Kansas Oral Health Plan 2022-2027

Kansas Department of Health and Environment

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Authors

Julia Heinrichs, DDS
Kiran Kanakadandila, MS, MBA

A special thanks to our contributors at The Bureau of Oral Health at the Kansas Department of Health and Environment:

Dayna Brinckman DDS, CHCEF
Kansas State Dental Director
Bureau of Oral Health Director
Medicaid Dental Director

Amalia Almeida, APRN, MSN
Children's Oral Health Program Manager

Debra Trybom, RDH, ECPIII
Outreach Dental Hygienist

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Lisa Belt, RDH, MS
Holly Cobb, MSN, APRN-C
Dr. Emily Cortes
Sarah Dean, RDH
Tanya Dorf Brunner
Dawn Downes
Dr. John T. Fales Jr.
Joyce Grayson
Debbie Guilbault
Julie Holmes
Kathy Hunt, RDH, ECPII
Dr. Kelly Kreisler
Julie Martin, RDH, MSDH, MPH, ECP-III
Dr. Michael McCunniff
Audé Negrete
Natalie Olmsted
Debra Pochop
Pastor Adrion Roberson
Kevin Robertson, CAE
Matthew Schrock
Linda Sheppard, J.D.
Dr. Yelizaveta Shnayder
Wes Steingraber
Sally Stuart
Dr. Preddis Sullivan
Alice Weingartner, MEd

Wichita State University – Dental Hygiene Department
Kansas Advanced Practice Nurses
Prairie Pediatric Dentistry, P.A.
Benco Dental
Oral Health Kansas
REACH Healthcare Foundation
Fales Pediatric Dentistry
University of Kansas Medical Center
STI/HIV Prevention and Care – KDHE
Kansas Insurance Department
Oral Health Kansas
Vibrant Health
Kansas Dental Hygienists' Association
UMKC School of Dentistry Professor Emeritus
Kansas Hispanic and Latino American Affairs Commission
Kansas Health Foundation
Rawlins County Dental Clinic
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Kansas Dental Association
Kansas Tobacco Use Prevention Program
Kansas Health Institute
University of Kansas Medical Center
Darby Dental
Brighton Garden's Retirement Community
Delta Dental of Kansas
Community Care Network of Kansas
Haskell Indian Health Services

Table of Contents

Executive Summary

The state of Kansas has made improvements in oral health in recent years, and this plan's goal is to further those initiatives. An updated roadmap, created by a comprehensive oral health plan, is needed to unite the efforts in improving oral health across the state. The work from previous oral health plans was reviewed to see if goals were met, are on-going, or no longer relevant. Stakeholders from across the state and from diverse backgrounds were identified. Through surveys and meetings, stakeholders provided insight, suggestions, and ideas to address the oral health needs in Kansas over the next five years. Results are found in this oral health plan.

Division of Public Health
Curtis State Office Building
1000 SW Jackson St., Suite 300
Topeka, KS 66612-1368

Kansas Department of Health and Environment

Phone: 785-296-1086
www.kdheks.gov

Janet Stanek, Acting Secretary

Laura Kelly, Governor

Dear Colleagues and Residents of Kansas,

I am pleased to present the 2022-2027 Kansas Oral Health Plan (OHP). This document reviews our history and compares the current dental status of our residents to overall national disease trends. Despite many recent improvements in oral health both in the United States and Kansas, profound oral health disparities still exist for many groups related to their socioeconomic status, education level, race, ethnicity, geographic location, health care status and age. The Covid-19 pandemic magnified these disparities and greatly impacted vulnerable populations with known poor oral health. Dentistry was the only health care discipline that was ordered to shut down and stop seeing patients during the pandemic. Dentists and dental professionals had to change the way they practiced and had to think outside of the box in order to reach their patients using tools such as teledentistry. Currently, the Delta variant of Covid-19 is attacking our children causing schools to shut down, keeping the mobile dental teams out of schools, and again impacting a vulnerable population. I want this plan to keep us in thinking outside of the box, out of the brick and mortar buildings so we may continue to practice during the pandemic and any future pandemics or variants that come about. As a practicing dentist of 17 years, I want to acknowledge and appreciate the sacrifices dental providers have made as we adapt to the "new normal."

The Kansas Oral Health Plan is designed to be a dynamic, fluid document in order to address the changing needs of a deserving population. Thank you to all individuals and partners who contributed to this plan, special recognition goes to our stakeholders for their time and efforts to define our goals and objectives. As we move forward to tackle the obstacles to oral health, these partnerships will be more critical than ever. Oral health inequities can be addressed through integration, collaboration, education, focused planning and action among community leaders, partners, stakeholders, decision-makers, healthcare providers and all Kansans.

We look forward to the implementation of the OHP, however, we realize that for this plan to work all people and organizations throughout the state with an interest in oral health will need to embrace the OHP and contribute to its implementation. I encourage you to review the background information in the OHP that sets the context for the goals, objectives and action items. Think about how you can personally promote this statewide effort and share your expertise and perspectives as we move the oral health agenda forward throughout the next five years.

Make a difference,

Dayna M. Brinckman

Dayna M. Brinckman DDS., CHCEF
Kansas Department of Health and Environment
Director, Bureau of Oral Health
1000 SW Jackson St, Suite 300
Topeka, Kansas 66612

INTRODUCTION

The World Health Organization defines oral health as a state of being free from chronic mouth and facial pain, oral and throat cancer, oral infection and sores, periodontal disease (gum disease), dental caries (tooth decay), tooth loss, and other diseases and disorders that limit an individual's capacity in biting, chewing, smiling, speaking, and social well-being (6).

The Kansas Oral Health plan 2022-2027 is intended to provide a roadmap for organizations and individuals in matters impacting oral health in our state, including policies and funding. This roadmap, intended to reduce oral disease in Kansas, is an update to previous state oral health plans. The most recent plan focused on four goals: Financing, Systems Collaboration, Oral Health Literacy, and Workforce. The thirty-seven stakeholder organizations involved in the previous plan helped identify existing gaps in care. Three or four objectives were identified for each of the four goals along with strategies on how to reach each objective (33). Components of this oral health plan were evaluated for inclusion and relevancy into the 2022-2027 Kansas Oral Health Plan. Previous stakeholders were asked to be involved in updating the current oral health plan.

Nationally, oral health strides have been made in the past two decades. Methodical analysis of current data demonstrated that oral health has improved, including a decrease in the incidence of early childhood decay, an increase in the elderly keeping their natural dentition, and an increase in medical-dental integration. Oral health education has also improved. Knowledge on how oral health affects an individual's self-esteem and work or school performance has spread (7). It is important to celebrate these strides and the hard work in achieving them, but we must also remember that more work still needs to be done.

The burden of oral health disease is not just on the individual who may have trouble eating, speaking, showing emotions or living with pain. It is a burden that affects us all as we battle the opioid epidemic and use federal resources to cover the costs of preventable medical appointments and emergencies (7). We must work together to provide high quality, affordable care for all. The Department of Health and Human Services' Healthy People 2030 publication focuses on nation-wide oral health priorities.

At the state level, oral health is reemerging as a priority after more than a year dedicated predominantly to the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) pandemic. However, a diverse group of Kansas leaders stayed dedicated to the state-wide objectives of improving oral health to the highest capacity possible. In fact, a united effort to improve oral health has been energized as new organizations have been educated about the need, and joined the effort, to improve oral health across the state of Kansas. These new partnerships have brought new perspective and energy into state efforts in improving oral health. A diverse group of stakeholders have worked hard to create initiatives that were identified based upon their perceived gaps, needs, and feasibility. These initiatives were organized into goals and objectives to create the Kansas Oral Health Plan.

Past Initiatives to Improve Dental Workforce Shortages

- Bill considered that would allow dentists to have more practice locations (2/18/14)
- Statehouse push made for mid-level dental practitioners (2/12/14)
- Americans for Prosperity joins effort to license mid-level dental providers (1/8/14)
- Kansas Medicaid program still lags nation in oral health care for kids (11/12/13)
- Kansas dental program for children on hold because of KanCare MCO (11/11/13)
- Dental mediation effort ends without compromise (11/4/13)
- Disputing parties enter formal mediation over mid-level dental providers (10/3/13)
- Pew report cites need for mid-level dental providers (6/25/13)
- Dentist groups announce scholarships for dentists going to rural areas (2/7/13)
- Advocates for mid-level dental providers meet with legislators (2/6/13)
- Bill to license mid-level dental providers introduced (1/29/13)
- Regents will hear proposal to train mid-level dental practitioners (10/17/12)
- Dentist shortage proposal not funded in Regents' recommended budget (9/20/12)
- Report questions economic viability of mid-level dental providers (7/26/12)
- Task force recommends building state's first dental school (6/21/12)
- Dentists shouldn't fear mid-level dental care, expert says (4/20/12)
- No consensus on how to end 'dental deserts' (4/9/12)
- Worldwide review says mid-level dental providers give good care (4/10/12)
- Bill to increase dental care access given initial approval in Senate (3/15/12)
- New caucus told of oral health success in southeast Kansas (3/8/12)
- More Kansans head to ER for dental care (2/29/12)
- Dental association says new program will increase access in rural areas (2/2/12)
- 'Turf battle' continues over dental practitioner bill (1/30/12)
- Summit to focus on training plan for mid-level dental practitioners (11/29/11)
- Between a hygienist and a dentist, a hard sell (10/26/11)
- Political fight continues over mid-level dental practitioners (10/11/11)
- Better prevention would help solve dentist shortage, advocate says (7/22/11)
- Dentists: Practitioner bill flawed (3/9/11)
- Videos detail shortage of Kansas dental providers (12/8/10)
- Slow going in efforts to solve state's dentist shortage (8/30/10)
- Safety-net clinics filling gap in dental services to low-income Kansans (8/30/10)
- Replacing town's only dentist 'hardest' project ever (8/30/10)
- Progress made on oral health, but problems remain (1/14/09)
- Funding bill contains seed money for 'dental hubs' (5/4/07)
- Increasing access aim of oral health coalition (12/21/06)

(20)

*This is not a list of all previous legislation ie legislation for extended care permits for hygienists

On the state level, Kansas has also reported improvements on important oral health parameters in the past two decades. According to the 2012 Smiles Across America document published by the Kansas Bureau of Oral Health, Kansas saw an improvement in childhood decay from the one in four children with active decay in 2004 to one in ten children in 2012 (30). The Kansas Oral Health Report Card (below) for 2021 as presented by Oral Health Kansas, gives the state a “C” for the state’s performance compared to national statistics based on thirteen parameters (4). Two parameters even received an “A”, but there are currently eleven parameters with lots of room for improvement.

Healthy People 2030 - Oral Health Initiatives

Oral Conditions — General

Reduce the proportion of adults with active or untreated tooth decay — OH-03

Increase the proportion of oral and pharyngeal cancers detected at the earliest stage — OH-07

Increase use of the oral health care system — OH-08

Adolescents

Reduce the proportion of children and adolescents with lifetime tooth decay — OH-01

Reduce the proportion of children and adolescents with active and untreated tooth decay — OH-02

Health Care Access and Quality

Increase the proportion of people with dental insurance — AHS-02

Reduce the proportion of people who can’t get the dental care they need when they need it — AHS-05

Health Policy

Increase the proportion of people whose water systems have the recommended amount of fluoride — OH-11

Nutrition and Healthy Eating

Reduce consumption of added sugars by people aged 2 years and over — NWS-10

Older Adults

Reduce the proportion of older adults with untreated root surface decay — OH-04

Reduce the proportion of adults aged 45 years and over who have lost all their teeth — OH-05

Reduce the proportion of adults aged 45 years and over with moderate and severe periodontitis — OH-06

Preventive Care

Increase the proportion of low-income youth who have a preventive dental visit — OH-09

Increase the proportion of children and adolescents who have dental sealants on 1 or more molars — OH-10

Public Health Infrastructure

Increase the number of states and DC that have an oral and craniofacial health surveillance system — OH-D01

