

# Dental Public Health Activity Descriptive Summary

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## State Oral Health Plan Development

In November 2003, the Oregon Oral Health Program convened a first-ever statewide Oral Health Summit. More than 125 people attended, including dentists, dental hygienists, public health officials, state and local government representatives and community organizations. This Summit resulted in a broad framework of efforts over the next two years to develop a state oral health plan.

Oregon adapted the framework that was defined at the summit into a specific approach that focused oral health issues into five broad areas: education/promotion, prevention, access, workforce and infrastructure/systems of care. These issue areas were applied to five age groups: infant/pregnant women, children, adolescents, adults and older adults and also to special populations. The Oral Health Program utilized innovative planning that facilitated content workgroups representing seventeen communities, statewide, with 350 residents. A set of criteria for content was developed and notes were used to develop plan proposals, as they emerged. Oral Health Program staff held meetings with stakeholders at which the content was reviewed, edited and revised.

This inclusive, community-based process resulted in a second statewide oral health summit being in May, 2006 at which the *State Plan for Oral Health-Overarching Issues Impacting All Oregonians* was introduced. Public and private sector partners and stakeholders discussed priorities for an action plan and a statewide oral health coalition was launched. A *State plan for Oral Health Across the Lifespan* will follow, that will detail population-based goals, objectives and activities. Prevention of oral disease through strategies that are evidence-based, such as community water fluoridation and school-based/linked dental sealant programs, will be implemented.

Costs for the State Plan development process was funded through a CDC Oral Health Program Infrastructure Building Cooperative Agreement. Costs included staff and travel time to facilitate approximately 40 focus group meetings statewide, as well as, staff time to draft, redraft and edit the document based on the input from individual participant stakeholders and organizations. Printing costs were also incurred.

The State Plan is being used by several local and state coalitions and groups to assist them in their strategic planning activities aimed at addressing their various specific oral health issues and agendas.

### Update 2013

Oregon continues efforts to increase access to optimally fluoridated water systems. Portland, Oregon, the nation's largest city without fluoridated water, has scheduled a fluoridation ballot measure for March of 2013.

The Oral Health Unit continues to increase the efficiency of its school dental sealant program and thereby expand the number of schools served. In 2007, school-based dental sealant programs served 100 schools in 5 of Oregon's 36 counties (24% of eligible schools). In 2012-13, the state school-based dental sealant program will serve 150 schools, local programs will serve 196 schools, and together they will serve 346 schools in 32 counties (67% of Oregon's eligible schools).

*First Tooth* is a 3-year workforce development project created by the Oral Health Unit and funded by a Health Resources and Services Administration (HRSA) grant through August 31, 2012. First Tooth provides comprehensive, web-based training modules ([www.healthoregon.org/firsttooth](http://www.healthoregon.org/firsttooth)) for both medical and dental providers to deliver early childhood prevention services to at-risk children, ages

birth through 3 years. Ongoing management of the program transitioned to the Oregon Oral Health Coalition (OrOHC) in late 2012.

In 2011, the passage of Senate Bill 738 mandated that Expanded Practice Dental Hygienists (EPDHs) be reimbursed for services and created a pathway for the creation, development, and evaluation of innovative pilot projects utilizing mid-level providers.

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