction

Our mouth is a primary connection to the world. With it we communicate our wants and needs, our feelings and beliefs. All of our physical sustenance besides oxygen are taken in through the mouth. The mouth reflects our mood and the degree of our well-being. Although we are not used to thinking about our mouths in this way, they are one of our most vital organs; they reflect our overall health and happiness.

That health and happiness is reflected in our mouth as well. Often thought of as separate from the body, treated and even insured as if it were not part of the body, the relationship between our mouths and the rest of our bodies is deep, complex, and inextricable. Mounting evidence shows that infections in the mouth can worsen conditions like heart and respiratory maladies, autoimmune disorders (such as AIDS), can put pregnant women at risk for premature delivery, and complicate the control of blood sugar for people living with diabetes. Changes in the mouth are often the first indicators of problems elsewhere in the body: infectious diseases,

immune disorders, nutritional deficiencies, and cancer. Conversely, general disease can decrease the health of the mouth.

Over time, untreated oral diseases get worse, compound upon one another, and become more complex. They can impact our ability to eat, our appearance, how we communicate, and our productivity at work or school. Oral health is strongly related to our general health. Poor oral health can worsen chronic conditions such as diabetes while good oral health can improve them. The mouth is the primary gateway to the body and proper care of the oral cavity can profoundly improve overall well being.

The U.S. Surgeon General's report, "Oral Health in America" released in 2000, was a milestone in the history of this country. It alerts us all to the importance of oral health to general health and well being. This report, along with the Healthy People 2010 Health Objectives for the Nation, provides a benchmark for prevention and treatment of dental disease and the promotion of oral health.





How is Oregon Doing?

Is the oral health of Oregonians what it should or could be? Are other important public health issues overshadowing the need and desirability for more statewide policies and initiatives to address important oral health issues? Is the absence of distress or crisis at the oral public health level keeping interested parties from seeking significant improvements in our collective effort to prevent or deal with oral public health issues?

Individuals, government, taxpayers, businesses, advocates, and health care providers are all affected by poor oral health. Recent studies indicate that a majority of Oregonians, regardless of socioeconomic status, suffer from oral disease and inadequate oral health care.

- Fifty-six percent of Oregon children 6-8 years old have experienced tooth decay.¹
- Poor children in Oregon have nearly three times more untreated decay than children from higher income homes.¹

- One in three 8th graders in Oregon did not have a dentist visit in 2002.¹
- One in six Oregonians over age 60 have lost all their teeth.²
- Only 20% of Oregonians live in communities with optimally fluoridated water, ranking us 48th among the 50 states.³
- Three quarters of all Oregon Health Plan clients did not visit the dentist the previous year, considerably below the rate for the general population.⁴
- Only 42% of pregnant women in Oregon sought dental care during pregnancy.⁵

Good oral health for an individual requires a proactive and comprehensive approach that includes: daily and consistent home care, regular access to professional dental care, fluoridation, a healthy diet low in sugar, avoidance of tobacco, and appropriate protection from injury. Improving oral public health similarly requires a proactive, comprehensive, and coordinated approach. Oral health professionals and advocates must find better ways to collaborate, cooperate, and optimally deploy the limited resources available to improve the oral health of Oregonians.





How was this State Plan Created?

This condensed version of the state plan covers overarching issues, the issues that impact all Oregonians. Population-based issues and strategies are addressed in more detail in the “State Plan for Oral Health - Across the Lifespan”. Development of this overarching plan and the population-based plan occurred over a two-year period, involved hundreds of stakeholders in various capacities, and represents the identified oral health priorities for Oregon.

Development occurred in five key phases:

- Phase I: Community Focus Groups in Hood River, Bend, Medford, Tillamook, Klamath Falls, Salem, Nyssa, La Grande, Boardman, and Eugene.
- Phase II: An Oral Health Summit to discuss the issues gleaned from the community forums and to prioritize next steps.
- Phase III: Population and Issue-Specific Workgroups with stakeholders in 13 different communities for a total of 47 meetings.
- Phase IV: Content review and formatting to organize workgroups’ content into primary goals, focused objectives, specific strategies, supporting activities, and appropriate evaluation measures. It became clear that there were common themes and issues that were not specific to one population in the lifespan. ***These overarching issues became the content for this plan.***
- Phase V: Review of Plans by stakeholders, the Oral Health Advisory Board, and key partners.

Why Create a State Plan?