ORAL HEALTH KANSAS
ADVOCACY • PUBLIC AWARENESS • EDUCATION

Kansas Oral Health REPORT CARD 2021

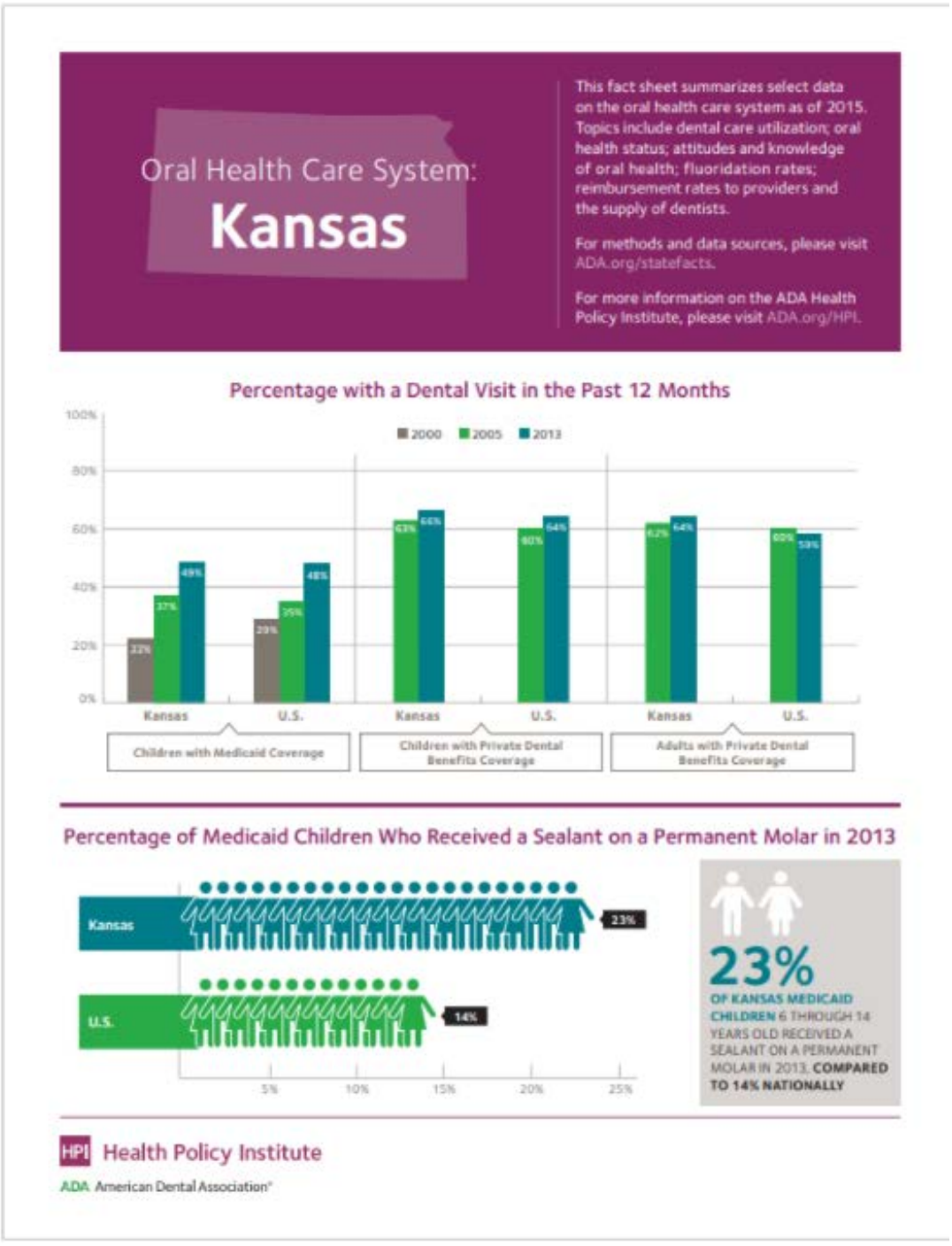
State Score: C

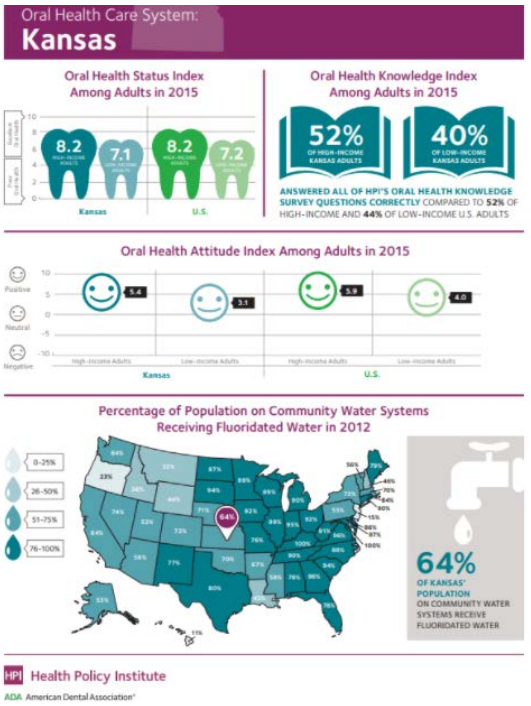
The Kansas grade is compared to the nation’s performance on 13 key oral health indicators. This report card illustrates the oral health challenges in our state. Kansans can work together to improve these grades and the oral health and overall health of all of our residents.

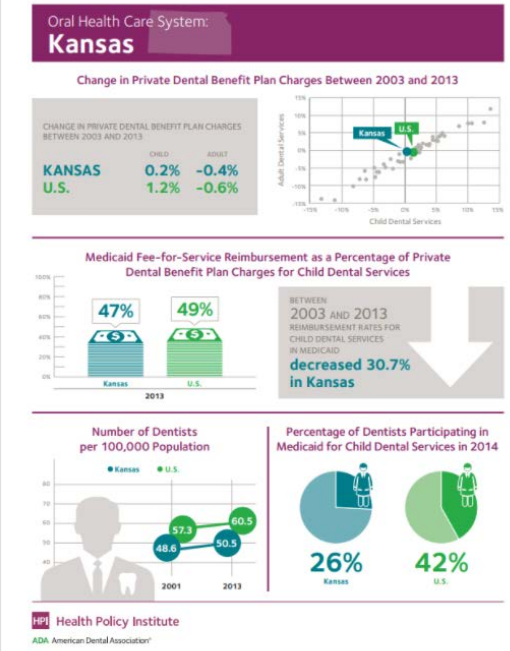
	Indicator	Grade
	CHILDREN: ENROLLED IN MEDICAID	
1	20% of ages 1-2 received a preventive dental care visit	F
2	50% of ages 3-4 received a preventive dental care visit	C
3	48% of ages 1-20 received a preventive dental care visit	C
4	20% of ages 6-14 received dental sealants on permanent molars	A
	CHILDREN: GENERAL POPULATION	
5	80% of ages 1-17 received one or more dental visits last year	C
6	48% of third graders have caries experience (treated or untreated tooth decay)	C
7	36% of third graders have dental sealants on permanent molars	C
	ADULTS	
8	68% of ages 18-64 visited the dentist in the last year	C

Significant improvements were also seen in Kansans accessing dental care needed from 2011-2018 according to the Kansas Behavior Risk Surveillance System (BRFSS). In 2011, 17.2% of individuals who needed a dentist couldn't access one. In 2018, this number went down to 12.8% (2).

ADA State Demographics (32)







Methods

STEP 1: IDENTIFY STAKEHOLDERS

Potential stakeholders were identified by researching Kansas leaders in the CDC-recommended groups (government, public health, non-profit, business, and advocacy organizations), as well as stakeholders in previous Kansas Oral Health Plans. These potential stakeholders were contacted to establish interest.

STEP 2: FIRST SURVEY

Interested parties were emailed a link to Kansas Oral Health Plan: Survey #1 on Survey Monkey. This survey was used to establish intent and to identify the top 3 issues they see facing dentistry through their unique perspective.

STEP 3: GOAL TOPICS

Five topics emerged from the results of Kansas Oral Health Plan: Survey #1. They were:

Access To Care 

Technology* 

Cost of Care 

Medical/Dental Integration 

Education 

- Technology was later incorporated into the other categories

STEP 4: STAKEHOLDER CATEGORIES

35 committed stakeholders were grouped into categories based on their experience in respect to oral health. The categories were:

1. Education
2. Policy Makers
3. Providers
4. Health Coalitions
5. 3rd Party Payers
6. Community Health Organizations
7. Community Individuals

STEP 5: SECOND SURVEY

A second survey entitled Kansas Oral Health Plan: Survey #2 was sent to stakeholders to obtain insight into each individual's highest oral health priorities, their resources in respect to oral health, and specific ideas to improve oral health. The first question of the survey asked individuals to rank their priorities by implementing a Point's Value Ranking System (1), which quantifies subjective statements.

STEP 6: EVALUATE STAKEHOLDER PRIORITIES

Answers from the Second Survey, Question 1 were placed in a table to score each stakeholder's priorities.

STEP 7: RACI ANALYSIS

Initial RACI (Responsible, Accountable, Consulted, and Informed), a responsibility assignment matrix, was performed on all stakeholders based on conversations and results obtained from the first two surveys.

STEP 8: FOCUS GROUP MEETINGS

Using the RACI analysis as well as the second survey Points Value Ranking System, stakeholders were placed in balanced focused groups based on topic with representatives from each stakeholder category (see Appendix). Each group was provided two tables to prepare for the meetings. These tables allowed each stakeholder to numerically rank each idea under their specific topic by need and feasibility (see Appendix). Each stakeholder's score was calculated to find the top five ideas in both needs and feasibility.

STEP 9: REVIEW INITIAL GOALS AND OBJECTIVES

The stakeholders' ideas were brought to the Kansas Bureau of Oral Health for review and to gain further insight into each idea from the state's perspective. The stakeholder's recommendations were discussed along with objectives and ideas published by Centers for Disease Control and Prevention, the American Dental Association, the National Health Performance Standards, The 10 Essential Public Health Services, and Healthy People 2030.

STEP 10: VIRTUAL SUMMIT

A virtual summit was held on May 26th, 2021. Stakeholders were divided into break-out groups. Each break-out group was assigned a goal, each with four objectives and action items, to review. The discussion from each break-out session was then discussed in front of the entire group of stakeholders to ensure others did not have insight to add.

STEP 11: FINAL ORAL HEALTH PLAN

All information from research, conversations and partnerships were combined to form a comprehensive Kansas Oral Health Plan.

Goal 1

Promote Medical - Dental Integration

Objective 1

CREATE AN ORAL HEALTH AWARENESS CAMPAIGN WITHIN PRIMARY CARE FACILITIES ENCOURAGING EDUCATION, PREVENTIVE SERVICES, AND REFERRALS

Objective Definition

By 2026, primary care providers will establish a patient oral care awareness program and encourage primary care practitioners to advise patients about the importance of oral health

Target Benefit

Incorporate oral health guidance, best practices and reminders to patients during medical visits to increase awareness and decrease dental decay

Potential early detection of certain oral health conditions and diseases

Success Criteria

A minimum of 10% of Kansas primary care providers have a customized oral health awareness program for their office

Stakeholders: Medical/Dental Integration

Action Items

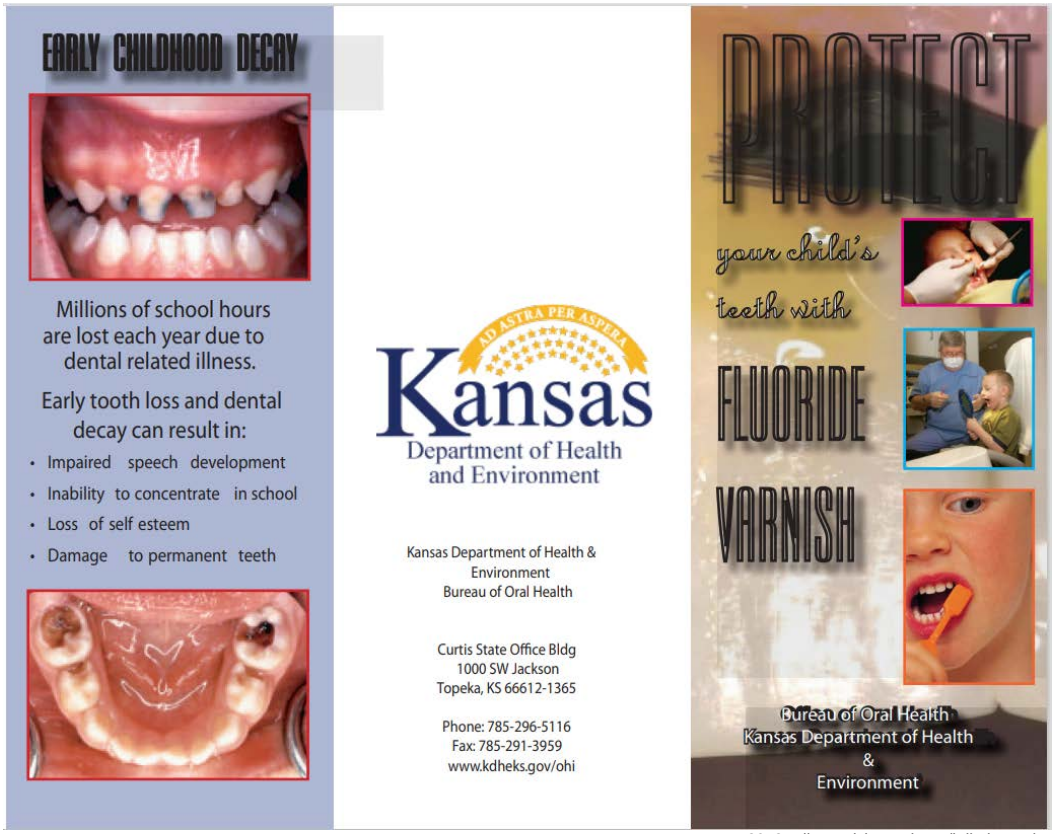
Action Item*	Target Timeline
#1 Identify the formal or informal methods currently utilized by primary care providers (PCP) to educate their patients regarding oral health. Consider a survey to representative sample of PCPs to establish a baseline.	**Year 1**
#2 Establish a group of PCPs who would be willing to participate in development and execution of new programs/operating procedures to incorporate oral health awareness.	**Year 1**
#3 The patient engagement process steps where it would be most effective and efficient to introduce oral health component.	**Year 2**
#4 Document the approach identified and the changes to the operating procedures.	**Year 2**
#5 Develop an effective and short training playbook/video/content to disseminate the process changes to the PCP office staff.	**Year 3**
#6 Publish the new process and kickoff the new oral health awareness program.	**Year 3**
#7 Identify an action plan to review the results of the pilot group of provider offices and to expand the program to rest of the community health clinics in Kansas.	**Year 4/5**
#8 Review the results of pilot program and expand to rest of the target PCPs.	**Year 5**

