



## Dental Public Health Activities & Practices

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### SECTION I: PRACTICE OVERVIEW

**Name of the Practice:**

Louisiana's Oral Health Summit

**Public Health Functions:**

Policy Development – Collaboration & Partnership for Planning and Integration  
 Assurance – Building Linkages & Partnership for Intervention  
 Assurance – Access to Care and Health System Interventions

**HP 2010 Objectives:**

21-2 Reduce untreated dental decay in children and adults  
 21-10 Increase utilization of the oral health system  
 21-12 Increase preventive dental services for low-income children and adolescents

**State:**

Louisiana

**Region:**

Southeast  
Region VI

**Key Words:**

Oral health summit; dental summit; children's oral health; oral health care; dental services; access to care; state oral health plan

**Abstract:**

On December 6, 2002, the Louisiana Oral Health Program, Office of Public Health, Department of Health and Hospitals coordinated the first statewide summit on oral health. The Oral Health Summit was sponsored with grant monies from Health Resources and Services Administration and the Maternal and Child Health Bureau through a cooperative agreement with the Association of State and Territorial Dental Directors. The Summit was designed to assemble dental health leaders and policy makers to address access and barriers to dental care, infrastructure strengths and weaknesses, educational needs, and the financing of oral health care in Louisiana. The Oral Health Summit focused on the barriers preventing access to oral health care and the disparities that exist for certain groups of citizens in Louisiana. Participants developed recommendations for action. The Summit heightened participant awareness and oral health emerged as a major health care concern for Louisianans. Partnering with the diverse groups represented at the Summit facilitated the implementation of the recommendations. One outcome of the Oral Health Summit was the development of a state oral health plan.

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## SECTION II: PRACTICE DESCRIPTION

### **History of the Practice:**

Louisiana held its first statewide summit on oral health on December 6, 2002. The Louisiana Oral Health Program, Office of Public Health, Department of Health and Hospitals coordinated the event. The Oral Health Summit focused on the barriers preventing access to oral health care and the disparities that exist for certain groups of citizens in Louisiana.

At that time, the State Oral Health Program had been without a director for over 2 years and it was felt that an oral health summit would help the program identify and focus on the most pressing oral health issues and identify potential partners for collaboration on this issues.

### **Justification of the Practice:**

Children living in poverty suffer two to three times the amount of dental decay than their more affluent counterparts and their disease is more likely to remain untreated. Currently 26% of Louisiana children live in poverty and Louisiana ranks 49th in the nation in percent of children living in poverty. More than 18% of the total population of Louisiana is at or below the poverty level.

Almost all parishes (counties) in the state report a shortage of pediatric dentists and some general dentists don't treat children under the age of five. In rural Louisiana, this problem is even more acute because of the fewer numbers of dentists practicing in these areas. Head Start employees report that often it is very difficult to locate a dentist willing to treat the Head Start children. Lack of public transportation is a large problem for Head Start families living in rural Louisiana especially Caldwell, Catahoula, Concordia and LaSalle parishes. Another area of concern is the long waiting list for dental appointments due to the low availability of Medicaid providers.

The proportion of Louisianans who did not receive a routine dental examination in 1999 ranged from 64.6% for those with an income of less than \$15,000 to 20.9% for those with an income greater than \$50,000 per year. Access to dental care in Louisiana is inherently related to the ability to afford dental treatment. Louisiana residents are more likely to go without a regular dental check up than the national average and the proportion of adults who did not receive an annual dental examination increased with increasing age. A comparison of the Behavioral Risk Surveillance System data from 1996 to 1999 showed a decrease in annual dental visits for all adult age groups.

Access to oral health care is a major problem in Louisiana. The coordinated efforts of stakeholders are needed to find solutions.

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

The Oral Health Summit was sponsored with grant monies from Health Resources and Services Administration and the Maternal and Child Health Bureau through a cooperative agreement with the Association of State and Territorial Dental Directors. Additional sponsors included Oral Health America, Procter and Gamble, Patterson Dental, the Louisiana Dental Association, Louisiana Dental Services, Oral B, Agenda for Children, Head Start Association, the LA Head Start Collaboration Project, Department of Social Services, LSUHSC Foundation, and the LSUHSC School of Dentistry.

