



Dental Public Health Project/Activity Descriptive Report Form

Please provide a detailed description of your **successful dental public health project/activity** by fully completing this form. Expand the submission form as needed but within any limitations noted. Please return completed form to: lcofano@astdd.org

NOTE: Please use Verdana 9 font.

CONTACT PERSON PREPARING THE SUBMISSION AND TO ANSWER QUESTIONS

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

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SECTION I: ACTIVITY OVERVIEW

Title of the dental public health activity:

Working with a Coalition in Missouri

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
x	3. Assess public perceptions about oral health issues and educate/empower them to achieve and maintain optimal oral health
	Policy Development
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
	Assurance
	6. Review, educate about and enforce laws and regulations that promote oral health and ensure safe oral health practices
	7. Reduce barriers to care and assure utilization of personal and population-based oral health services
	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
	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"	<u>Healthy People 2020 Oral Health Objectives</u>	
	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
	OH-4	Reduce the proportion of adults who have ever had a permanent tooth extracted because of dental caries or periodontal disease
	OH-5	Reduce the proportion of adults aged 45 to 74 years with moderate or severe periodontitis
	OH-6	Increase the proportion of oral and pharyngeal cancers detected at the earliest stage
	OH-7	Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year
x	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
x	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
	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
	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

"X"	Other national or state Healthy People 2020 Objectives: (list objective number and topic)	

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:

Coalitions, fluoride, access to care, policy

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.

The Missouri Coalition for Oral Health (MCOH) has been a very strong partner for the Office of Dental Health (ODH). Under the leadership of Gary Harbison Executive Director of MCOH has been our partner for legislative advocacy, special program funding, access to care, special needs patients and funding for the ODH. Reorganized with help from the Oral Health Program of the Office of Primary Care and Rural Health in 2012, MCOH has worked to create a broad base of constituents, including dental professionals, community oral health advocates, legislators and funding agencies. The MCOH organizes an annual Oral Health Policy Conference that provides an opportunity for the stakeholders in oral health to have a forum to meet and present issues as well as solutions. An Oral Health Legislative Awareness Event is held in conjunction with the conference. Between 35 and 45 members of MCOH spend the morning speaking with legislators about MCOH policy priorities. MCOH has many accomplishments, including funding for and reinstatement of the State Dental Director position, 2015, Fluoridation Notification Statute, 2017, reinstatement of Medicaid Adult Dental Benefits, 2016 and Fluoridation Advocacy.

Associated Costs: MO Department of Health and Senior Services does not directly support the efforts of MCOH. MCOH has become a contractor for some services for the Office of Dental Health. For instance, helping with fluoridation education for Local Public Health Agency, LPHAs.

Outcomes Achieved: The major outcomes (2015-2018) from the efforts of MCOH are the successful reinstatement of the Dental Director position for Missouri, the Office of Dental Health, 2017 and the passage of the Fluoride Notification Statute.

Lessons Learned:

1. Not every foundation values oral health advocacy, therefore grant funding for MCOH has decreased from 2016 to 2020 threatening its existence. MCOH has taken on other opportunities based on the talents of their employees to provide services for grants and programs in the area of Oral Health
2. MCOH has become an excellent partner to improve communication with the public. The annual symposium provides the ODH the opportunity to provide information to stakeholders and

- members of the public about key oral health issues. Their symposium and presentations have improved communications with policy makers as well.
3. MCOH has become one of the most valuable sources of information and advocacy for oral health issues to the Missouri Legislature. The ODH cannot directly lobby legislators or other local government officials but MCOH can carry the message.
 4. Partnering with local and national funding organizations is key to sustainability. Dependence on only grant funds is a problem when funders change their goals. Good fiscal management has been essential to sustainability.
 5. Hiring a Director that is skilled and pragmatic is important for MCOH's policy direction. The current Director has the experience in Legislative Matters to know what is attainable. His experience has helped MCOH set goals that are attainable
 6. Bylaws of MCOH mandate that policy priorities are decided by Consensus of the Board. This has prevented one group from taking over MCOH and using it as an instrument for only their issues.

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?

Prior to 2012:

- Missouri Medicaid was seen as underfunded, inefficient and unreasonably burdensome for dental providers.
- Missouri Medicaid reimbursement was very low
- Access to dental care for Medicaid recipients was poor in many parts of the state.
- General public is poorly educated about the value of dental health
- high demand for dental specialists especially pediatric dentists
- negative experiences with state and federal student loan repayment programs
- capacity of the dental workforce
- lack of understanding of government programs by the dental professionals
- only one dental school in the state

After 2012 (reorganization):

- Need to re-establish the State Dental Director Position
- Funding for Medicaid Dental Programs- increase in reimbursement
- Adult Dental Services in Missouri Medicaid
- Community water fluoridation losses in small communities
- Need for statutes to help ODH react to challenges
- Training for advocacy
- Access to care in rural counties
- Access to care for special needs groups

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

Prior to 2012:

- MCOH conducted Community meetings in 8 cities across Missouri. These meetings were the source of the Key issues in no 1.
- Discussions with Missouri Dental Association regarding Medicaid, Access and capacity of dental workforce
- Workforce analysis completed by Bureau of Dental Health

After 2012 Reorganization:

- 2009 BSS of older adults
- Annual data from the Preventive Services Screening activities
- WFRS data on the level of community water fluoridation
- 2014 BSS of children
- Lack of Dental Director meant fragmentation of Oral Health Efforts.

