



# Dental Public Health Activity Descriptive Report Submission Form

The Best Practices Committee requests that you complete the Descriptive Report Submission Form as follow-up to acceptance of your State Activity Submission as an example of a best practice.

Please provide a more detailed description of your **successful dental public health activity** by fully completing this form. Expand the submission form as needed but within any limitations noted.

ASTDD Best Practices: [Strength of Evidence Supporting Best Practice Approaches](#)  
Systematic vs. Narrative Reviews: <http://libguides.mssm.edu/c.php?g=168543&p=1107631>

**NOTE: Please use Verdana 9 font.**

## CONTACT PERSON PREPARING THE SUBMISSION AND TO ANSWER QUESTIONS

**Name:** John Dane, DDS, FAAHD, DABSCD

**Title:** Dental Director

**Agency/Organization:** Office of Dental Health, Missouri Department of Health and Senior Services

**Address:** 912 Wildwood Dr., Jefferson City, MO 65102

**Phone:** 573-751-6441

**Email Address:** [john.dane@health.mo.gov](mailto:john.dane@health.mo.gov)

## PROVIDE CONTACT INFORMATION FOR ONE ADDITIONAL PERSON WHO COULD ANSWER QUESTIONS REGARDING THIS PROGRAM

**Name:** Julie Boeckman

**Title:** Programs Manager

**Agency/Organization:** Office of Dental Health, Missouri Department of Health and Senior Services

**Address:** 912 Wildwood Dr., Jefferson City MO, 65109

**Phone:** 573-751-6249

**Email Address:** [Julie.boeckman@health.mo.gov](mailto:Julie.boeckman@health.mo.gov)

**SECTION I: ACTIVITY OVERVIEW**

**Title of the dental public health activity:**

**A Strong Collaboration with the State Dental Association**

**Public Health Functions\*:** Check one or more categories related to the activity.

"X"	Assessment
	1. Assess oral health status and implement an oral health surveillance system.
	2. Analyze determinants of oral health and respond to health hazards in the community
	3. Assess public perceptions about oral health issues and educate/empower them to achieve and maintain optimal oral health
	<b>Policy Development</b>
x	4. Mobilize community partners to leverage resources and advocate for/act on oral health issues
x	5. Develop and implement policies and systematic plans that support state and community oral health efforts
	<b>Assurance</b>
x	6. Review, educate about and enforce laws and regulations that promote oral health and ensure safe oral health practices
x	7. Reduce barriers to care and assure utilization of personal and population-based oral health services
x	8. Assure an adequate and competent public and private oral health workforce
	9. Evaluate effectiveness, accessibility and quality of personal and population-based oral health promotion activities and oral health services
x	10. Conduct and review research for new insights and innovative solutions to oral health problems

**[\\*ASTDD Guidelines for State and Territorial Oral Health Programs that includes 10 Essential Public Health Services to Promote Oral Health](#)**

**Healthy People 2020 Objectives:** Check one or more key objectives related to the activity. If appropriate, add other national or state HP 2020 Objectives, such as tobacco use or injury.

"X"	Healthy People 2020 Oral Health Objectives
x	OH-1 Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth
x	OH-2 Reduce the proportion of children and adolescents with untreated dental decay
x	OH-3 Reduce the proportion of adults with untreated dental decay
x	OH-4 Reduce the proportion of adults who have ever had a permanent tooth extracted because of dental caries or periodontal disease
x	OH-5 Reduce the proportion of adults aged 45 to 74 years with moderate or severe periodontitis
x	OH-6 Increase the proportion of oral and pharyngeal cancers detected at the earliest stage
x	OH-7 Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year
	OH-8 Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year
	OH-9 Increase the proportion of school-based health centers with an oral health component
	OH-10 Increase the proportion of local health departments and Federally Qualified Health Centers (FQHCs) that have an oral health component
	OH-11 Increase the proportion of patients who receive oral health services at Federally Qualified Health Centers each year

x	OH-12	Increase the proportion of children and adolescents who have received dental sealants on their molar teeth
x	OH-13	Increase the proportion of the U.S. population served by community water systems with optimally fluoridated water
x	OH-14	Increase the proportion of adults who receive preventive interventions in dental offices
x	OH-15	Increase the number of States and the District of Columbia that have a system for recording and referring infants and children with cleft lips and cleft palates to craniofacial anomaly rehabilitative teams
x	OH-16	Increase the number of States and the District of Columbia that have an oral and craniofacial health surveillance system
x	OH-17	Increase health agencies that have a dental public health program directed by a dental professional with public health training