*** This plan details the high-level action items which will be expanded with additional action items as appropriate during the OHP execution phase. Completion dates may be impacted due to Covid-19 limitations.**

Background

"Family physicians are well positioned to include routine oral health evaluations"

-American Academy of Family Physicians



2012 Edit Varnish Brochure (kdheks.gov)

Poor oral health, considered a silent epidemic by the Surgeon General, has been associated with several systemic diseases including respiratory problems, cardiovascular diseases, adverse pregnancy outcomes, diabetes mellitus, and Alzheimer's (7). However, medical professionals receive varied training on oral health. The American Academy of Family Physicians state, "Family physicians are well positioned to include routine oral health evaluations as part of their well-child, prenatal, and well-adult examinations. Partnering with dental professionals in the context of a patient-centered medical home, as recommended by the American Academy of Family Physicians, can also improve care coordination and health outcomes. (18)"

A state-wide initiative titled Bright Smiles for Kansas Kids educated 139 health care providers in 2009. This collaboration among organizations such as Oral Health Kansas and the American Academy of Pediatrics provided online training about oral health and how to apply fluoride. It also provided toolkits including fluoride varnish applications, infant and child toothbrushes, mirrors, and application supplies. Although funding became an issue for this project, a strong framework had been laid for future medical-dental integration initiatives (20). Nationally, programs exist such as Smiles for Life, healthychildren.org, and Protecting All Children's Teeth (PACT) that are targeted to reducing disparities through medical-dental integration.

Objective 2

CREATE A STATE OROPHARYNGEAL/ ORAL CANCER COMMUNICATIONS PLAN

Objective Definition

By 2024 create a communication plan through an interdisciplinary collaboration among medical specialists and dentists across the state using head and neck oncologists as the pilot specialty

Target Benefit

More frequent guidance and intervention resulting in more patients receiving preventative care

Earlier detection of oral health conditions and diseases

Success Criteria

Completion of the oropharyngeal/oral cancer communications plan

Stakeholders: Medical/Dental Integration

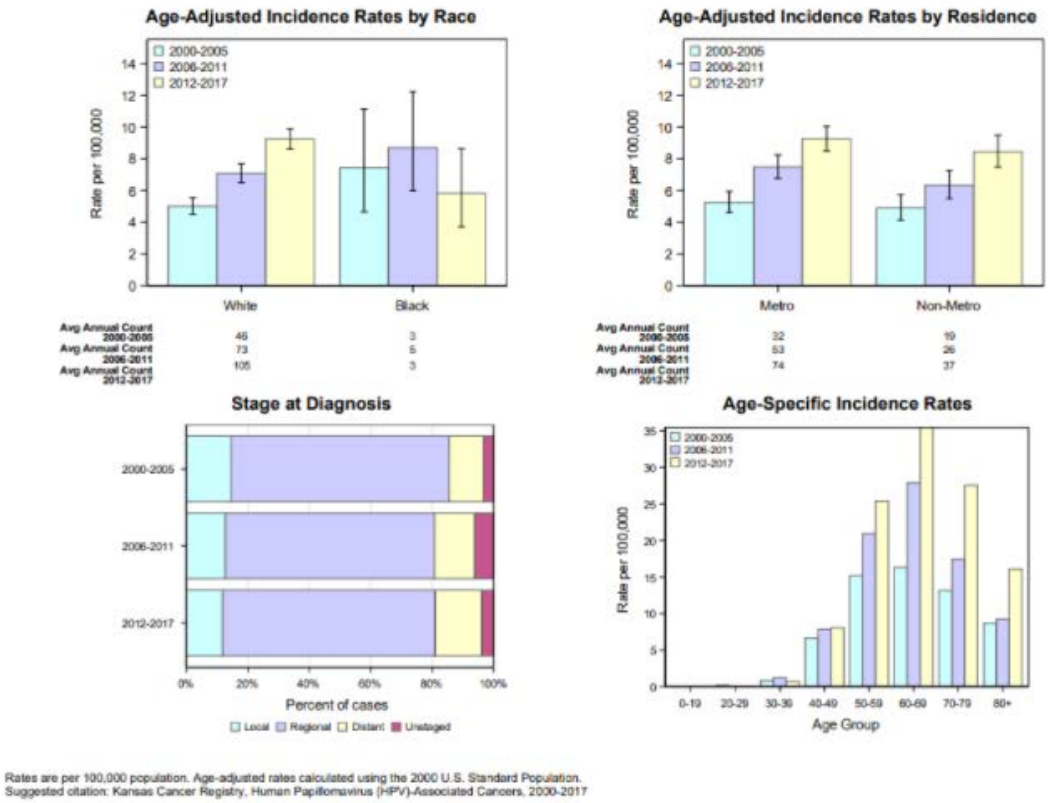
Action Items

Action Item*	Target Timeline
#1 Identify any existing formal collaborations between dental professionals and healthcare professionals to promote oral health awareness and oral health services.	**Year 1**
#2 Identify the collaboration opportunities/needs to improve the oral health of Kansans.	**Year 1**
#3 Partner with head and neck oncologists to develop a communications plan to monitor benefits of early detection.	**Year 2**
#4 Implement the communication plan.	**Year 3**
#5 Evaluate the efficacy of the communication plan components including feasibility, implementation, and sustainability.	**Year 4**

*** This plan details the high-level action items which will be expanded with additional action items as appropriate during the OHP execution phase. Completion dates may be impacted due to Covid-19 limitations.**

Background

Fig. 1 HPV-Associated Oropharyngeal Cancer in Kansas, 2000-2017 (22)



Currently, there are about 54,010 new cases and 10,850 deaths annually from oral or oropharyngeal cancers, and this number is on the rise. A large variable associated with this increase is human papillomavirus (HPV) (8). In fact, about 70% of cancers in the oropharynx are linked to HPV. Therefore, the conversation about oral cancers is no longer just about tobacco and alcohol. It is imperative that medical practitioners educate the public about HPV vaccinations (9). The Masonic Cancer Alliance (MCA), the outreach network of The University of Kansas Cancer Center, has established a program aimed at increasing the number of HPV vaccines provided in Kansas as vaccination numbers are lower than the national average (21).

According to the National Institute of Health, oral cancer rates are significantly higher for males than for females, higher for Hispanic and Black males than for White males, and higher for individuals as they age (10). The Kansas Cancer Registry statistics show this national trend is also applicable at the state level (Image 5,6).

Therefore, it is imperative that oropharyngeal and oral cancer efforts continue to reduce disparities, address HPV prevention, and guide medical-dental collaboration for the earliest detection and treatments possible.

Objective 3

COLLABORATE WITH STATE-WIDE LEADERS TO CREATE POLICY CHANGE TO ENHANCE ORAL HEALTH SERVICES FOR PRENATAL PATIENTS

Objective Definition

Establish and expand partnerships with state-wide organizations/agencies that promote enhancing dental coverage and reimbursements for income-eligible prenatal patients

Target Benefit

More mothers will have a positive impact on children's oral care habits from early stage of life

Next generation of citizens will have overall better oral health

Success Criteria

Increase the number of prenatal patients who receive dental care by 5% as evident by MCO Care Gap analysis reports

Stakeholders: Medical/Dental Integration

Action Items

Action Item*	Target Timeline
#1 Identify state-wide organizations/agencies that can effectively promote policy changes and establish a stakeholder group/committee.	**Year 1**
#2 Establish a baseline of potential prenatal patients that need and/or can take advantage of such change in the policy to utilize dental care benefits.	**Year 2**
#3 Draft a proposal of policy change and review with relevant stakeholders to finalize and formally promote the policy change proposal.	**Year 2**
#4 Develop an education/awareness program to be used among the prenatal patients to increase their awareness of the dental benefits.	**Year 3**
#5 Formally propose and monitor the official policy change.	**Year 4**
#6 Monitor and review the MCO Care Gap Analysis report for the evidence of positive impact of the policy change.	**Year 5**

*** This plan details the high-level action items which will be expanded with additional action items as appropriate during the OHP execution phase. Completion dates may be impacted due to Covid-19 limitations.**

Background

Dental Cleaning During Pregnancy

Table 31. Prevalence of Receiving a Dental Cleaning During Most Recent Pregnancy, as Reported by Kansas Women with a Recent Live Birth

Teeth Cleaned During Most Recent Pregnancy?	Unweighted Frequency	Weighted Frequency	Weighted Percent	95% CI
No	520	16608	50.0	46.0 - 54.1
Yes	482	16587	50.0	45.9 - 54.0

From the question, "During your most recent pregnancy, did you have your teeth cleaned by a dentist or dental hygienist?"
Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2019

Fig. 2 Results From Kansas 2019 PRAMS Report (23)

Between 60 to 75% of pregnant women have periodontal (gum) disease which is further aggravated by the presence of increased hormones during pregnancy (11). Unfortunately, in Kansas, only about 40-45% of expecting mothers have a dental cleaning during pregnancy, an integral step in reducing and preventing periodontal disease. Dental cleanings are not only safe for expecting mothers according to multiple health organizations, but they are also important to the baby's health. Dental cleanings reduce the incidence of periodontal disease which is linked to preterm labor and low birth weights These complications at birth not only result in immediate health problems but have lasting health concerns that follow the baby through the rest of its life. Cleanings also are important for cavity prevention and early detection. Cleanings also prevent cavities as well as allow for early detection of tooth decay. Mothers with cavities are more likely to have children with cavities at an early age (12).

Inequities exist as non-Hispanic Black and Mexican American women, women with low incomes, and women with less than a high school education are less likely to receive dental cleanings just before or during pregnancy, and are less likely to have good oral health (13). Since the largest barrier to care is cost, it is important that prenatal patients not only know how to receive care but that the care be affordable.

