



Dental Public Health Activities & Practices

Practice Number: 07001
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SECTION I: PRACTICE OVERVIEW		
Name of the Practice: Colorado Commission on Children's Dental Health		
Public Health Functions: Policy Development – Collaboration and Partnership for Planning and Integration		
HP 2010 Objectives: 21-1 Reduce dental caries experience in children. 21-2 Reduce untreated dental decay in children and adults. 21-8 Increase sealants for 8 year-olds' first molars and 14 year-olds' first and second molars. 21-10 Increase utilization of oral health system. 21-12 Increase preventive dental services for low-income children and adolescents.		
State: Colorado	Region: West Region VIII	Key Words: Dental commission, advisory committee, coalition, partnership, oral health policy
Abstract: The Governor of Colorado supported a Commission on Children's Dental Health with a charge to address five key issues: 1) Outline a dental benefit that meets the minimum oral health needs of children; 2) Identify what financial resources are needed to address the oral health needs of low-income children; 3) Characterize the systems needed to allow seamless access to oral care services; 4) Define ways to improve the delivery of dental care services; and 5) Assure optimal utilization of oral health professional and publicly funded programs. The Commission had representation from private/public dentists, dental hygienists, the Dean of the dental school, public health nurses, legislators, and business executive. The result was a widely publicized final report, and five successful legislative initiatives funded by state tobacco settlement dollars, including a dental benefit in the state's SCHIP program.		
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SECTION II: PRACTICE DESCRIPTION

History of the Practice:

As a result of Colorado remaining as one of two states without a dental benefit in the State Children's Health Insurance Plan (SCHIP), with less than 25% of Medicaid eligible children accessing the oral health system, and with 35% of Colorado counties without a Medicaid dental provider, the Governor supported a Commission to address the oral health crisis for children in the state. The Commission was established and met from May – November 2000.

Justification of the Practice:

Colorado has nearly 150,000 Medicaid eligible children and nearly 35,000 SCHIP enrolled children. However, less than 5% of private dental providers see at least 100 Medicaid clients each year, and there are 22 of 63 counties without Medicaid providers. Colorado's State Dental Practice Act allows dental hygienists the ability to practice unsupervised but they have previously been unable to directly bill Medicaid for services provided within the state practice act. Just over 30% of Colorado third graders have at least one sealant on a permanent molar. In the Denver Metro area, nearly 20% of low-income second graders are in need of urgent dental care. Prior to the Commission and subsequent legislation, Colorado was one of two states that did not offer a dental benefit in its SCHIP program.

Administration, Operations, Services, Personnel, Expertise and Resources of the Practice:

The Governor of Colorado supported a Commission on Children's Dental Health to address five key issues:

1) Outline a dental benefit that meets the minimum oral health needs of children; 2) Identify what financial resources are needed to address the oral health needs of low-income children; 3) Characterize the systems needed to allow seamless access to oral care services; 4) Define ways to improve the delivery of dental care services; and 5) Assure optimal utilization of oral health professional and publicly funded programs.

Two members of the Governor's cabinet facilitated the Commission: the Health Officer for the Colorado Department of Public Health and Environment, and the Executive Director of the Colorado Department of Health Care Policy and Financing (the department with the Medicaid Program). The Anthem Blue Cross/Blue Shield Foundation provided funding for the Commission, and staffing came from the University of Colorado Center for Human Investment and Policy. The Colorado Department of Public Health and Environment and the Colorado Dental Association provided meeting space. Commission members embodied a wide representation, including private/public dentists/hygienists, the Dean of the University of Colorado School of Dentistry, public health nurses, business executives, and key legislators, including the chair of the Joint Budget Committee. Members were also from urban and rural parts of the state.

The Commission met for six months, developed nine recommendations, and provided broad support for five successful legislative initiatives, including 1) a state dental loan repayment program, 2) tax credit program for dentists and dental hygienists, 3) allowing dental hygienists to bill Medicaid directly, 4) funding for expansion of a dental safety net clinic, and 5) funding for a dental benefit in SCHIP.