The Summit brought together dental health leaders and policy makers to address access and barriers to dental care, infrastructure strengths and weaknesses, educational needs, and the financing of oral health care in Louisiana. Over 125 participants attended the summit, including representatives from the Louisiana Dental and Dental Hygiene Associations, the Secretary of the Department of Health and Hospitals, the Director of Louisiana Medicaid and staff, the three largest federally qualified health care centers, New Orleans Health Department, numerous developmental centers, LSUHSC School of Dentistry, Head Start Directors and parents, the rural water association, school nurses, United Cerebral Palsy, Office of Citizens with Disabilities, United Way, private practice dentists, child care educators, concerned citizens, and Agenda for Children. Representatives from Health Resources and Services Administration, Maternal and Child Health Bureau, the Dallas Regional ACF Office, and Region VI Head Start QIC were also in attendance.

The morning session of the Summit addressed the status of oral health in Louisiana focusing on children in general and then specifically head start children, pregnant women, adults, the geriatric population, special needs populations, and capped off with the dental provider and Medicaid perspectives. The Louisiana Children's Oral Health Policy Brief (developed earlier in 2002 and sponsored by the Louisiana Head Start Collaboration Project, Department of Social Services, the Oral Health Program, and Agenda for Children) was introduced and the major recommendations of the policy brief highlighted.

For the afternoon session, the participants broke into one of five workgroups. The workgroups included: (1) Financing Dental Services/Medicaid Policy and Administration, (2) Dental Education/Consumer Education, (3) Early Head Start/Head Start, (4) Prevention/Community Water Fluoridation, and (5) Communication and Understanding among Stakeholders and Advocacy. The task of each workgroup was to identify where we are by focusing on barriers and resources; where we want to be by focusing on what we want to achieve/accomplish; and how do we get there by focusing on strategies that can be pursued. A representative from each workgroup reported the major points identified in the workgroup to the general audience. The State Oral Health Director compiled and summarized each workgroup's ideas and recommendations/strategies. Each workgroup was provided with the summary and given an opportunity to comment/edit before the summit document was finalized.

The evaluation of the Oral Health Summit was overwhelming excellent. Respondents clearly indicated a new level of awareness about the status of oral health in Louisiana and a willingness to help address the issues preventing access to oral health services for the residents of Louisiana. A few respondents felt that there should have been more time in the morning program for questions and audience discussion but unfortunately time constraints prevented this.

The Summit heightened participant awareness and oral health has emerged as a major health care concern for Louisianans. Partnering with the diverse groups represented at the Summit will facilitate the implementation of the recommendations/action plans of the five workgroups.

An Oral Health Steering Committee was assembled and its members included the Summit's participants. The responsibilities of the Oral Health Steering Committee included working with the Oral Health Director to facilitate the implement of the recommendations from the Oral Health Summit. The committee was charged with the development of in- depth action plans and timelines for the recommendations.

One outcome of the Summit was the development of the Louisiana Oral Health Plan. This was the work of the oral health stakeholders who attended the Oral Health Summit. The state Oral Health Plan identified priorities to access dental care for the residents of Louisiana and provided recommendations to implement the priorities. The Oral Health Plan is a work in progress and changes to the Plan will reflect responses to changes in the environment both on a national and state level toward oral health issues. The Louisiana Oral Health Plan includes the following focus areas and goals (the Plan details priorities and recommendations for each goal):

Focus Area: Dental Education/Consumer Education  
Goal: Building an Oral Health Program for Louisiana

Focus Area: Communication and Understanding among Stakeholders and Advocacy  
Goal: Making Oral Health a Priority

Focus Area: Prevention/Community Water Fluoridation  
Goal: Increase the number of state residents who receive the benefits of community water fluoridation

Focus Area: Financing Dental Services/ Medicaid Policy and Administration  
Goal: Increase the accessibility of oral health services for all Louisianans