<b>"X"</b>	<b>Other national or state <a href="#">Healthy People 2020 Objectives</a>: (list objective number and topic)</b>	

**Provide 3-5 Key Words (e.g. fluoride, sealants, access to care, coalitions, policy, Medicaid, etc.) These will assist those looking for information on this topic:**  
 fluoride, sealants, access to care, Medicaid, Adult Medicaid

**Executive Summary: Complete after Section II: Detailed Activity Description. Please limit to 300 words in one or two paragraphs.**

Provide a brief description of the dental public health activity. Include information on: (1) what is being done; (2) who is doing it and why; (3) associated costs; (4) outcomes achieved (5) lessons learned, both positive and negative.

Missouri has a close collaboration with the state dental society and the Office of Dental Health (ODH), which is critical to assuring a viable and effective state oral health program. A strong working relationship provides the State Dental Director with much more flexibility in addressing political issues and can provide important political support for the State Dental Director's position.

Additionally, the state dental association is an important player in many issues of interest to state dental programs, and it provides ideal access to resources, such as literature, data and personnel. Given that dentists are a provider of oral health care, and the state dental association represents the vast majority of dentists, a collaborative relationship should exist to assure good oral health in Missouri. The Office of Dental Health in the Missouri Department of Health and Senior Services has cultivated a good relationship with the Missouri Dental Association (MDA) for over 40 years. The State Dental Director's position was reinstated in large part due to the MDA lobbying efforts.

What is being done - The State Dental Director has an outstanding working relationship with and regularly meets with the MDA Executive Director and the Board of Trustees. The Office of Dental Health staff works with MDA members and staff on health fairs, activities related to children's dental health month, Missouri Mission of Mercy, the state's sealant and fluoridation programs, oral health screening, and education activities. This collaboration has resulted in many outcomes that improve oral health and service delivery for the state including: (1) passing legislation regarding Fluoridation Notification and Teledentistry, (2) increasing funds for Medicaid services, (3) revising Medicaid administrative policies, (4) addressing workforce issues that have resulted in the start of a second dental school (Missouri School of Dentistry and Oral Health, affiliated with AT Still University), (5) supporting funding for a dental program to provide care for people with Developmental Disabilities and (6) revising the practice act to require Opioid prescription regulations to meet the CDC recommendations, (7) working to communicate the oral health needs of Missouri population, and (8) participation on response to CWF challenges.

Most of this cooperation and action was done by the Missouri Dental Association as no cost to the Office of Dental Health. At times project expenses have been supported by the Office of Dental

Health but the MDA has taken on most of the expenses. Lessons learned are that the Missouri Dental Association's members have strong feelings regarding the limits on the practice of dental hygiene. Access to care needs mean that we will be providing opinions supporting expansion of the scope of care by dental hygienists. So we carefully look for areas of mutual interest. Working together on issues of common interests are usually successful.

## SECTION II: DETAILED ACTIVITY DESCRIPTION

Provide detailed narrative about the dental public health activity using the headings provided and answering the questions. Include specifics to help readers understand what you are doing and how it's being done. References and links to information may be included.

**\*\*Complete using Verdana 9 font.**

### **Rationale and History of the Activity:**

#### **1. What were the key issues that led to the initiation of this activity?**

The key issue was funding for dental programs in the Department of Health and Senior Services (DHSS). Dental issues are not a priority for the Department and state government in general. The Office of Dental Health (ODH) is mostly funded by Federal grants, Title V, HRSA etc. This limits the ability to gain funding for other dental programs such as the Elks Mobile Dental Program and Donated Dental Services. ODH is not allowed to directly ask the Legislature for funding. The Missouri Dental Association (MDA) can hire a lobbyist and they can have a Dental Political Action Committee (PAC). The MDA can be convinced that some of the issues that the ODH thinks are important are in their best interest to lobby the Legislature. So the relationship was founded on mutual benefit for instance using teledentistry to expand supervision to allow dental hygienists to function in remote settings without Direct Supervision.