Objective 4

CREATE AND DISSEMINATE AN ORAL HEALTH EDUCATION PROGRAM FOR THE STAFF OF REHAB AND SKILLED NURSING COMMUNITIES

Objective Definition

Educate residents and staff of rehab and skilled nursing communities about the connection between oral health care and overall health

Target Benefit

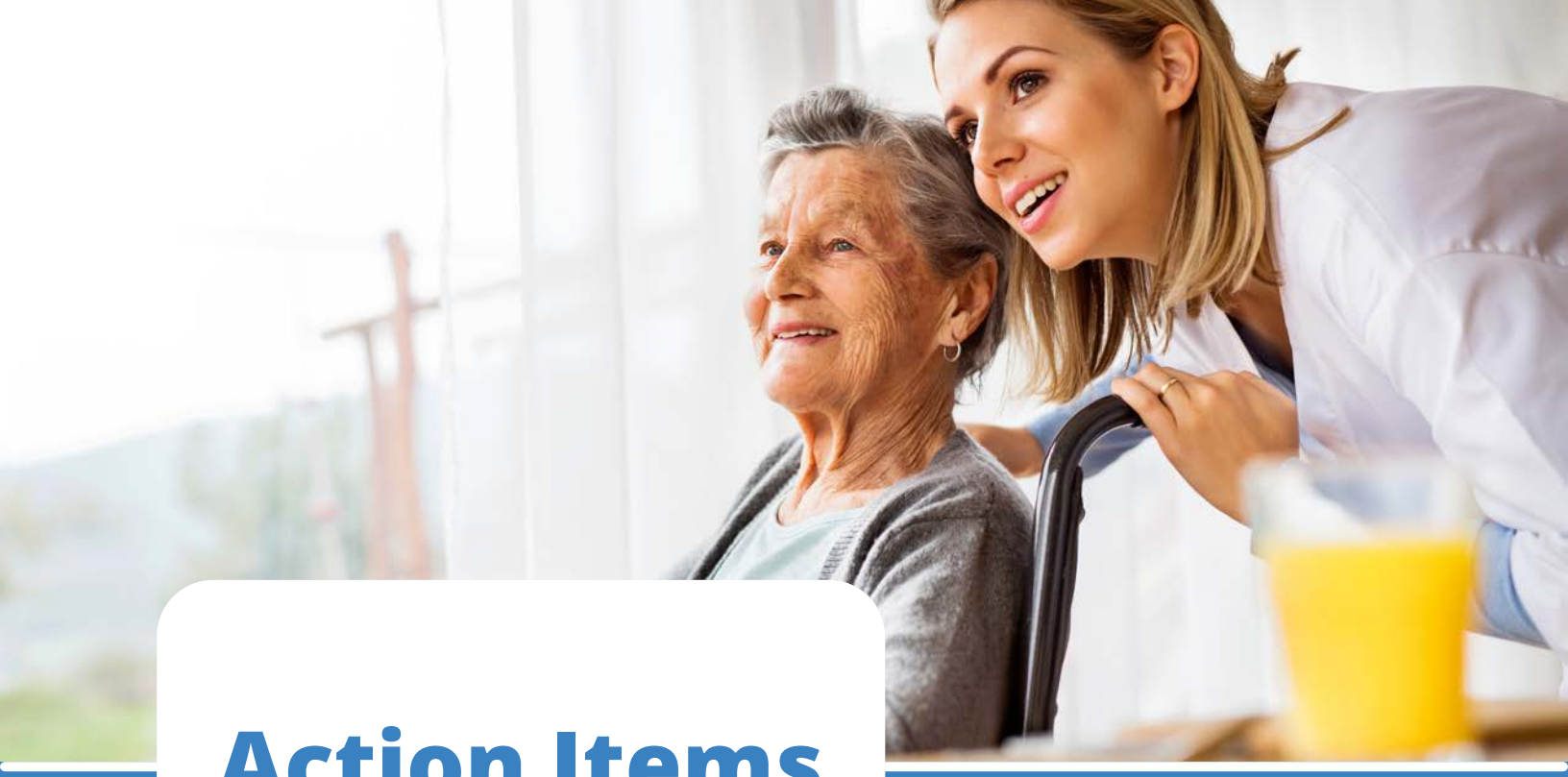
Reduce dental-related health complications in rehabilitation and skilled nursing communities

Increase overall quality of life of residents

Success Criteria

At least 5% of rehab and skilled nursing communities will receive and actively participate in the program as evident by staff training logs and/or residents' chart documentation

Stakeholders: Medical/Dental Integration



Action Items

Action Item*	Target Timeline
#1 Establish a baseline with following details: (a) Number of Rehab & Skilled Nursing Communities (SNC) staff actively executing programs to educate patients about oral health (b) Existing tools and mechanisms that they use to educate patients (c) Existing oral health education material that is suitable for Rehab patients and their families, as-is or with some customization. Reach out to the content owners and identify if it can be leveraged for the current purpose (d) Existing channels (or the most suitable new channels) to make the new material and/or updates to the material available to the Rehab & SNC staff	**Year 1**
#2 Customize existing material or develop new material and tools; complete reviews and finalize it for distribution; identify how often this material need to be updated.	**Year 2/3**
#3 Identify a pilot group of Rehab and SNCs for phase 1 of the program implementation and distribute the material to additional centers (at least 5% of the centers).	**Year 4**
#4 Identify the means to monitor the awareness program and establish sustainability.	**Year 5**

*** This plan details the high-level action items which will be expanded with additional action items as appropriate during the OHP execution phase. Completion dates may be impacted due to Covid-19 limitations.**

Background

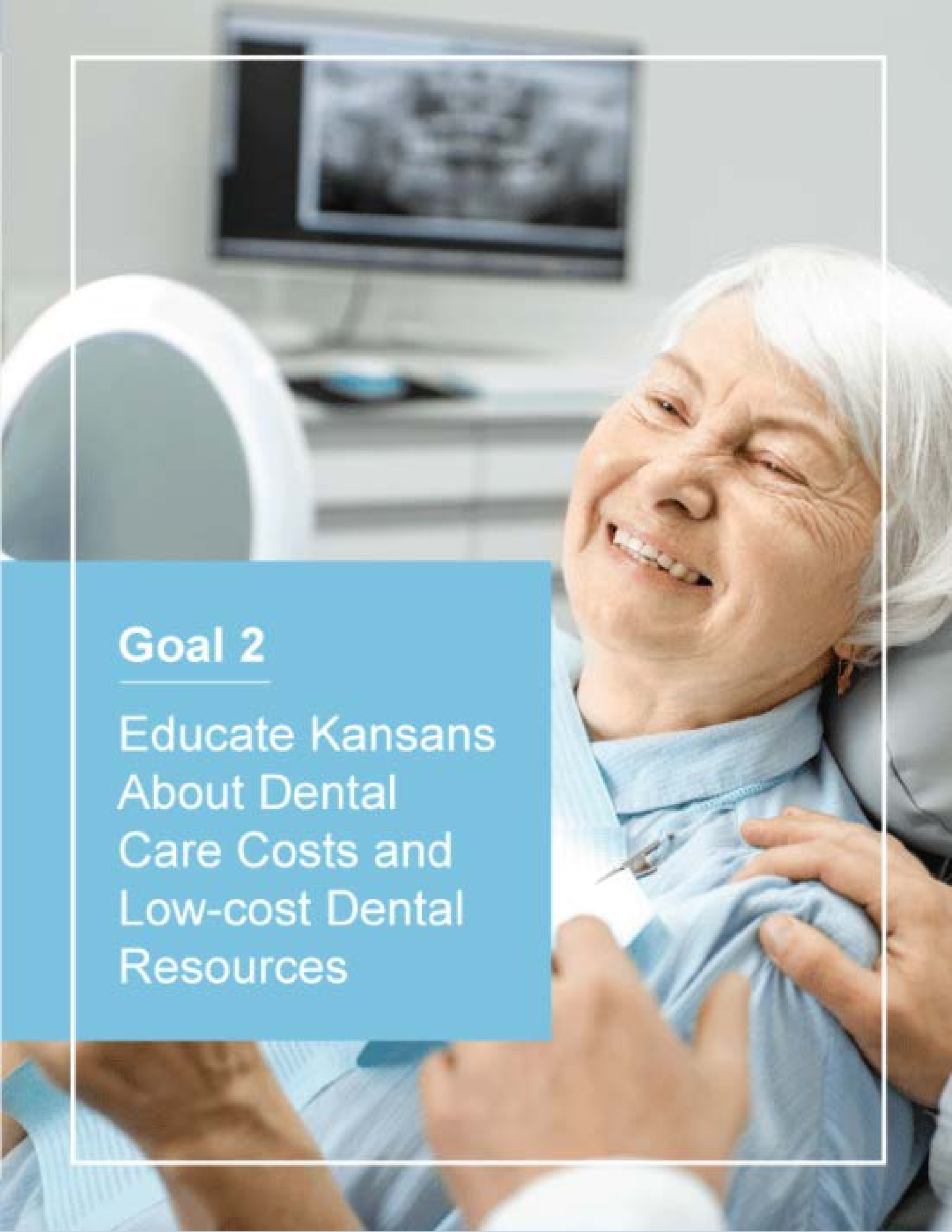
Table 1: Dental Status of Kansas Adults (24)

Oral Health Indicator	Age Group	KS Statistic
% of Adults with Untreated Caries	65-74 years	51.9%
	65+ years	34.0%
% of Adults with Loss/Extraction of a Permanent Tooth	65-74 years	62.0%
% of Adults Who Have Lost All of Their Permanent Teeth	65-74 years	23.9%

Table 2: How often adults limit foods they eat because of tooth/denture problems (24)

Q9	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Most of the time	66	12.92	66	12.92
Some of the time	89	17.42	155	30.33
Seldom	356	69.67	511	100.00

Elderly individuals have significant oral health barriers due to potential transportation issues, oral health complications (dry mouth, head and neck cancer, lower dexterity, etc.), fixed incomes, and a lower likelihood of dental insurance coverage. This results in significant edentulism, lack of adequate oral health prevention, and difficulty with proper nutrition. The state of Kansas has tried to improve access to care for the elderly through programs such as the BLISS Oral Health Training Program that trained caretakers and staff working with the elderly (34). Leading Age Kansas and Kansas Health Care Association currently provide training material for those assisting the elderly. Efforts can be expanded by partnering with skilled nursing communities who serve an extremely vulnerable population due to low income and elderly concerns.



Goal 2

Educate Kansans About Dental Care Costs and Low-cost Dental Resources

Objective 1

SEEK OUT AVAILABLE FUNDING SOURCES TO BE APPLIED TOWARD ORAL HEALTH EQUALITY FOR ALL KANSANS THROUGH ACCESS TO CARE AND EDUCATION INITIATIVES IN THE NEXT 5 YEARS

Objective Definition

Find funding sources to be applied toward oral health equality for all Kansans through access to care and education initiatives in the next 5 years

Target Benefit

Improved oral health equality for all Kansans through equal access to oral healthcare, early detection, and preventive awareness content

Success Criteria

5 new funding sources have been identified and committed to providing financial support for at least 3 years

Stakeholders: Cost of Care

Action Items

Action Item*	Target Timeline
#1 Identify a group of influential stakeholders who can fill leadership roles to secure funding resources.	**Year 1**
#2 Establish a baseline of all available funding sources which identify the low-cost dental services available to Kansans and increase patient awareness of said services.	**Year 2**
#3 Determine the feasibility of repeatable funding sources – such as Grants, endowments, private donors, Crowdsourcing, and Matching-gift programs.	**Year 2**
#4 Build an action plan that includes newly found funding sources, that monitors deliverables and sustainability.	**Year 3/4**
#5 Implement funding action plan.	**Year 5**

*** This plan details the high-level action items which will be expanded with additional action items as appropriate during the OHP execution phase. Completion dates may be impacted due to Covid-19 limitations.**

Background

Cost of oral healthcare has been steadily rising along with overall healthcare costs in the United States. Absence of preventive and early detection practices, lack of patient education, fear of healthcare costs, and ineffective funding are some of the contributing factors to the high dental care costs (5).

Only Sixty-four percent of Kansans reported having dental insurance at the time of the survey, and there were significant gaps in dental insurance coverage based on race and ethnicity (5). As seen on Table 3, by far the largest (68.1%) reason individuals avoid dental care is the cost of care. Several new initiatives, as described in this Oral Health Plan, are required to reduce the gaps, and increase the oral health equality. Lack of funding significantly dampers the progress of such initiatives. Through a collaborative effort involving various healthcare agencies new sustainable funding sources can be identified.

