Dental Public Health Activity Descriptive Report

Practice Number: 24001
Submitted By: Office of Oral Health, Massachusetts Department of Public Health
Submission Date: September 2001
Last Updated: September 2001
Last Reviewed: April 2012

SECTION I: PRACTICE OVERVIEW

Name of the Dental Public Health Activity:

Massachusetts Special Legislative Commission on Oral Health

Public Health Functions:

Assessment – Use of Data
Policy Development – Collaboration and Partnership for Planning and Integration
Assurance – Building Linkages and Partnerships for Interventions

Healthy People 2010 Objectives:

21-10 Increase utilization of oral health system.
21-12 Increase preventive dental services for low-income children and adolescents.

State:	**Federal Region:**	**Key Words for Searches:**
Massachusetts	Northeast Region I	Commission, planning; collaboration, coalition, oral health recommendations, access to care, oral health screening, treatment services, prevention

Abstract:

In November 1998, the Governor and the Massachusetts Legislature appointed a Special Legislative Commission on Oral Health. Commission members included representatives from a variety of health and non-health professional organizations, state legislators, government agencies, community advocates, as well as public and private dental provider networks. The Commission was charged to make recommendations related to the oral health status among state residents, community prevention programs, and access to oral health care services. The Commission submitted a Report to the Governor and the Legislature, which provided recommendations that included: (a) improve access to dental care for public and private dental insured individuals, (b) improve access to oral health screening and treatment services by increasing public and private capacity to provide dental services, (c) promote statewide individual and population based preventive services and programs, (d) implement data collection and information system, and (e) establish a Special Advisory Committee on Oral Health. Outcomes of the Commission's efforts included funding to increase the Medicaid reimbursement rates, the expansion of safety net provider sites, the establishment of a dental sealant demonstration project, and the required incorporation of an oral health component for the 109 Enhanced School Health Programs across the state.

Contact Persons for Inquiries:

Lynn A. Bethel, RDH, BSDH, MPH, Interim Director, Office of Oral Health, Massachusetts Department of Public Health, 250 Washington Street, 5th Floor, Boston, MA 02108-4619, Phone: 617-624-6074, Fax: 617-624-6062, Email: lynn.bethel@state.ma.us

SECTION II: PRACTICE DESCRIPTION

History of the Practice:

In November 1998, the Governor and Massachusetts Legislature responded to an outcry from various community health and non-health professionals exclaiming "an oral health crisis" existed among vulnerable groups, across the Commonwealth. An initial investigation revealed that the most recent Commission studying oral health in Massachusetts took place in 1965. As such, a Special Legislative Commission on Oral Health was established to assess current oral health status and access to care among Massachusetts' residents.

Justification of the Practice:

The Special Legislative Commission on Oral Health was a valuable endeavor by stakeholders and key policy officials for the advancement of oral health among Massachusetts' residents. Beside raising awareness to the oral health issues among our most vulnerable groups, their commitment to the charge of the Commission led to the development of recommendations, that will provide the framework for a state oral health action plan.

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

The Special Legislative Commission on Oral Health was charged to study and make recommendations related to: (1) oral health status among Massachusetts's residents, (2) community prevention programs, and (3) access to oral health care services. Members of the Commission included representatives from the Boston Public Health Commission, Massachusetts Dental Association, dental specialties, Delta Dental Plan of Massachusetts, the Massachusetts Department of Public Health, AIDS Action Committee, Massachusetts League of Community Health Centers, Health Care for All, Massachusetts State Legislators, and the Division of Medicaid Assistance. Two sub-committees were formed to review and address assessment and access issues. The Department of Public Health provided information regarding State oral health prevention and access programs, administrative services, and served as the facilitator for all Commission activities. The Delta Dental Plan of Massachusetts provided the resources for the printing of the final document.

Findings showed that in Massachusetts, access to oral health services is not equal. Under-served populations include low-income families, minorities, children, elderly and individuals with disabilities. In the state, 70% of the insured receive services compared to 42% of people with MassHealth (the state Medicaid program). Approximately 20% of the 4,692 Massachusetts' dentists are enrolled in the MassHealth program, but only 14% are actively participating in treating MassHealth clients. The Commission provided the following recommendations: (a) improve access to public and private dental insurance for residents to increase access to dental care, (b) improve access to oral health screening and treatment services, by increasing public and private capacity to provide dental services, (c) promote statewide individual and population based preventive services and programs, especially for children and high-risk populations, (d) implement data collection and information system, and (e) establish Special Advisory Committee on Oral Health. One year after the recommendations were made, outcomes included:

- A total of $19.2 million approved by legislature to increase the MassHealth reimbursement rates;
- A total of $3.1 million approved to expand safety net provider sites;
- Eight (8) new dental sealant programs were established;
- Required Oral Health Component in 109 Enhanced School Health Programs statewide;
- Oral health coalitions established for the three largest cities in the state;
- One community received $969,000 to implement an oral health initiative;
- An oral health summit was conducted in May 2001 to bring partners together to address issues;
- Participation in National Governors' Association Oral Health Policy Academy.