Focus Area: Early Head Start/Head Start  
Goal: Improve access to oral health services for Early Head Start/Head Start populations

One of the major outcomes of the Oral Health Summit was the start of the Expanded Dental Services for Pregnant Women Program for Medicaid-eligible pregnant women. This new program began in November 2003 and now offers dental benefits to pregnant women. This Medicaid benefit was the result of the Oral Health Program working with Medicaid to implement the recommendation that Medicaid-eligible pregnant women should receive dental services (prophylaxis) in order to help

improve the potential birth outcome of the infant. Medicaid has also increased the dental reimbursement fee for selected services the past two years. Louisiana was well below the 50<sup>th</sup> percentile for many of these dental services. Increasing Medicaid reimbursement fees was another recommendation from the summit that has been implemented.

**Budget Estimates and Formulas of the Practice:**

The Oral Health Summit costs approximately a total of \$13,000. Those costs included the hotel rental, AV equipment, honorarium and travel expenses for key speaker, travel per diem for head start parents, printing of brochures and programs, mail-out of registration forms, identification badges and food for 150 people. The summit was held in New Orleans at a downtown hotel so rental cost was higher than if it had been held in another Louisiana city.

**Lessons Learned and/or Plans for Improvement:**

It is important that the key policy makers (e.g., Medicaid Director and Secretary of Health and Hospitals) are invited to participate in the oral health summit and be included on the agenda. For Louisiana's Oral Health Summit, the Medicaid Director had 45 minutes to speak about what Medicaid was doing and the Secretary of DHH supplied the opening remarks. They both then listened to the oral health issues addressed at the summit and participated in the work groups. Their buy-in to the oral health issues that were featured in the summit was essential to the successful implementation of two major recommendations from the summit. Louisiana is planning another follow-up Oral Health Summit for December 2004. This summit will be held in Baton Rouge, the state capitol. Hopefully, this will help facilitate more legislative involvement in the summit by making it easier for legislators to attend.

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

Reports of the Louisiana's Oral Health Summits are available on the Web:

<http://www.astdd.org/summitreports/Louisiana.pdf>

<http://www.mchoralhealth.org/pdfs/louisianahsoforum.pdf>

## 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 Louisiana Oral Health Plan is the work of the oral health stakeholders who attended the Oral Health Summit. The Oral Health Plan identifies the priorities to access dental care for the residents of Louisiana and recommendations to implement the identified priorities. Other outcomes of the Oral Health Summit include the start of the Expanded Dental Services for Pregnant Women Program for Medicaid-eligible pregnant women and increased Medicaid reimbursement fees.

### **Efficiency**

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

Partnering with the diverse groups represented at the Summit will facilitate the implementation of the recommendations/action plans developed by the five workgroups during the Summit.

### **Demonstrated Sustainability**

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

Using the ideas, priorities, recommendations and partnerships from the Summit, Louisiana developed a state Oral Health Plan. The implementation of the Plan will demonstrate long-term benefits of the Summit.

### **Collaboration/Integration**

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

The Oral Health Summit brought together over 125 stakeholders including representatives from the Louisiana Dental and Dental Hygiene Associations, the state's Department of Health and Hospitals, the Medicaid program, federally qualified health care centers, local health departments, developmental centers, LSUHSC School of Dentistry, Head Start, the rural water association, school nurses, special needs advocacy groups, United Way, private practice dentists, child care educators, concerned citizens, and Agenda for Children.

### **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?*

Louisiana's Oral Health Summit guided efforts to address the HP 2010 objectives such as increasing preventive dental services for low-income children and adolescents and increasing the utilization of the oral health system. In addition, the Summit promoted partnerships that will build infrastructure and capacity of dental public health and the state oral health program.

### **Extent of Use Among States**

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

States having conducted dental summits include Alabama, District of Columbia, Georgia, Illinois, Idaho, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Michigan, Missouri, Montana, New Jersey, New Mexico, New York, North Carolina, North Dakota, Michigan, Ohio, Oklahoma, Pennsylvania, South Carolina, Utah, Virginia, Washington, and Wisconsin.