

Dental Public Health Activity Descriptive Summary

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Improving Oral Health through Collaboration, Integration and Systems Development to Increase Capacity

The Michigan Oral Health Program has limited general fund dollars appropriated directly for staff and other activities. Multiple sources such as federal grants, other state general funds and private foundations aid in funding staff and programs. In order to maintain staff, diversification of the number of grants that staff is assigned to helps with retaining and stabilizing the staff and integrating the workload among multiple staff. Reviewing staff position descriptions and how they assist and interact with Medicaid activities also diversifies the funds and allows for a percentage of time to be allotted to Medicaid funds. Matching state general funds with Medicaid funds at a 1:1 ratio helps increase the state general funds available and secure funds for more staff activities and programs. Reviewing the specific Infant Mortality general funds that support the perinatal oral health coordinator position and how it interacts with Medicaid will assist with sustainability.

Michigan Governor Rick Snyder recommended two public health initiatives during his first term, to reduce infant mortality and decrease the burden of obesity. The Michigan Department of Community Health, Public Health Administration, Division of Family and Community Health were given the lead to reduce infant mortality. More than 200 advocates attended a summit and developed strategies to help prevent infant mortality. Oral health advocates and representatives from the Michigan Oral Health Coalition were present to provide input. The Infant Mortality Reduction Plan was developed and eight strategies were recommended. The IM Reduction Plan can be found at http://www.michigan.gov/documents/mdch/MichiganIMReductionPlan_393783_7.pdf

One strategy was to increase the health status of women and girls. There were a number of objectives and one included an oral health recommendation. At the time, the Oral Health Program was a unit within the Division of Family and Community Health. Staff was able to provide input into the objectives and recommendations so that oral health was included in the overall recommendations. With the overall plan being heavily invested in the medical community, the recommendation was to integrate oral health into the medical home so that broader health interventions and activities could be recommended.

The initial budget for the Infant Mortality Initiative was more than \$2.1 million dollars from state general funds. The Oral Health Program was asked to provide a plan and budget for how to address the oral health recommendation. Since other states had published reports on perinatal oral health and the report, National Consensus Statement on Perinatal Oral Health, had just been released, these reports provided the impetus for the development of a Michigan Perinatal Oral Health initiative.

The Oral Health spending plan developed for the infant mortality general funds initially was \$175,000 to include staff, resources and contracts.

Lessons Learned:

Take opportunities to promote oral health programs in other health disciplines and be prepared to provide evidence-based practices that support the intervention. The Oral Health Program has developed collaboration agreements with a number of areas within the department such as diabetes, tobacco control, cardiac and stroke, WIC, cancer, office of services to the aging, etc. The collaboration agreements have no funding expectations but provide evidence of the types of programs and the issues that both the oral health program along with the other partner can address. Providing

examples on how to incorporate educational materials into existing work plans and activities helps create dialogue and can be the catalyst for other types of activities.

Continue to participate in coalitions and advisory groups that oral health can play a role in such as school-based health centers, home visitation, primary care, cancer consortium, tobacco cessation programs, nutrition and obesity. Continue to invite staff from other areas to participate in the oral health coalition. The oral health coalition asked members to invite "guests" to the meeting and oral health staff invited people from areas where collaboration agreements already existed. The outcome has been continued collaboration with chronic disease sections and others on projects.

Promote oral health programs and how they can be integrated into other program funds that are not exclusively oral health funds. This requires initiating a lot of discussions with other areas and requires oral health staff to seek out the contacts. Oral health staff are members of the Diabetes Prevention Advisory Committee, Cancer Control and Prevention Consortium and the Tobacco Free Michigan Coalition. As a member representing oral health, it has presented multiple opportunities to discuss oral health and request that it be considered within grant activities. For example, the 2015-16 Prevention Block Grant for the chronic disease division is focused on health system change; the oral health program and the tobacco control section are collaborating on activities for tobacco cessation in health systems and dental clinics.

Look long range at sustainable funding and the purpose of each position. If possible, support staff through percentages of time on multiple grants. The duties may be similar across grants and allows for greater flexibility so not all staff position funds come from one source. The biggest challenge is determining which grants can provide support for the longevity of the grants so that all do not end at the same time, and continuing to look for new opportunities so that funding continues.

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