Lessons Learned and/or Plans for Improvement:

Lessons learned through the establishment and efforts of the Commission include the need to: (a) establish a representative group of stakeholders; (b) create a common goal and stay committed to it; (c) gain understanding and create a sensitivity to each participating organization's mission and policy; (d) develop a mutual respect and listen to all concerns and all suggestions for possible solutions, and (e) formulate recommendations or solutions based upon the consensus of the group.

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

- Report of the Special Legislative Commission on Oral Health: *An Oral Health Crisis in Massachusetts,* February 2000.

Budget Estimates and Formulas of the Practice:

Most of the administrative costs were assumed by the MA Department of Public Health. The Delta Dental Plan of Massachusetts donated the resources for the printing of the Report of the Special Legislative Commission on Oral Health**.** Commission members participated as representatives for their respective organizations and agencies.

Inputs, Activities, Outputs and Outcomes of the Practice:

SECTION III: PRACTICE EVALUATION INFORMATION

Impact/Effectiveness

How has the practice demonstrated impact, applicability, and benefits to the oral health care and well-being of certain populations or communities (i.e., reference scientific evidence, outcomes of the practice and/or evaluation results)?

The Legislative Commission on Oral Health resulted in the following accomplishments: increased MassHealth reimbursement rates with $19.2 million; expanded safety net provider sites with $3.1 million; 8 new dental sealant programs were established; required oral health component to the 109 Enhanced School Health Programs; oral health coalitions were established in the three largest cities of the state; one community received over $960,000 for an oral health initiative; and a state oral health summit was conducted, and acceptance to the NGA Oral Health Policy Academy.

Efficiency

How has the practice demonstrated cost and resource efficiency where expenses are appropriate to benefits? How has the practice demonstrated realistic and reasonable staffing and time requirements? Provide unit cost analysis or cost-benefit analysis if appropriate.

The two major expenses associated with the Legislative Commission on Oral Health include administrative fees (consultant to assist with the writing of the Report) and the printing of the final Report to the Governor and MA Legislature. The Commission met during the work day. All Commission members represented their respective organizations and agencies. As such, the organizations and agencies donated the time. The outcomes thus far, have demonstrated tremendous cost and resource efficiency.

Demonstrated Sustainability

How has the practice showed sustainable benefits and/or how has the practice been sustainable within populations/communities and between states/territories? What mechanisms have been built into the practice to assure sustainability?

The work of the Special Legislative Commission on Oral Health is complete. Many representatives on the Special Legislative Commission (SLC) continue serve as an advisory group to the Office of Oral Health. In addition, these same representatives make up the Oral Health Interdisciplinary Team that participated in the National Governors' Association Oral Health Policy Academy in Jackson, Mississippi, in October 2001.

Collaboration/Integration

How has the practice built effective partnerships/collaborations among various organizations and integrated oral health with other health projects and issues? What are the traditional, non-traditional, public and private partnerships/collaborations established by the practice for integration, effectiveness, efficiency and sustainability?

The Commission brought together major stakeholders to collaborate and develop solutions to improve oral health for the state residents. Members of the Commission included representatives from the Boston Public Health Commission, Massachusetts Dental Association, dental specialties, Delta Dental Plan of Massachusetts, the Massachusetts Department of Public Health, AIDS Action

Committee, Massachusetts League of Community Health Centers, Health Care for All, Massachusetts State Legislators, and the Division of Medicaid Assistance.

The organizational structure of the SLC is being modeled in several communities across Massachusetts. Community oral health coalitions have developed with local representatives from the same organizations and agencies, which participated in the SLC.

Objectives/Rationale

How has the practice addressed HP 2010 objectives, met the National Call to Action to Promote Oral Health, and/or built basic infrastructure and capacity for state/territorial/community oral health programs?

The Commission supports efforts to achieve HP 2010 objectives in increasing utilization of oral health systems and increasing preventive dental services for low-income children and adolescents. The Commission also helps build infrastructure and capacity by establishing and/or strengthening linkages among stakeholders from the public and private sectors.

Extent of Use Among States

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

Most states responding to similar oral health issues among their residents have recognized the value of community coalitions with representation from both the public and private sectors. Many states have or are developing statewide oral health coalitions similar to the structure of the SLC, with goals aimed at improving oral health outcomes for all residents.