Table 3: Reasons for not going to the dentist (17)

Response	Unweighted Frequency	Weighted Percentage	Standard Error	95% Confidence Limit	
				Lower	Upper
Fear, apprehension, nervousness, pain, dislike going	28	6.2	1.4	3.4	8.9
Could not afford / cost / too expensive	355	68.1	2.5	63.2	73.0
Dentist would not accept my insurance, including Medicaid	25	5.5	1.3	3.0	8.0
Do not have/know a dentist	5	0.7	0.3	0.1	1.4
Lack transportation / too far away	5	0.6	0.3	0.0	1.2
Hours are not convenient	8	1.3	0.5	0.2	2.3
Do not have time	19	3.3	0.8	1.7	4.9
Other ailments prevent dental care	6	0.5	0.2	0.1	0.8
Could not get into dentist/clinic	2	0.3	0.2	0.0	0.8
Outside issues preventing obtaining treatment	11	1.9	0.7	0.6	3.2
Appointment has been or is being scheduled	2	0.6	0.4	0.0	1.4
Dentist refused/unable to provide treatment	3	1.2	0.8	0.0	2.8
No Insurance	44	9.6	1.6	6.5	12.7
Other	3	0.3	0.2	0.0	0.7

Objective 2

INCREASE THE NUMBER OF INDIVIDUALS WITH DENTAL INSURANCE

Objective Definition

Increase the number of individuals enrolled in a dental insurance plan

Target Benefit

Dental care will be accessible and affordable to more individuals

Success Criteria

The number of enrollees into dental insurance plans will increase by 3%

Stakeholders: Cost of Care

Action Items

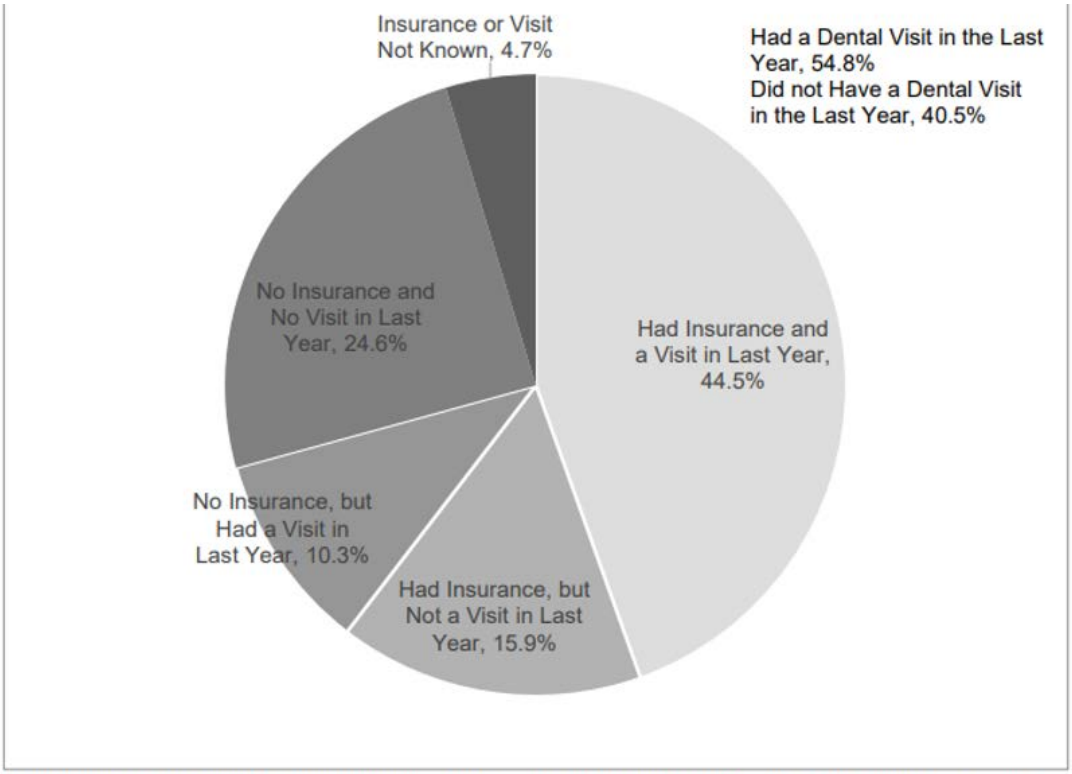
Action Item*	Target Timeline
#1 Identify a baseline as to how many individuals do not enroll into a dental insurance plan and their rationale.	**Year 1**
#2 Identify the effective means for communicating to the target individuals, with the idea that such communication may be sent to wider population.	**Year 2**
#3 Identify existing materials regarding dental insurance plans by collaborating with insurance providers, MCOs, and other agencies.	**Year 3**
#4 Partner with dental insurance companies to promote the dissemination of patient enrollment education.	**Year 4/5**

*** This plan details the high-level action items which will be expanded with additional action items as appropriate during the OHP execution phase. Completion dates may be impacted due to Covid-19 limitations.**

Background

Cost of care is frequently cited as the largest barrier to receiving dental care. Dental insurance is a means of making dental care accessible for more individuals; however, there are still large gaps in dental insurance coverage. These populations are less likely to receive dental care. In 2020 the Kansas Health Institute, with the support of Oral Health Kansas, published a report on dental insurance coverage and unmet dental needs in Kansas called 'Dental Insurance Coverage and Unmet Dental Needs in Kansas. They found that "64 percent of Kansans reported having dental insurance at the time of the survey leaving nearly one million (999,845) Kansans without dental insurance coverage . . . The results find that dental coverage, unmet needs and use of dental services vary widely across age groups (0-18, 19-64 and 65 or older) and that racial and ethnic disparities exist," (5).

Fig. 3 Insurance Coverage and Dental Visits for Nonelderly Adults in Kansas, 2017 (25)



Note: Responded to "Do you have any insurance that pays for dental care?" or "About how long has it been since <YOU_NAME> last saw a dentist or dental hygienist?" Representing 1,754,699 nonelderly adults.

Source: KHI Analysis of 2017 Kansas and Missouri Consumer Health Access Survey.

Objective 3

INFORM ADULTS WHO NEED FINANCIAL ASSISTANCE ABOUT THEIR OPTIONS TO RECEIVE LOW-COST AND AFFORDABLE DENTAL CARE

Objective Definition

Improve the ability for adults who need financial assistance to receive dental care by increasing their knowledge and awareness about affordable dental care services available to them

Target Benefit

More adults needing financial assistance would receive dental care and services

Less emergency oral healthcare needs

Success Criteria

At least a 5% increase in adult dental visits at Community Health Centers and Dental Safety Net clinics

Stakeholders: Cost of Care

Action Items

Action Item*	Target Timeline
#1 Identify sources which provide low-cost dental services to adults who self-identify as needing financial assistance.	**Year 1**
#2 Develop a centralized resource library of oral health awareness and education material along with a quick reference of all the low-cost dental care options.	**Year 2**
#3 Design an effective communication campaign (e.g., web portal hosted by KDHE, digital communication campaign, etc.) to reach target populations.	**Year 3**
#4 Publish a centralized resource to all Kansans with special focus on the target populations.	**Year 4**
#5 Evaluate the efficacy of the centralized resource library.	**Year 5**

*** This plan details the high-level action items which will be expanded with additional action items as appropriate during the OHP execution phase. Completion dates may be impacted due to Covid-19 limitations.**

Background

Adults in Kansas have multiple low-cost options for meeting their dental needs through community health centers, safety net dental clinics, non-profit organizations, and community events. The capacity of these facilities far exceeds their current utilization. One of the main reasons individuals do not seek treatment at many facilities is lack of awareness of these options. By standardizing the stream of communication to Kansans about resources such as the Kansas Mission of Mercy and Dental Lifeline, it is believed more self-identified low-income adults will seek needed treatment.

Fig. 4 Services provided by Donated Dental Services (26)

Kansas Mission *of* Mercy

Making a Difference

Fig. 5 Kansas Mission of Mercy is a large annual dental service event (27)

Objective 4

PARTNER WITH COMMUNITY HEALTH CENTERS TO EXPAND ORAL HEALTH SERVICES AND CLEARLY DEFINE ROLES TO ADDRESS CARE GAPS

Objective Definition

Create a collaborative effort among federal, public health and private sector providers to avoid duplication of dental services or service areas while preventing gaps in care for individuals

Target Benefit

More efficient use of public and private resources

Increased access to care

Success Criteria

Decrease the duplication of dental services or service areas by at least 10% as evident by MCO Care Gaps Data analysis

Stakeholders: Cost of Care

Action Items

Action Item*	Target Timeline
#1 Establish a baseline mapping of service areas to identify gaps in dental care.	**Year 1**
#2 Partner with community health centers to host a workshop for federal, public health and private sector practitioners to design a plan addressing identified care gaps.	**Year 2/3**
#3 Implement the plan to reduce care gaps.	**Year 4**
#4 Establish periodic assessments of service areas, with a focus on care gaps, to measure progress and redistribute as needed.	**Year 5**

*** This plan details the high-level action items which will be expanded with additional action items as appropriate during the OHP execution phase. Completion dates may be impacted due to Covid-19 limitations.**

Background

Dental services are available to Kansans through primarily three types of service providers namely, non-profit dental clinics, federal dental clinics, and private practices. While all providers have the common goal of providing quality patient care, focus areas for each organization vary based on their strategic goals and tactical initiatives. This results in dental inequality among certain patient populations and services areas. To achieve an efficient coverage of all populations and their dental needs, a deliberate and collaborative approach is needed among the federal, non-profit, and private organizations.

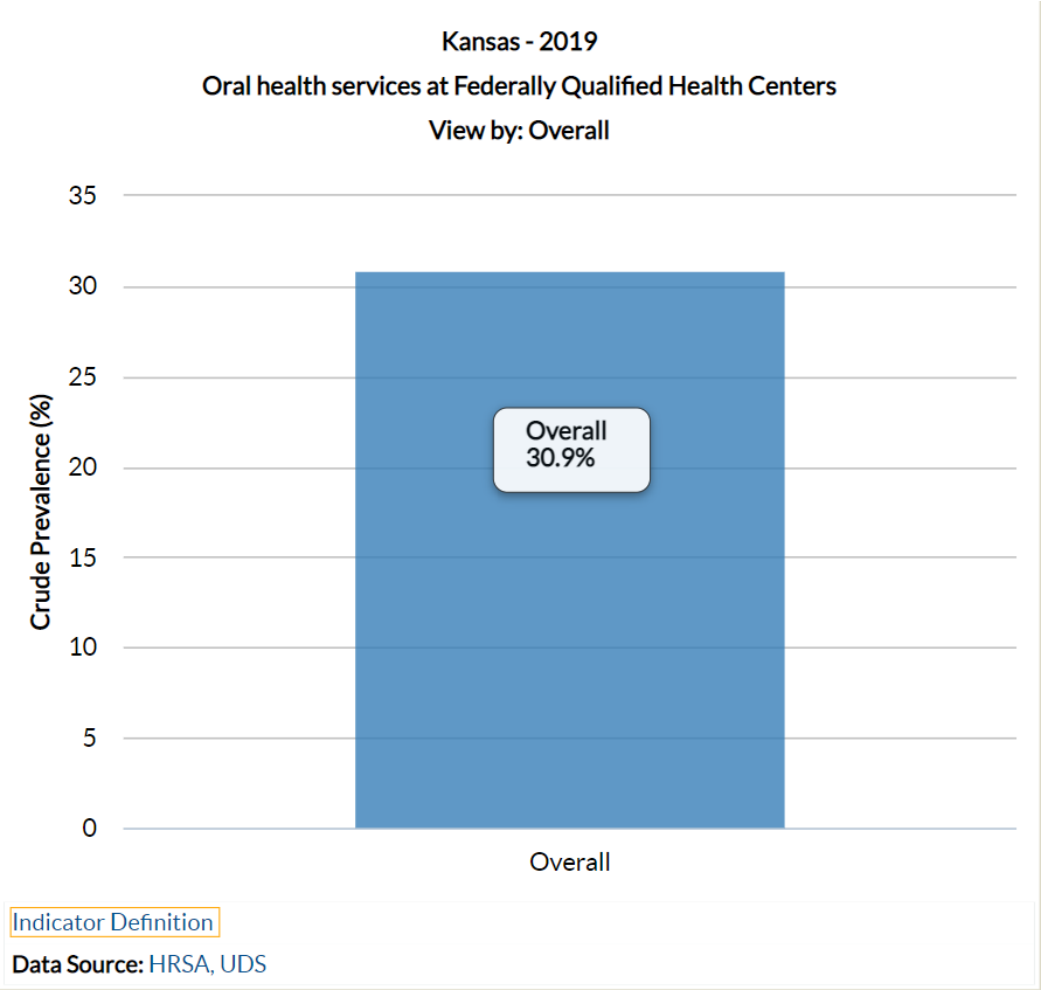
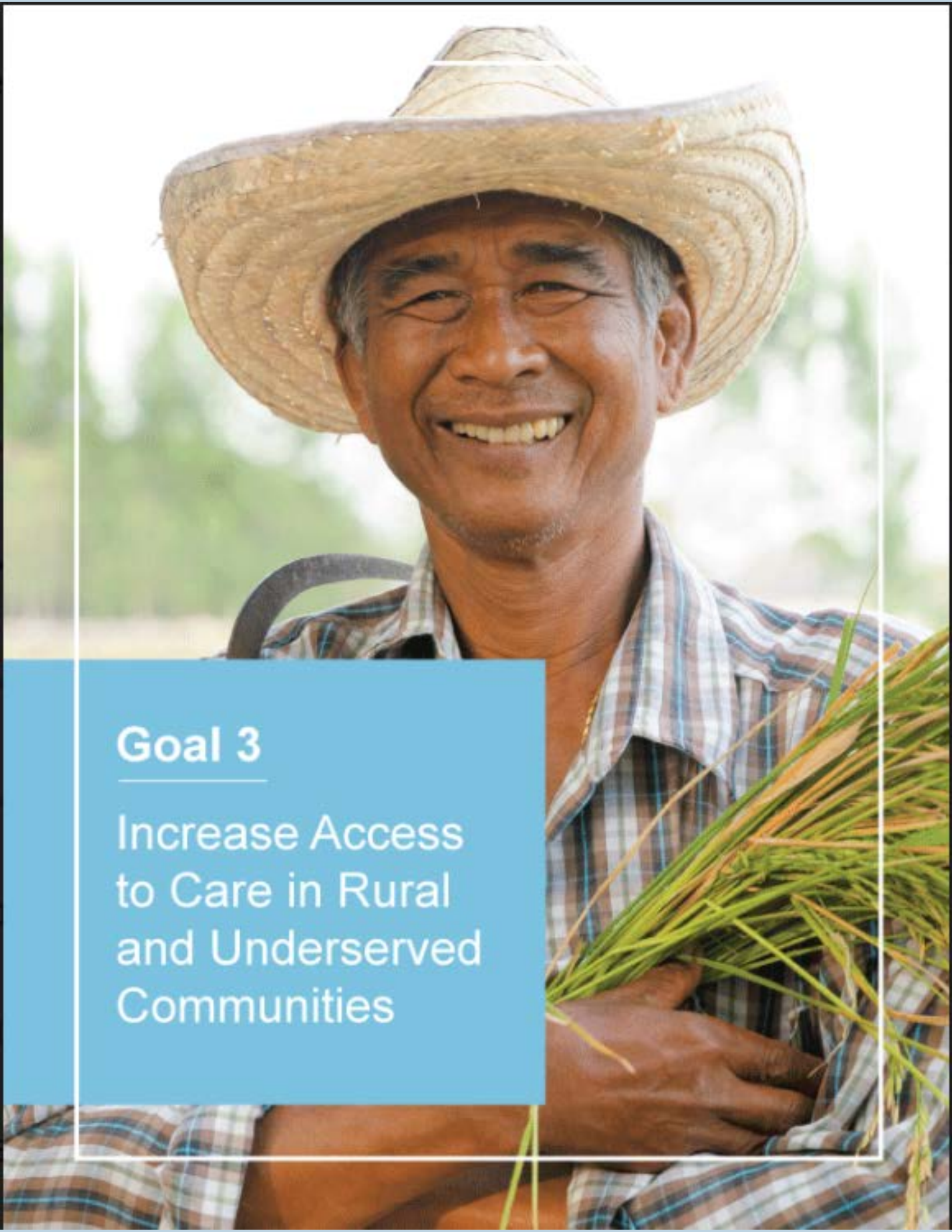


