



Dental Public Health Activities & Practices

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SECTION I: PRACTICE OVERVIEW		
Name of the Practice: Director of Health's Task Force on Access to Dental Care		
Public Health Functions: Policy Development – Collaboration & Partnership for Planning and Integration Assurance – Access to Care and Health System Interventions Assurance – Building Linkages & Partnerships for Interventions		
HP 2010 Objectives: 21-10 Increase utilization of oral health system. 21-12 Increase preventive dental services for low-income children and adolescents.		
State: Ohio	Region: East Region V	Key Words: Access to care, task force, planning
Abstract: In 1999, the Director of Health, Ohio Department of Health, recognizing that the number one unmet healthcare need of Ohioans was dental care, appointed a Task Force to study the issue and make recommendations. The Task Force, chaired by a past president of the Ohio Dental Association, included representatives of state and local agencies, the Ohio General Assembly, dental schools and dental residency programs, professional associations, non-profit organizations, consumers, business and labor. The Task Force formulated recommendations that related to: (1) improving and expanding Medicaid and the State Child Health Insurance Program (SCHIP), (2) improving the dental care delivery system, (3) supporting community action to address oral health access, and (4) increasing public awareness of oral health and access issues. A <u>state action plan</u> was developed by a team of representatives from state agencies including Health, Job and Family Services (Medicaid), Minority Health, and the state dental association. The plan, based on the task force recommendations, created a blueprint for action. The Task Force's efforts raised access to dental care to one of the top ten priorities of the Ohio Department of Health. In addition, the Ohio Dental Association passed a resolution to take action to implement the Recommendations of the Director of Health's Task Force.		
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SECTION II: PRACTICE DESCRIPTION

History of the Practice:

After the 1998 Ohio Family Health Survey (household telephone survey) identified dental care as the number one unmet healthcare need of Ohioans, the Director of Health, Ohio Department of Health appointed a Task Force on Access to Dental Care (1999). Shortly after the Recommendations of the Director of Health's Task Force on Access to Dental Care were unveiled (2000), Ohio was selected to participate in the National Governor's Associations' Policy Academy on Oral Health Access and Outcomes, providing an opportunity to develop an action plan, using the task force recommendations.

Justification of the Practice:

Improving access to dental care requires efforts of a broad group of stakeholders and advocates in addressing a set of complex issues. Raising the visibility of access to dental care through the involvement of the Director of Health (Cabinet-level) helped to attract important players to the process and to validate the importance of the issue within the state health department. The Director of Health's Task Force on Access to Dental Care provided an opportunity for interested parties to collaboratively plan and develop solutions for improving access to dental care. The Task Force's efforts and recommendations have resulted in raising access to care to a high policy level, including one of the top ten priorities of the Ohio Department of Health. As anticipated, the Task Force proved to be a first step leading to a number of activities and increased funding.

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

The Director of Health appointed a past president of the Ohio Dental Association to chair the Task Force on Access to Dental Care. The chair worked with the Department of Health's Bureau of Oral Health Services (BOHS) to assemble a Task Force that included representatives of state and local agencies, the Ohio General Assembly, dental schools and dental residency programs, professional associations, non-profit organizations, consumers, business and labor. Committees of specialists in school programs and in community-based approaches supplemented the work of the Task Force by going through concomitant parallel processes focusing on their respective areas while the Task Force addressed state-level policy. The work of these two groups was integrated into the Task Force recommendations late in the process. Overall, more than 70 people with a broad range of expertise and experience contributed to the process of studying and making recommendations for improving access to dental care for vulnerable Ohioans.

The Task Force considered BOHS-generated or -assembled data on the oral health of Ohioans and their access to dental care and then spent six monthly daylong meetings deliberating the issues and formulating the recommendations. Meetings were a combination of small groups and full Task Force. The recommendations were grouped under four focus areas related to: (1) Medicaid and the State Child Health Insurance Programs (SCHIP), (2) dental care delivery system, (3) community partnerships/community-level oral health infrastructure, and (4) public awareness.

Recommendations believed to have the greatest potential for improving access were identified as high priority. The recommendations included:

- Increasing fees in the Medicaid dental program,
- Expanding Medicaid eligibility,
- Expanding the state physician loan repayment program to include dental professionals,
- Instituting a scholarship for dental professionals working in underserved areas,
- Increasing the number of pediatric and general dental residency slots,
- Increasing the number of safety net clinics,
- Creating a "how to" manual for setting up a safety net clinic,
- Providing support for community-level partnerships/coalitions,
- Expanding school-based dental sealant programs,
- Conducting public awareness and health education campaigns, and
- Developing a Medicaid oral health marketing plan.

The specific recommendations of the Director of Health's Task Force proposed a game plan for addressing the state's access to dental care problems. A document was prepared presenting the Director of Health's Task Force on Access to Dental Care's recommendations and was revised following a two-month public comment period. The recommendations were posted on the Department of Health's website.

Furthermore, a *State Agency Action Plan to Improve Access to Dental Care for Vulnerable Ohioans* was developed by a core group of state policy leaders participating in the National Governor's Associations' Policy Academy. The action plan established commitments by state agencies based on Task Force recommendations. For each action committed to by a state agency, the plan identified stakeholders, timelines, and responsible parties for implementation. In addition, the action plan incorporated accountability with performance measures and an annual review of the action plan's progress with the Governor.