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

- MCOH started in 2000 and was reorganized in 2012.
- Agreement with the Legislature and MO HealthNet to improve Dental Medicaid with a series of increases in funding for Medicaid providers with a goal to reach 65% of UCR in 5 years
- Increase the number of Health Centers in Missouri.
- Efforts to start Missouri School of Dentistry and Oral Health
- Adult dental services reinstated to Medicaid
- Funding for Elks Mobile Dental Program (dental care for persons with disability) returns to state budget
- Oral Health Caucus in Legislature
- Fluoridation Notification Statute
- Dental Director Position restored
- Office of Dental Health reinstated

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

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

The Office of Dental Health did not provide funds for general operation of MCOH. Collaboration with MCOH is part of the general job of the Office of Primary Care and Rural Health originally and the ODH and staff once it was established.

Health Forward Foundation, REACH Healthcare Foundation and the Missouri Foundation for Health funded the restart of the MCOH providing Director, staff and funds to begin programs. The DentaQuest Foundation also provided funding for operations of MCOH starting in 2017.

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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2. Please provide a detailed description the key aspects of the activity, including the following aspects: administration, operations, and services.

Missouri Coalition for Oral Health provides information, education and advocacy for Oral Health issues in Missouri. Under the leadership of Gary Harbison, MCOH has been our partner for legislative advocacy, special program funding, access to care, special needs patients and funding for our Office. Reorganized with help from the Oral Health Program in 2012, MCOH has worked to create a broad base of constituents, including dental professionals, community oral health advocates, legislators and funding agencies. MCOH organizes an annual Oral Health Policy Conference that provides an opportunity for the stakeholders in oral health to have a forum to meet and present issues as well as solutions. An Oral Health Legislative Awareness Event is held in conjunction with the conference. Between 35 and 45 members of MCOH spend the morning speaking with legislators about MCOH policy priorities. MCOH publishes an electronic newsletter on a monthly basis. They maintain an extensive webpage that provides information and links for critical issues of Oral Health. They also provide leadership to help organize response to fluoridation challenges. They also have recognized people that are leaders for Oral Health by presenting Oral Health Champion Awards and presenting them at the Symposiums.

In turn the ODH provides funding for special projects, cooperation within the Department of Health and Senior Services for Policy Development, Support for Legislative activities, Educational Materials, funding for speakers, Surveillance Data and Sponsorship for the Annual Symposium.

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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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.)

1. The annual symposium that has provided support for the issues of Oral Health in Missouri.
2. Adult dental coverage as part of Medicaid in Missouri
3. Reestablishment of the State Dental Director Position
4. Reestablishment of the Office of Dental Health
5. Advocacy and Assistance for the development of the Oral Health Caucus of the Missouri Legislature
6. The Fluoridation Notification Regulation

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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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)

Challenge	Short Term	Intermediate	Long Term
1. Unable to respond to fluoridation changes	Plan fluoridation notification bill	Bill submitted with help from legislators in 2015 and again in 2016	Fluoridation notification statute passes
2. Lack of organized oral health policy in Missouri	Collaboration with stakeholders to re-establish State Dental Director position	Funding and collaboration with DHSS and DSS to create the position	More organized and energized oral health policy and activities as part of State Plan
3. High use of Emergency Department (ED) for dental care	Collaborate with OPCRH, MDA, MPCA and Legislators	Funding for limited Dental benefits for Adults 2015. Started May 2016	Over 980,000 claims process and \$76 million in benefits since 2016. Reduction of ED Dental visits by 41%

Budgetary Information:

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

1. What is the annual budget for this activity?

The Office of Dental Health has no funds budgeted for the operation of MCOH. MCOH has several contracts with ODH for collaborative activities and has provided some funds to sponsor the annual symposium.

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

The Office of Dental Health does not provide any staffing, materials, or equipment to MCOH.

3. How is the activity funded?

MCOH is funded entirely by grant funds and contracted services with ODH and other parties in the State. In the 2019-20 budget ODH contracted with MCOH for \$97,000 worth of services .

4. What is the plan for sustainability?

The Director of MCOH and his staff are aggressively pursuing grant opportunities for continued funding. Staff in MCOH include experienced grant writers to assist the Director in this effort. Opportunities to provide services that are within the scope of their mission and values will continue to be part of the plan for sustainability.

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?

- MCOH provides a unique opportunity to disseminate the messages of the ODH to the public. The Board of Directors include, members of professional organizations, political groups, other advocacy groups, members of foundations, faculty from dental schools and dental hygiene programs, and finally the Missouri Primary Care Association that can facilitate the messaging.
- MCOH developed a group of stakeholders all over the state. This group is important when you want to educate or advocate for a policy.
- Collaboration with a dependable partner improves the possibility of success.
- The one thing that I would do differently would be to find a way to fund operations of MCOH from MCH or CDC funds.

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

- Community Water Fluoridation rollback, when a community wished to stop adjusting fluoride in the water supply. The Coalition has provided a ready group of stakeholders to start a response to the Challenge.
- Resistance to funding the Adult Dental Benefits by the Governor who has final authority for the budget distribution, MCOH was able to support the advocacy for funding and collaborating with Legislators to fund the activity and develop a plan to force the funding.
- Resistance to the fluoridation notification bill which would require water operators to notify their customers 90 days before discontinuing fluoridation. MCOH continued to organize advocacy for the bill and support the legislators that were working to get the bills through the committee hearings.

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.

TO BE COMPLETED BY ASTDD	
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