Fig. 6 In 2019, only 30.9% of all FQHC patients received a dental service (21)



Goal 3

Increase Access to Care in Rural and Underserved Communities

Objective 1

COLLABORATE WITH FAITH-BASED ORGANIZATIONS TO INCREASE ORAL HEALTH AWARENESS AND EDUCATION IN THEIR COMMUNITIES

Objective Definition

Create a faith-based community model for coordinating community oral health events

Target Benefit

Efficient and focused reach of underserved populations in need of oral care

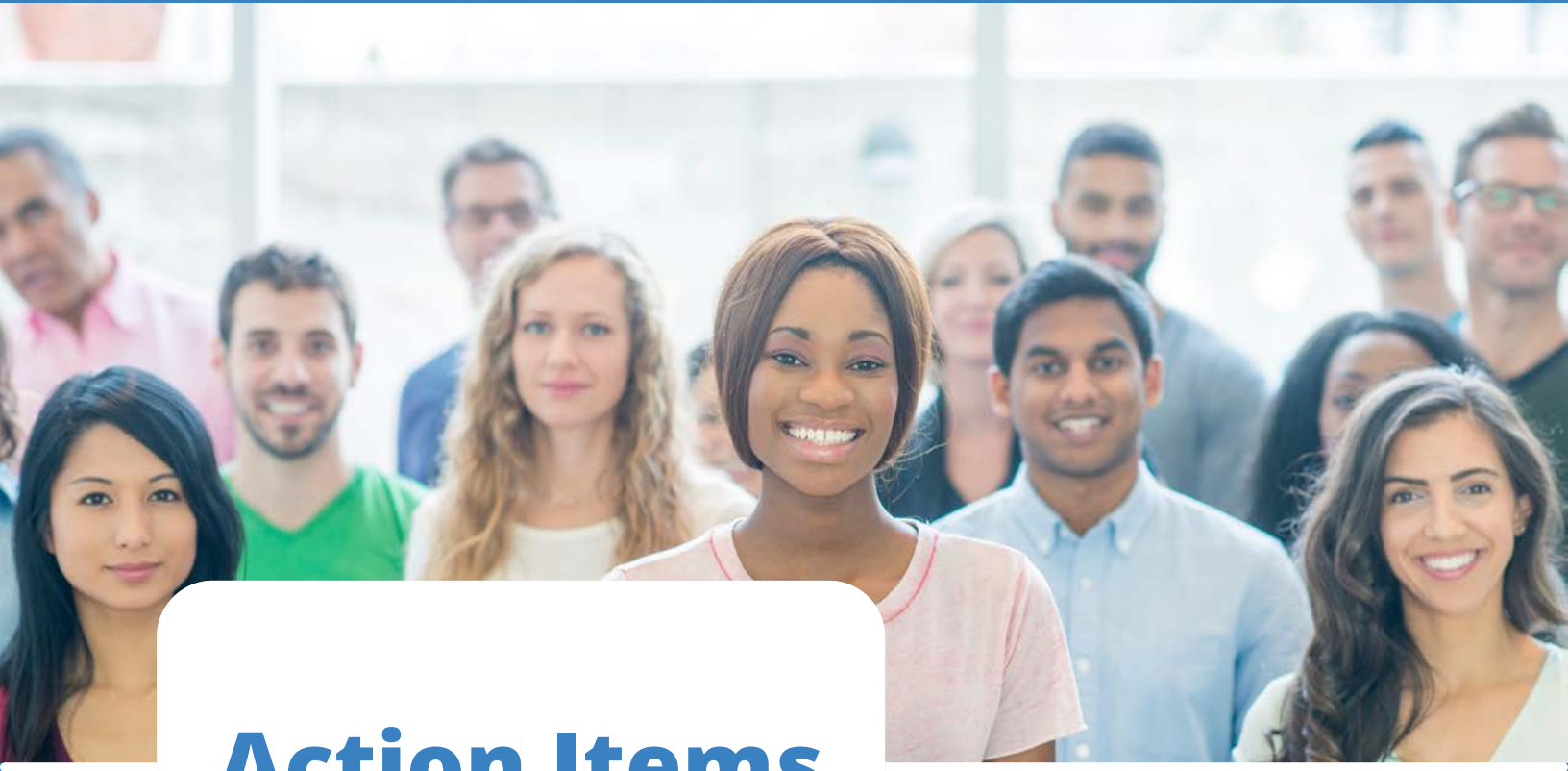
Rapid expansion of such model to other communities in Kansas

Success Criteria

A faith-based community model has been created

The new model is implemented in at least 10 counties in Kansas over the next 5 years

Stakeholders: Access To Care



Action Items

Action Item*	Target Timeline
#1 Identify faith-based community organization stakeholders.	**Year 1**
#2 Review the community health events currently organized by faith-based communities and evaluate their suitability to include oral health awareness and/or services.	**Year 1**
#3 Design an oral health service program that can be incorporated within existing or potential new community events.	**Year 2**
#4 Implement a pilot of the program and establish alignment for execution.	**Year 3**
#5 Expand the oral health program to the ten targeted counties.	**Year 4/5**

*** This plan details the high-level action items which will be expanded with additional action items as appropriate during the OHP execution phase. Completion dates may be impacted due to Covid-19 limitations.**

Background

It is not a new concept for public health initiatives to partner with faith-based organizations. In the 1980's, former CDC director Dr. William Foege focused on "closing the gap" on health disparities by bringing faith-based organizations into the conversation (14). Approximately 87% of Americans claim a religious affiliation. This makes reaching individuals through faith-based programs a valuable means of connection. These organizations are viewed as trustworthy and culturally appropriate. They are believed to understand the needs of their faith-based communities and serve at the local level, even to isolated communities (19).

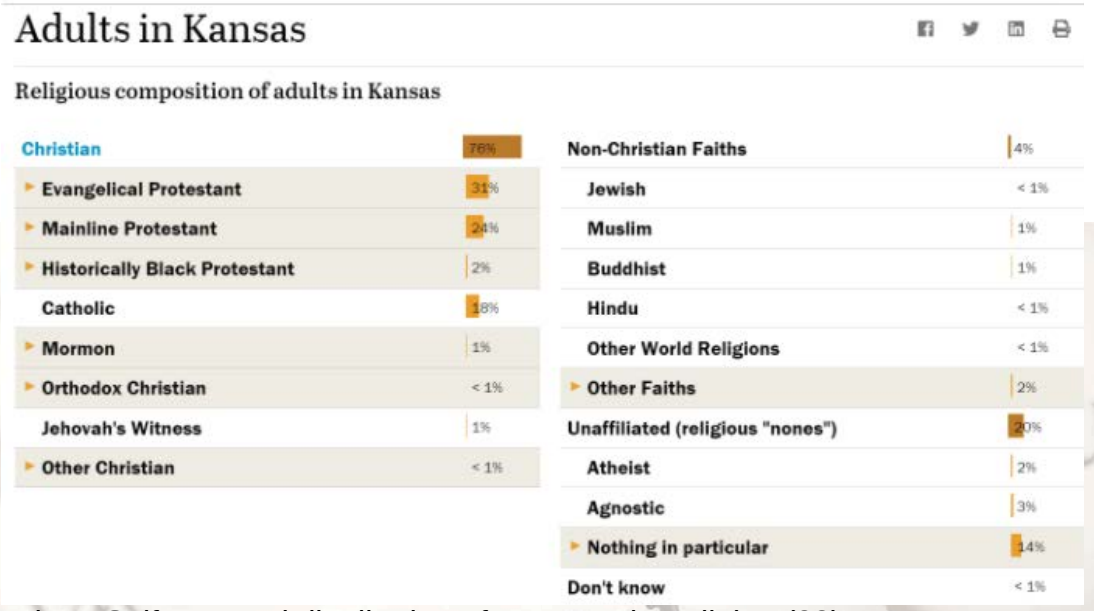


Fig. 7 Self-reported distribution of Kansans by religion (28)

Objective 2

CREATE A SUSTAINABLE ORAL HEALTH STATE 5-YEAR SURVILLANCE PLAN TO COLLECT EPIDEMIOLOGICAL DATA TO PROMOTE EVIDENCE-BASED ORAL HEALTH CARE STRATEGY

Objective Definition

Create a reusable and repeatable surveillance plan outlining the epidemiological data collection for parameters recommended by CDC and establish funding options for data gathering and strategic planning at regular intervals

Target Benefit

Collection of data that would enable evidence-based decisions to be made regarding oral health programs and projects in Kansas

Success Criteria

The implementation of a comprehensive surveillance plan

Stakeholders: Access To Care

Action Items

Action Item*	Target Timeline
#1 Research existing data collection methods and identify those that can be incorporated into the new surveillance plan.	**Year 1**
#2. Identify and finalize the parameters for which epidemiological data needs to be collected.	**Year 1**
#3 Develop a template for the surveillance plan and confirm alignment with CDC and state-specific guidelines.	**Year 2**
#4 Complete the surveillance plan development, reviews, and publication.	**Year 3/4**
#5 Evaluate the plan for sustainability including frequency of data collection and funding options.	**Year 5**

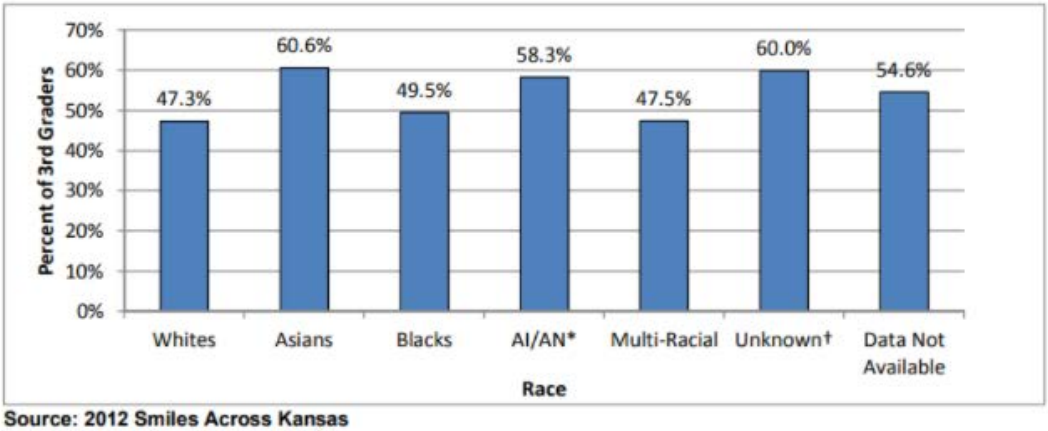
*** This plan details the high-level action items which will be expanded with additional action items as appropriate during the OHP execution phase. Completion dates may be impacted due to Covid-19 limitations.**

Background

The first Kansas oral health surveillance plan for children was completed in 2004. This provided a baseline to quantitatively see the impact of state-wide initiatives on oral health. Since then, only one other surveillance plan for children was completed in 2012, entitled Smiles Across Kansas 2012. To make evidence-based decisions, data is needed to observe the impact of nearly a decade of work and make adjustments or continue programs accordingly (29).