Additionally, the Ohio Dental Association (ODA) created its own Access Task Force to study the recommendations of the Director's Task Force. The House of Delegates approved a resolution, originated by the ODA Task Force, committing the Association to working to implement a set of recommendations drawn from those of the Director of Health's Task Force.

As a result of the work of the Director's Task Force and the visibility it provided for the access to dental care issue, the Ohio Department of Health was able to utilize tobacco settlement dollars to address some of the task force recommendations. Tobacco settlement money was used to help fund six safety net dental clinics, start a school-based sealant program in Cleveland and two school-based dental care pilot programs in Toledo and Cincinnati. In addition, funds supported two oral health awareness campaigns targeted to minority populations. Additional Maternal and Child Health Block Grant funds were directed to supporting new and expanded school-based sealant programs and safety net dental clinics.

The State Agency Action Plan called for an Ohio Summit on Access to Dental. That conference was held in November, 2001 and resulted in the formation of a Statewide Oral Health Coalition, chaired by the Executive Director of the Ohio Primary Care Association and a listserv.

Budget Estimates and Formulas of the Practice:

Meeting space was donated by Columbus Children's Hospital. Meeting costs were limited to lunches. BOHS staffing of the meetings and between-meeting work was in-kind. Only small numbers of hard copies of the recommendations were printed in-house to complement posting on the Department of Health's website, both of these negligible costs are attributed to the indirect expense budget.

Lessons Learned and/or Plans for Improvement:

The members of the task force who work in oral health fields attended all or most meetings, others attended an average of 2-3 meetings each. Typically, 25-30 of the 40-member task force attended each meeting. The Task Force had occasion to use a definition of "access to dental care" developed, early in the process, through a subcommittee-led effort. A useful tool, with which Task Force members assessed both the potential impact and ease of implementation of each recommendation, aided in decision-making. Parochial interests entered into the final process and some decisions amounted to last minute "horse trading." The resulting document and the prestige of the association of the Director of Health with the effort have added valuable credibility to the result.

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

- [Recommendations of the Director of Health Task Force on Access to Dental Care - November 30 2000](#)
This report summarizes the efforts of a broad-based task force established by the Director of Health to recommend policies to improve access to dental care for vulnerable Ohioans.
- [Recommendations of the Director of Health Task Force on Access to Dental Care - 2004](#)
This report highlights the accomplishments since the initiation of Task Force deliberations, in the year 2000, and issues the Task Force recommendations for 2004.
- *State Agency Action Plan to Improve Access to Dental Care for Vulnerable Ohioans*, July 30, 2001

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)?

The Director of Health's Task Force on Access to Dental Care raised access to a high policy level. Access to dental care is now one of the Ohio Department of Health's top ten priorities. The efforts and recommendations of the Task Force were the basis for Ohio's successful application to the National Governors' Association Policy Academy. The resulting State Agency Action Plan provides directions and collaborations to improving access to dental care. The State Medicaid program has taken some actions as a result of its commitments. The Minority Health Commission, the Developmental Disabilities Council and the Primary Care Association all took new interest in access to dental care issues. Also, the Ohio Dental Association passed a resolution endorsing the recommendations of the Task Force and has formed its own task force based on these recommendations. The Ohio Department of Health was able to utilize tobacco settlement monies to implement some of the task force recommendations by providing funding to: increase safety net clinical services; expand school-based dental sealant programs; pilot school dental care programs; and develop public awareness campaigns for minority populations.

Efficiency

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

The out-of-pocket costs associated with the Task Force were minimal. It is impossible to say what specific impact the Task Force had on the awarding of two million new Department of Health dollars for dental care access but the influence was likely substantial. Ohio took seven months to do what some states have done in a two-day summit. We believe that the more deliberate nature of the Ohio effort was worthwhile and that it served to keep the issue on the front burner for a longer time.

Demonstrated Sustainability

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

The Task Force itself was a time-limited group. We believe the stepwise development and written plans will contribute to sustaining the efforts of the state agencies, the state dental association, the state oral health coalition and other stakeholders. The question of the sustainability of political interest in access to dental care is complex and unpredictable but key to the sustainability of efforts that originated with the work of the Director of Health's Task Force. The additional MCH Block Grant funding to the BOHS base budget should be sustained and the Governor's 2003-04 Tobacco Settlement funding proposal included funding for dental care access programs.

Collaboration / Integration

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

The Director of Health's Task Force on Access to Dental Care included representatives of state and local agencies, the Ohio General Assembly, dental schools and dental residency programs, professional associations, non-profit organizations, consumers, business and labor. Committees with specialists in school programs and in community-based approaches supplemented the work of the Task Force. Over 70 people with a broad range of expertise and experience contributed to the process of studying access to dental care and formulating recommendations. The formation of a statewide oral health coalition was an indirect result of the work begun by the Task Force.

Objectives / Rationale

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

The Task Force's efforts in improving access to dental care relates to the HP 2010 objectives of increasing utilization of oral health systems and increasing preventive dental services for low-income children and adolescents. The Task Force also builds infrastructure in developing/strengthening linkages with collaborative planning and implementation efforts to improve dental care access.

Extent of Use Among States

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

States have reported the value of collaboratively planning in addressing access to dental care. States have also reported benefits achieved through a planning process by a legislative commission, a statewide coalition, or a summit. These benefits included policy changes, expanded services, additional funding, and building partnerships. It is not known how many states' health agency director have appointed a task force, similar to Ohio's Task Force, to specifically address access to dental care.