#### **2. What rationale/evidence (may be anecdotal) did you use to support the implementation of this activity?**

The MDA represents most of the dentists in Missouri. For oral health issues the legislature frequently looks to the MDA for an opinion. Good communication allows the same responses from the ODH and the MDA making a greater impact.

#### **3. What month and year did the activity begin and what milestones have occurred along the way? (May include a timeline.)**

The relationship with the MDA began sometime in the late 1980s. Here are some of the Milestones:

(1) passing legislation and implementing an expanded function dental auxiliary program, (2) increasing funds for Medicaid services, (3) revising Medicaid administrative policies, (4) addressing manpower issues that have resulted in the UMKC School of Dentistry increasing its class size, (5) revising the practice act to require continuing education for license renewal, (6) institutionalizing Occupational Safety and Health Administration, OSHA required training for all MDA constituent societies, (7) developing a statewide Head Start Oral Health initiative (8) participation in the state wide dental sealant program, (9) support and participation in the Preventive Services Program, (10) Support for the Elks Mobile Dental Program, (11) Medically Necessary Dental Care for Adults, (12) Establishing Community Water Fluoridation in small and large communities in Missouri, (13) Adult dental benefits in Medicaid (14) Fluoridation Notification Statute (15) Teledentistry statute and (15) Opioid prescription regulations in the Dental Practice Act.

The sections below follow a logic model format. For more information on logic models go to: [W.K. Kellogg Foundation: Logic Model Development Guide](#)

<b>INPUTS</b>	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
---------------	--------------------	---------	----------

**1. What resources were needed to carry out the activity? (e.g., staffing, volunteers, funding, partnerships, collaborations with various organizations, etc.)**

- Funding from the MDA, Office of Dental Health and others
- Organized Administrative staff of the MDA to direct leaders
- Volunteer dentists, hygienists and staff to provide the leg work
- Collaboration with Missouri Coalition for Oral Health, Missouri Primary Care Organization

INPUTS	<b>PROGRAM ACTIVITIES</b>	OUTPUTS	OUTCOMES
--------	---------------------------	---------	----------

**2. Please provide a detailed description the key aspects of the activity, including the following aspects: administration, operations, and services.**

This relationship is built on communication between the Office of Dental Health and the MDA. The Executive Director of the MDA, other members of the Executive Staff and the Dental Director are in contact frequently about issues that face the dental community. Staff and members of the MDA participate with the ODH by serving on advisory committees, allowing ODH staff to present at meetings and volunteering for screening activities. The Dental Director has the opportunity to present issues directly to the MDA Board of Trustees and the Dental Director shares relevant information in a regular column in "Focus," the MDA journal.

INPUTS	PROGRAM ACTIVITIES	<b>OUTPUTS</b>	OUTCOMES
--------	--------------------	----------------	----------

**3. What outputs or direct products resulted from program activities? (e.g., number of clients served, number of services units delivered, products developed, accomplishments, etc.)**

- Re-establishment of the Office of Dental Health and the Dental Director position
- Passing legislation and implementing an expanded duty auxiliary program
- Increased funds for Medicaid services 2005, 2010, expanding services to Adults in 2016
- Addressed manpower issues which have resulted in the UMKC School of Dentistry increasing its class size 2000 and the establishment of a second dental school, Missouri School of Dentistry and Oral Health
- Revising the practice act to require continuing education for license renewal
- Institutionalizing annual OSHA required training for all Missouri Dental Association constituent societies
- Developing a statewide Head Start Oral Health initiative
- Support and participation in the ODH Preventive Services Program
- Establishing public health setting for dental hygiene practice
- Teledentistry supervision
- Fluoride notification law
- Opioid prescription regulations in dental practice act.
- Community Water Fluoridation Advocacy Training
- Medicaid practice training

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
--------	--------------------	---------	----------

**4. What outcomes did the program achieve? (e.g., health statuses, knowledge, behavior, care delivery system, impact on target population, etc.)** Please include the following aspects:

- a. How outcomes are measured
- b. How often they are/were measured
- c. Data sources used
- d. Whether intended to be short-term (attainable within 1-3 years), intermediate (achievable within 4-6 years), or long-term (impact achieved in 7-10 years)

Outcomes from this relationship are difficult to measure directly. Every year at risk school aged children in Missouri are screened through the Preventive Services Program. These services are provided by volunteer dentists and hygienists through the Missouri Dental Association. In 2018-19, 92,000 children were screened and provided fluoride varnish at participating schools. Our annual data shows that Missouri has reduced the overall untreated decay rate of 3<sup>rd</sup> graders by 3.77 % in the last four years. Other data from this program have helped describe caries rates in specific counties and differences in fluoridated vs non-fluoridated areas. MDA members also volunteer to see children that are identified as having urgent needs if they don't already have a dentist.

The effects of legislation are far more difficult to measure. The fluoride notification statute enacted in 2016 has provided five situations that were reported to DHSS about the proposed changes in CWF since it was enacted. It has allowed the ODH working with the MDA and Missouri Coalition for Oral Health to mount a response to the challenge. The teledentistry statute has led us to begin a program using HRSA workforce grant to establish teledentistry demonstration projects in Missouri.

**Budgetary Information:**

NOTE: Charts and tables may be used to provide clarity.

**1. What is the annual budget for this activity?**

None

**2. What are the costs associated with the activity?** (Including staffing, materials, equipment, etc.)

Maintaining this relationship is part of the job descriptions of the ODH staff. There are not costs assigned to this activity. Special projects may be awarded as part of this arrangement but those would be funded by grants etc. and be subject to a vendor relationship.

**3. How is the activity funded?**

There really is no funding stream, none is needed.

**4. What is the plan for sustainability?**

The Office of Dental Health and the Dental Director Position were dropped from the Program of the Department of Health and Senior Services in 2005. The MDA led the efforts to reinstate both the office and the position. Fortunately changes in leadership allowed policy changes to be implemented and re-establish both in 2015. The MDA's legislative agenda continues to include support of the office and the position.

**Lessons Learned and/or Plans for Addressing Challenges:**

**1. What important lessons were learned that would be useful for others looking to implement a similar activity? Was there anything you would do differently?**

- a. The most important lesson learned would be communication with your dental society allows you to clarify issues that may cause friction and helps to find issues that both can

work on together. Such as the ad hoc committee on teledentistry included the State Dental Director so there were no mis-understandings of what this would include.

- b. When possible, fund activities of the dental society and other major partners that will help the goals of the ODH.
- c. Belonging to the ADA helps provide the Dental Director with credentials when you are addressing the members.
- d. When a fluoridation challenge happens the MDA is one of the first groups to contact to help identify dentists in the area to help. We had the experience that we had to have an election committee to provide education during a referendum. The MDA was able to complete the application and become an election committee. The ODH can't be part of a local election.
- e. Participate in events of the MDA, Mission of Mercy or MO Dent Pac meetings.

**2. What challenges did the activity encounter and how were those addressed?**

- a. Issues on the practice of dental hygiene, mostly supervision of dental hygienists. We have been able to find areas, such as teledentistry, that will expand the practice of dental hygiene and increase access to care. The MDA used their legal and legislative advisors to word a simple change in the Dental Practice Regulations in order to allow dental hygienists to work under teledentistry supervision.
- b. Some of the MDA issues have nothing to do with the goals of ODH and when they ask for support such as asking for insurance companies to do away with Prior Authorizations. We have difficulty providing support for issues in this venue. Talking with the Legislative Liaison prior to a formal request so that does not have to become an embarrassing situation.

**Available Information Resources:**

Share any models, tools, and/or guidelines developed by the program specifically for this activity that may be useful to others seeking additional information. Hyperlink resources if possible.

<b>TO BE COMPLETED BY ASTDD</b>	
Descriptive Report Number:	28005
Associated BPAR:	State and Territorial Oral Health Programs and Collaborative Partnerships
Submitted by:	Office of Dental Health, Missouri Department of Health and Senior Services
Submission filename:	DES28005MOdentalassociation-2020
Submission date:	February 2020
Last reviewed:	February 2020
Last updated:	February 2020