The first surveillance program for seniors, Elder Smiles 2012, was also completed in 2012. This document provides the baseline for the state of oral health across this vulnerable population. This population also needs an updated surveillance plan to compare trends and evaluate any changes needed for this population.
It is recommended by the CDC that a sustainable state-wide surveillance plan be implemented for 10 core criteria as well as at least one state-specific criteria.

Fig. 8 Percent of Kansas 3rd Graders with Dental Caries Experience by Race (29)



Source: 2012 Smiles Across Kansas
* - American Indian / Alaskan Native
† - Sample considered unreliable, numerator less than 20

Objective 3

CREATE AND IMPLEMENT A DENTAL WORKFORCE DEVELOPMENT PLAN TO IMPROVE GAP MEASURES IN ACCESS TO DENTAL CARE AND IDENTIFY ORAL HEALTH SERVICE DESERTS

Objective Definition

Create a workforce plan to leverage existing dental care providers efficiently and build new dental workforce to address the gaps in access to dental care throughout Kansas

Target Benefit

Gather and produce data to methodically identify and target gaps in access to dental care

Improve affordable and equitable access to dental care to Kansans

Success Criteria

Complete and implement a Kansas dental workforce development plan and complete an assessment at least every five years

Stakeholders: Access To Care

Action Items

Action Item*	Target Timeline
#1 Review previously completed workforce assessment reports to identify workforce gaps, with a focus on the type of workforce and location.	**Year 1**
#2 Identify collaborations and existing means that can be leveraged in the development of appropriate workforce throughout Kansas.	**Year 2**
#3 Identify any additional funding needs for the workforce development.	**Year 2**
#4 Complete the plan development by including recommended approaches for workforce development and assessment.	**Year 3**
#5 Publish and initiate implementation of the plan.	**Year 4**
#6 Establish procedures for executing a dental workforce assessment every 5 years.	**Year 5**

*** This plan details the high-level action items which will be expanded with additional action items as appropriate during the OHP execution phase. Completion dates may be impacted due to Covid-19 limitations.**

Background

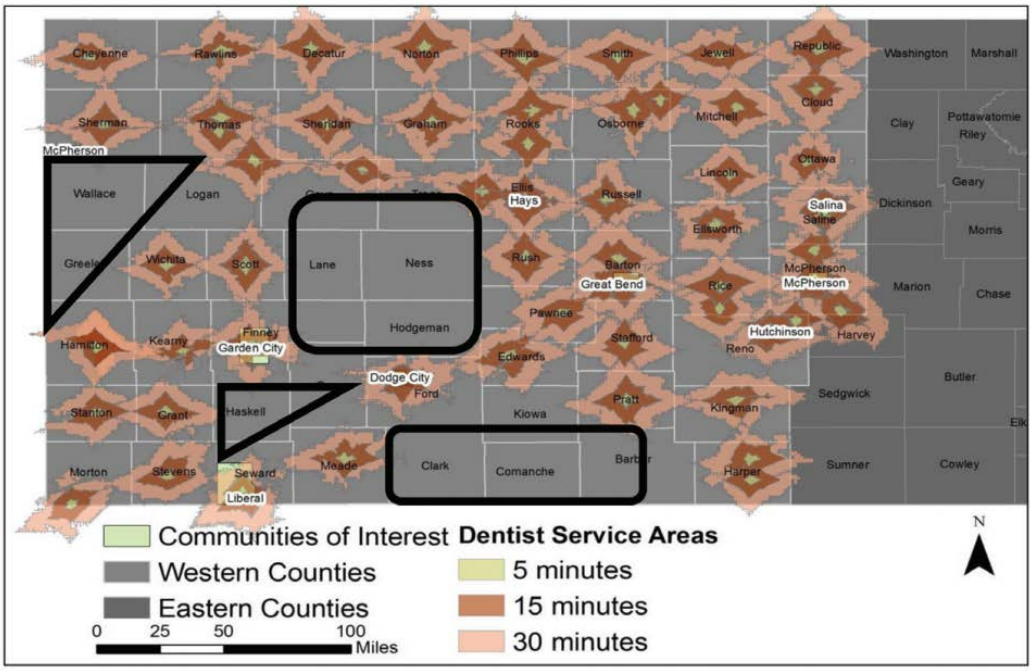
Kansas workforce assessments were performed as recently as September 2011. These assessments have repeatedly demonstrated there is an inadequate distribution of providers in the state for multiple reasons. According to the 2011 assessment, they are:

1) *Fewer people living in rural communities*
2) *Limited access to all types of health care services*
3) *An aging dentist workforce*
4) *The high costs necessary to run and maintain a viable dental practice (3)*

This 2011 workforce assessment concluded five key findings:

1) *Access to primary care dentists is not equal for all Kansans.*
2) *Extended Care Permit dental hygienists have not fully filled in the geographic gaps where primary care dentistry is unavailable.*
3) *Areas of western Kansas will join the Dental Care Service Desert in the next three years because of retirement of many primary care dentists.*
4) *The addition of strategically placed dental providers could make a difference in access to oral health care in western Kansas (See Figure 1 below).*
5) *Dental care workforce innovations or pilot interventions could be tested in Dental Care Service Deserts (3).*

Fig 9 Distribution of Dental Professional Service Coverage (3)



Objective 4

ADVOCATE FOR DENTAL LIAISONS/ DENTAL CARE COORDINATORS IN COMMUNITY HEALTH CLINICS TO MAXIMIZE ORAL HEALTH PREVENTION AND EDUCATION DURING ALL PATIENT INTERACTIONS

Objective Definition

Provide education and oral health services for patients in community health care clinics regardless if they are appointed for an oral health matter or not

Target Benefit

Increased preventive oral health services awareness

Increased number of routine dental appointments

Success Criteria

Placement of at least one dental liaison/care coordinator in 10% of community health clinics

Stakeholders: Access To Care

Action Items

Action Item*	Target Timeline
#1 Research and identify • a list of Community Health Clinics (CHCs) which currently leverage some form of a dental care coordinator or dental liaison to promote oral health. • existing methods and frequency used by community health clinics to educate patients regarding preventative oral health.	**Year 1**
#2 Establish a group of community health clinics who would be willing to participate in the development and execution of new programs/operating procedures and incorporate a position of dental liaison/care coordinator to promote oral health awareness.	**Year 1**
#3 Identify and formalize the responsibilities for a dental liaison/care coordinator and identify appropriate steps within the patient engagement process where it would be most effective and efficient to introduce an oral health component.	**Year 2**
#4 Document the impact and the changes to the CHC's operating procedures required to incorporate a dental liaison/care coordinator and new oral health awareness program.	**Year 2**
#5 Develop communication templates that CHCs can leverage to effectively disseminate the information to their staff and potentially patients, regarding the introduction of dental liaison/care coordinator and any changes to the operating procedures with the CHCs to promote oral health awareness and services.	**Year 3**
#6 Publish the new process and implement a pilot of the new oral health awareness program with CHCs.	**Year 3/4**
#7 Review the results of pilot program and expand to rest of the CHCs in Kansas.	**Year 4/5**

*** This plan details the high-level action items which will be expanded with additional action items as appropriate during the OHP execution phase. Completion dates may be impacted due to Covid-19 limitations.**

Background

The Kansas Safety Net comprises Federally Qualified Health Centers, stand-alone dental clinics, rural health clinics, public and private non-profit primary care clinics, free clinics, and some local health departments. In 2015, there were 44 independently operated safety net clinics with a total of 88 locations across the state that saw 275,634 unduplicated patients during 776,654 visits. Only 32% of those patients were seen by clinics that offer dental services (15), and only a portion of these individuals received dental services. The high number of patient visits presents a unique opportunity to educate individuals regarding the significance of oral health and prevention, without needing a separate visit. Leveraging a dental liaison/care coordinator has the potential to increase education and the number of individuals who receive dental services, without adding additional burdens on the healthcare team.

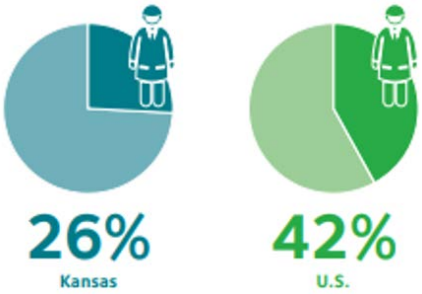
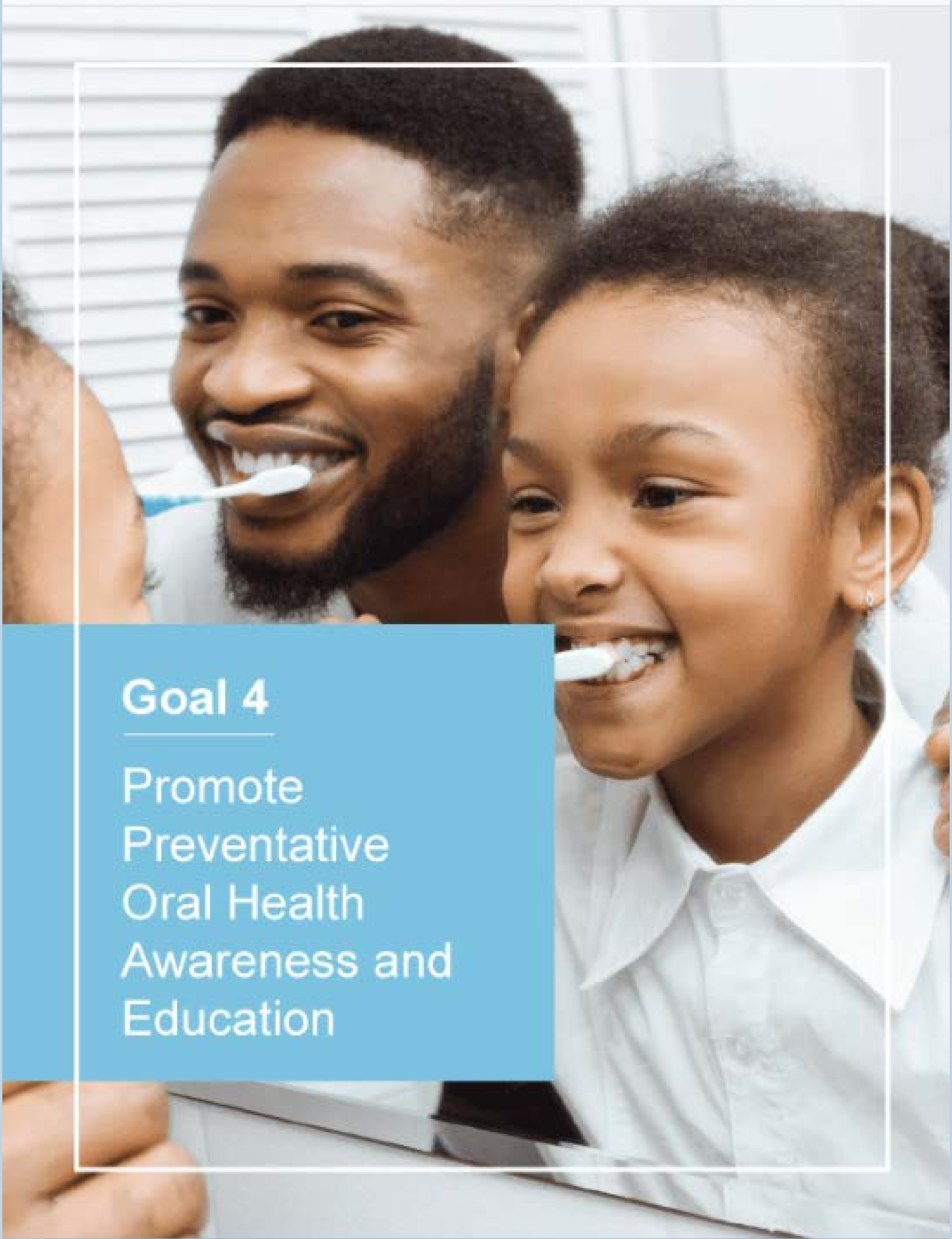


Fig. 10 Percentage of Medicaid Participants Providing Pediatric Services in 2014 (31)

During the past 12 months, was there any time when you needed dental care but did not get it?