This Oregon State Oral Health Plan is intended to act as a tool, a roadmap, for all Oregonians interested in oral health and ready to address local and statewide oral health issues. Comprehensive state plans can be found for many different health issues and have been shown to be an effective tool for mobilizing citizens and efficiently utilizing resources. The concept of a state oral health plan is supported by a body of evidence and many well respected organizations.

The Association of State and Territorial Dental Directors (ASTDD) recommends that state oral health programs create and maintain a state plan for oral health. This is considered a best practice by the ASTDD. The Centers for Disease Control and Prevention (CDC) Division of Oral Health, identified key indicators that represent a sustainable oral health infrastructure. A comprehensive state plan is one of those indicators.



Issues Impacting all Oregonians

Next Steps

This plan is a living plan, it is designed to be monitored, evaluated, and revised as necessary. The Oral Health Program will be evaluating the implementation of the state plan and progression towards goals and objectives. This information will be utilized to make adjustments to future versions. The statewide Oral Health Coalition, will be the driving force behind implementation of this plan.



- Emerging best practices will be identified.
- Available resources and gaps in resources will be identified.
- Major policy shifts will be captured and addressed.
- Evaluation measures will reflect progress towards Healthy People 2010 objectives.

Navigating this State Plan

This State Plan for Oral Health contains overarching issues that affect all Oregonians. Population-based goals and supporting content can be found in the “State Plan for Oral Health - Across the Lifespan”.

Both plans are organized the same way. The five focus areas (education/promotion, prevention, access, workforce, and infrastructure) are all addressed. The links between this plan and the Comprehensive Plan are clear. Priorities identified in this plan are also addressed, in a more population-specific way, in the “State Plan for Oral Health - Across the Lifespan”.

This plan is not intended to provide step-by-step instruction. Instead, this plan should be interpreted as a set of guidelines and should be applied in a contextual manner based upon the scope of responsibilities and strategic goals of a particular organization or entity. In essence, this plan is not an itinerary, it is a roadmap.



Goal: Enhance the oral health status of all Oregonians to improve quality of life.

Education/Promotion

The use, accuracy and distribution of oral health educational materials across the wide range of social service organizations, community groups and governmental agencies that serve Oregonians is inconsistent and, in many cases, incomplete. Here, too, the link between good oral health and overall health is made inconsistently (if it is made at all).

Objective:

Increase knowledge about oral health by ensuring that accurate and consistent messages are promoted.

Strategies

- Develop a few key oral health messages.
- Gain support/buy-in on messages at all levels.
- Emphasize the link between oral health and overall health.

Action Steps

- Use evidence-based practices to identify what to promote.
- Prioritize issues to determine what to promote.

- Coordinate key stakeholders to develop accurate messages.
- Coordinate key stakeholders to gain consensus and support.
- Utilize existing structures to educate the promoters, i.e. OHSU curriculum, etc.



Prevention

Safe and effective disease prevention measures exist to improve oral health and prevent disease. These measures include population-based measures, i.e. community water fluoridation, tobacco cessation programs, school-based/linked dental sealant programs and school fluoride programs; self care (daily oral hygiene, use of preventive therapeutic products, mouth guards); and personal oral health services like clinical dental visits for examination and treatment.



Objective:

Implement oral disease prevention strategies that are evidence-based.

Strategies

- Identify best practice models for oral health in the public health setting.
- Follow national trends.
- Increase the scientific credibility of oral health strategies in the public health setting.

Action Steps

- Catalog best practices for oral health in the public health setting.
- Create a clearinghouse for oral health best practices, science, and evidence-based strategies.
- Increase Oregon's role nationally in public health research for oral disease prevention.
- Create a system to promote evidence-based practices.

Access

Many Oregonians suffer from oral diseases that are preventable with access to regular dental care. Oregon oral health surveillance data indicates that the disease burden of oral disease is borne in a small segment of the population. Oregon families with low incomes, from minority groups, and without dental insurance are at greatest risk of suffering oral disease.

Not surprisingly, the children and adults who suffer the most dental disease have the least access to oral health care services. These are the services which could help in the prevention and treatment of disease. The issues and solutions impacting oral health care access are multifaceted. Capacity to provide oral health care to underserved populations needs to be enhanced in Oregon.

Approaches to solving the issue of access to preventive and restorative care services include enhancement of the traditional delivery system and expansion of community-based collaborative, innovative and integrated delivery systems, increasing/distributing the healthcare workforce, and assuring sustainability through adequate long term funding.