Budget Estimates and Formulas of the Practice:

The total budget for the Commission was \$31,000. This budget supported travel for non-Denver Commissioners, salary for the staff assistant, printing of the final report, supplies, and food.

Lessons Learned and/or Plans for Improvement:

A key lesson learned was the value and importance of having senior legislators participate who were willing to carry legislation to implement the Commission recommendations. This meant convening the Commission when the Legislature was not in session and allowing sufficient time for bills to be drafted. Also key was involving high level members of the representative organizations and having the Governor's cabinet members as Commission facilitators. The State Dental Director role was as an ex-officio member, supervising the Commission staff assistant.

Available Resources - Models, Tools and Guidelines Relevant to the Practice:

- Final Commission Report and Executive Summary, including final recommendations and suggested strategies
- Copies of successful legislation for five oral health initiatives

SECTION III: PRACTICE EVALUATION INFORMATION

Impact/Effectiveness

Does the practice demonstrate impact, applicability, and benefits to the oral health care and well-being of certain populations or communities (i.e., reference scientific evidence and outcomes of the practice)?

Colorado had tried an on-going Oral Health Coalition and contemplated a large summit. Meeting over a period of six-months allowed time to gather additional information, analyze data, and research other state models. The concept of a Governor's Commission had the support of the Governor's Office with the final recommendations being presented to his office and the Colorado General Assembly. The Commission meetings were open to the public and drew a large gallery with minutes of the meetings being distributed even more widely than the represented organizations. Through the Commission's effort, five legislative initiatives passed to improve access to oral health services.

Efficiency

Does the practice demonstrate cost and resource efficiency where expenses are appropriate to benefits? Are staffing and time requirements realistic and reasonable?

The Anthem Blue Cross/Blue Shield Foundation provided the financial support for the Commission, but the Commissioner's time was volunteered and the facilitator's time was in-kind. Only the staff assistant time was reimbursed. The State print shop designed and printed the final report and assisted in formatting it for placement on the Oral Health Program website. As five legislative initiatives all passed in the last session, this methodology was highly cost-effective.

Demonstrated Sustainability

Does the practice show sustainable benefits and/or is the practice sustainable within populations/communities and between states/territories?

The Commission's nine recommendations have formed the basis for the Action Plan for Colorado's participation in the National Governors' Association's Oral Health Policy Academy, which affirms continued work to assure the recommendations are implemented. A few of the Commissioners are on the NGA team for Colorado, assuring continuity. In addition, "lead" and "supporting" organizations were identified to develop implementation strategies and timelines for each of the recommendations to assure broad range support for the implementation phase.

Collaboration / Integration

Does the practice build effective partnerships/coalitions among various organizations and integrate oral health with other health projects and issues?

This Commission was highly effective in building a statewide oral health consortium of partners, including Medicaid, the state dental and dental hygiene associations, the dental school, and public health. This has allowed continued work with the state legislature. Internal to the state health department, the Oral Health Program continues to provide updates to interested programs (Child and Adolescent Health, Nutrition programs, Chronic Disease, etc) on legislation implementation.

Objectives / Rationale

Does the practice address HP 2010 objectives, the Surgeon General's Report on Oral Health, and/or build basic infrastructure and capacity for state/territorial oral health programs?

Increasing Medicaid eligible children's access to oral health services and initiating a dental benefit in SCHIP will increase oral health system utilization, reduce untreated dental decay, increase sealant prevalence - all of which are Healthy People 2010 Objectives. In addition, the final recommendations combined with the action plan of the NGA team form the basis for a state oral health plan, a charge from the Surgeon General's Report on Oral Health.

Extent of Use Among States

Is the practice or aspects of the practice used in other states?

Other states have certainly convened commissions, summits, coalitions and advisory committees, producing state recommendations and next-steps to improve the oral health of its children. However, the Oral Health Program is not aware of any other state process resulting in five successful AND funded oral health legislative initiatives in one session.