Objective

Remove barriers to oral health care that create disparities among populations.



Strategies

- Identify barriers for patients within systems/structures.
- Identify barriers for providers of care at all levels, i.e. dental professionals, insurance providers, employers, etc.
- Identify equitable standards of care.
- Utilize existing social service structures.

Action Steps

- Catalog and promote successful models for oral disease prevention that remove/overcome existing barriers.
- Collect information from providers of care about barriers they encounter.

- Create a task force that includes underserved populations, dental professionals, insurance providers, employers, social services, and public health.
- Provide information and training to providers of care and public health to bridge the gap between the two.

Workforce

The dental health care delivery system is dependent on the size, composition, characteristics, and distribution of the workforce. Factors such as productivity, scope of services, participation as providers in publicly funded programs and practice settings impact the workforce's capacity to serve the general and vulnerable populations.

Twenty-two of Oregon's thirty-six counties are experiencing some form of a dental professional shortage. The most acute shortage is with pediatric dentists, for whom there are fewer than 1 per 9,000 Oregonians under age 18. Additionally, dentists are most often clustered around population centers, which increases the burden of seeking care on rural Oregonians: there are fewer dentists and the length of travel in rural areas is often much greater.

Approaches to Oregon's workforce issues include strategies to increase availability of dentists and dental hygienists in underserved regions and exploring innovative ways to involve dental providers in safety-net clinics and expand the traditional role and scope of dental auxiliary personnel. Other strategies could include undergraduate and graduate training in community-based prevention activities, and cultural awareness.



Objective

Ensure that there are enough dental providers to address the oral health needs of Oregonians.

- Increase the opportunities for dental professionals to work within the public health setting.

Infrastructure/Systems of Care

All of the above conditions – little or no integration of oral and medical health, the lack of homologous oral health educational materials, prevention efforts that need improvement, along with access and workforce issues – all contribute to a dental care infrastructure that is not serving the needs of Oregonians as well as it could. In contrast to medical care, little or no public dental health infrastructure exists for Oregonians who, for a variety of reasons, may not be able to access private care.

Objective

Increase oral health infrastructure at all levels to support oral disease prevention.

Strategies

- Increase the number of dental providers practicing in Oregon.
- Increase the number of bilingual and/or bicultural dental providers practicing in Oregon.

Strategies

- Utilize existing systems to incorporate oral health.
- Identify opportunities for a link with oral health.
- Use existing, current data to prioritize oral health needs within communities.
- Identify resources to support oral health infrastructure.

Action Steps

- Retain recent graduates of OHSU dental school and the dental hygiene schools.
- Promote dental professions to diverse communities throughout Oregon.
- Create incentive systems for dental professionals to practice in Oregon.



Action Steps

- Use this state plan as a road map to enhancing oral health infrastructure.
- Evaluate cost savings benefits of an oral health infrastructure.
- Provide technical assistance about community organizing, leveraging resources, and implementing sustainable practices.
- Link oral health with other conditions such as stroke, heart disease, and diabetes and address in both the medical and dental setting.





Appendix

Relevant and Useful References and Tools

“Comprehensive State Plan for Oral Health - Across the Lifespan”

Available after June 15, 2006 from the DHS Office of Family Health – Oral Health Program
www.Oregon.gov/DHS/ph/oralhealth

“The Burden of Oral Disease in Oregon”

Available after June 15, 2006 from the DHS Office of Family Health – Oral Health Program
www.Oregon.gov/DHS/ph/oralhealth

Healthy People 2010 Oral Health Objectives

www.healthy people.gov/document/HTML/volume2/21oral.htm

“Oral Health in America: A Report of the Surgeon General”

www.surgeongeneral.gov

“A National Call to Action to Promote Oral Health”

www.nidcr.nih.gov/sgr/nationalcalltoaction.htm

Association of State and Territorial Dental Directors – Best Practices Series

www.astdd.org

Oral Health America Grading Project

www.oralhealthamerica.org



Data Citations

- (1) *2002 Oregon Smile Survey*
- (2) *2004 Oregon Behavioral Risk Factor Surveillance System (BRFSS)*
- (3) *2005 Oregon Drinking Water Program*
- (4) *2004 Oregon Medical Assistance Program (OMAP)*
- (5) *2003 Oregon Pregnancy Risk Assessment Monitoring System (PRAMS)*



Contributors

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