Response	Unweighted Frequency	Weighted Percentage	Standard Error	95% Confidence Limit	
				Lower	Upper
Yes	520	12.8	0.6	11.5	14.0
No	4295	87.2	0.6	86.0	88.5

Table 4 Kansas Statistics for 2018 (2)



Goal 4

Promote Preventative Oral Health Awareness and Education

Objective 1

PROMOTE ORAL HEALTH AWARENESS IN THE SCHOOL COMMUNITY BY PROVIDING ADDITIONAL TRAINING AND TOOLS TO THE SCHOOL NURSES

Objective Definition

Develop a self-paced training material and tools that school nurses can leverage to increase oral health awareness among students and their families

Target Benefit

More attention to preventive oral care in schools

Increased adoption of better hygiene practices by youth

Success Criteria

The training material and tools are presented and made available to all Kansas school nurses

Stakeholders: Education

Action Items

Action Item*	Target Timeline
#1 Establish a baseline with following details: (e) Number of school nurses actively executing programs to educate students and parents about oral health (f) Existing tools and mechanisms that school nurses use to educate students and parents (g) Existing oral health education material that is suitable for students and families, as-is or with some customization. Reach out to the content owners and identify if it can be leveraged for the current purpose (h) Existing channels (or the most suitable new channels) to make the new material and/or updates to the material available to the school nurses	**Year 1/2**
#2 Customize existing material or develop new content for training school nurses.	**Year 3**
#3 Distribute the material to all Kansas school nurses.	**Year 4**
#4 Identify the need and means to monitor the awareness program and content.	**Year 5**

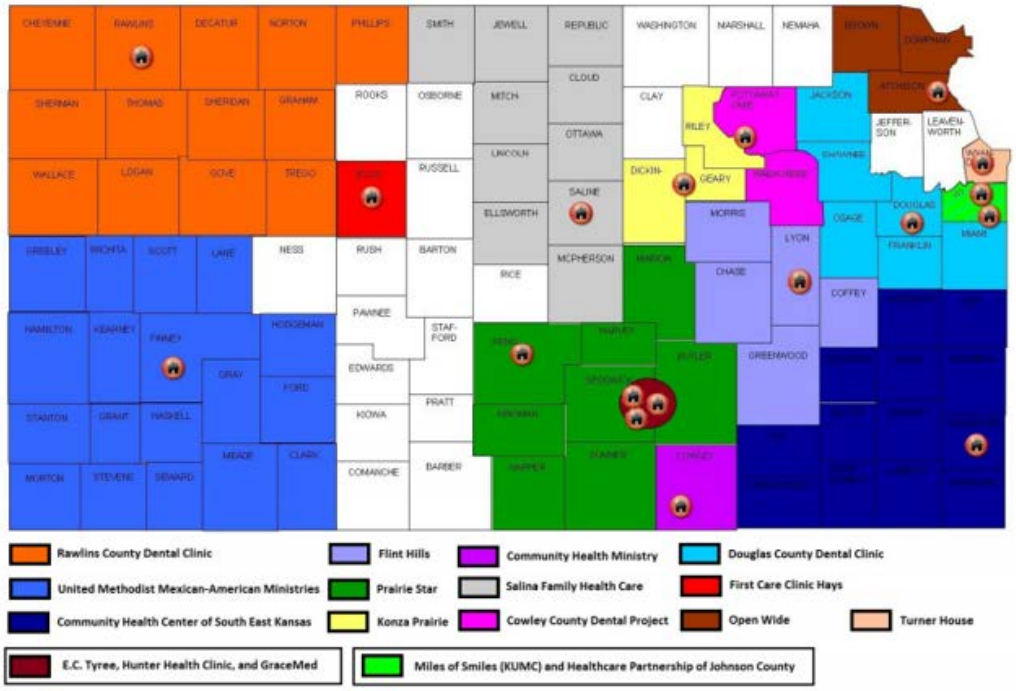
*** This plan details the high-level action items which will be expanded with additional action items as appropriate during the OHP execution phase. Completion dates may be impacted due to Covid-19 limitations.**

Background

Schools have been a focal point in educating children about oral health. Efforts from the University of Missouri-Kansas City Public Health Department and Oral Health Kansas include providing materials and sending dental professionals across the state to assist school nurses in providing oral health education. Dentists and local community clinics also volunteer their time to educate in the school setting. Schools are also a focal point for oral health prevention. Data from 2013 shows school sealant programs in multiple counties across the state (Fig. 11). By partnering with all school nurses, the state can expand these efforts for consistent education to all students to decrease the effects of poor oral health (social, mental, physical and educational).

Photo courtesy of Oral Health Kansas, Inc.

Fig. 11 School Sealant Program Sites in Kansas, 2012-13 School Year (30)



Objective 2

CREATE A COMMUNICATIONS PLAN THAT INCLUDES THE EVALUATION OF GAP MEASURES IN ORAL HEALTH KNOWLEDGE AND DESIGNS A PROGRAM TO INFORM KANSANS ABOUT THE IMPORTANCE OF ORAL HEALTH

Objective Definition

Design a plan based on the social determinants of health to communicate and educate Kansans of all ages, gender, geographical and economical status, through a communications campaign across Kansas

Target Benefit

Increased public awareness of oral health prevention methods and benefits

Success Criteria

Creation of a comprehensive oral health communications plan

Stakeholders: Education

Action Items

Action Item*	Target Timeline
#1 Create a baseline with the following data points: a. Existing methods used to educate Kansans regarding oral health b. Gather the information to understand if any specific Kansas population requires additional awareness programs than the rest c. Identify existing public-private collaborations d. Identify the current levels oral health awareness and the content needs for new awareness program	**Year 1/2**
#2 Identify multiple channels that can be leveraged to effectively deliver the awareness content to intended Kansans (such as traditional media, social networking, web portals, etc).	**Year 2**
#3 Build a communication plan focusing on the content needs identified in the baseline.	**Year 3**
#4 Publish and initiate implementation of the plan.	**Year 4**
#5 Evaluate the communication plan for sustainability and potential revisions.	**Year 5**

*** This plan details the high-level action items which will be expanded with additional action items as appropriate during the OHP execution phase. Completion dates may be impacted due to Covid-19 limitations.**

Background

Individuals cannot obtain systemic health without good oral health. Oral health is not only about healthy teeth and gums, but also proper development of the mouth, lack of oral cancer and the absence of oral pain. Unfortunately, in Kansas, there is a severe lack of knowledge about oral health, especially in low-income adults. A communications plan allows for efficient dissemination of this knowledge, which would result in an increased well-being of Kansans (31).

The preferable means of communication is changing rapidly due to advancements in technology and increasing comfort levels with its usage. A means of communication that would be preferable five years ago may no longer be relevant today. Therefore, it is important to consider both the message to reach individuals, especially those in the ADA low-income category, and the media in which the message is delivered.

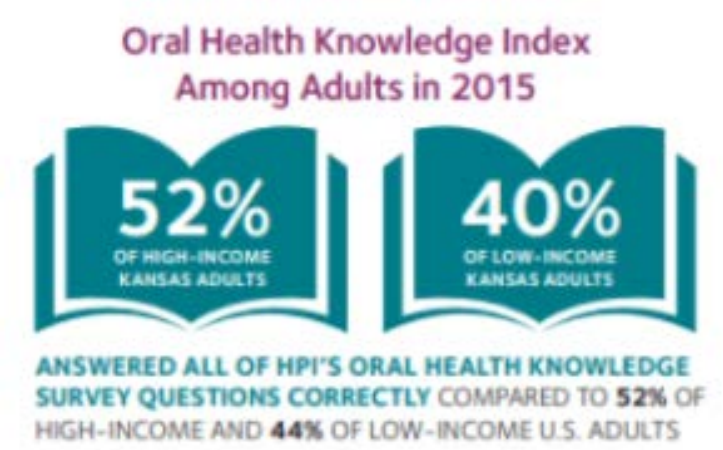


Fig. 12 Oral Health Knowledge in Kansas in 2015 (31)

Objective 3

COLLABORATE WITH MEDICAID MANAGED CARE ORGANIZATIONS TO INCREASE AWARENESS OF DENTAL BENEFITS AND USAGE TO RECIPIENTS

Objective Definition

Collaborate with MCOs to develop a consistent and sustainable system to inform all individuals covered by Medicaid of their dental coverage benefits and their usage

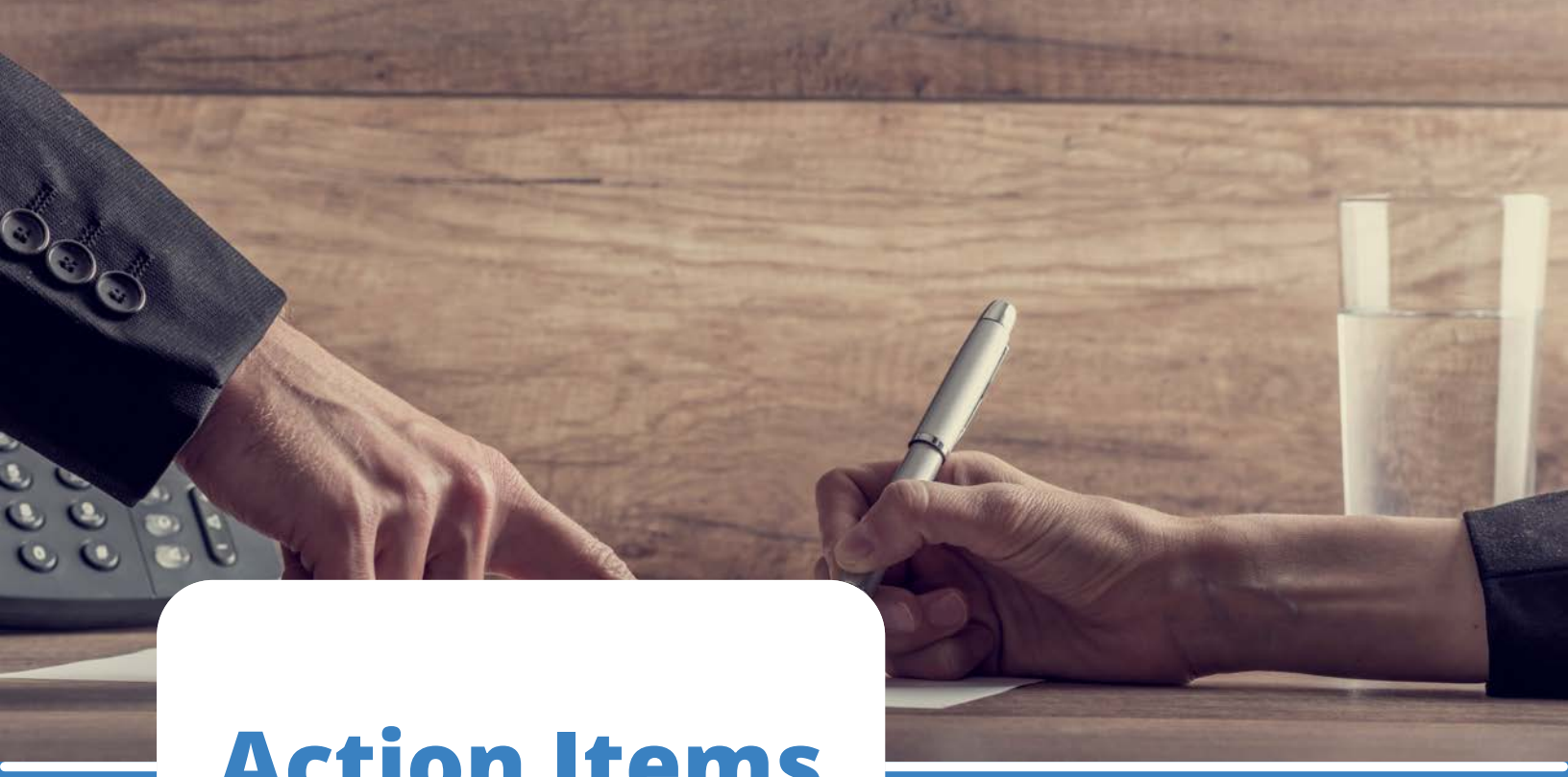
Target Benefit

More individuals with Medicaid use their dental benefits

Success Criteria

MCOs provide at least 10% of Medicaid enrollees with key benefit information, a screening, care coordination and referral

Stakeholders: Education



Action Items

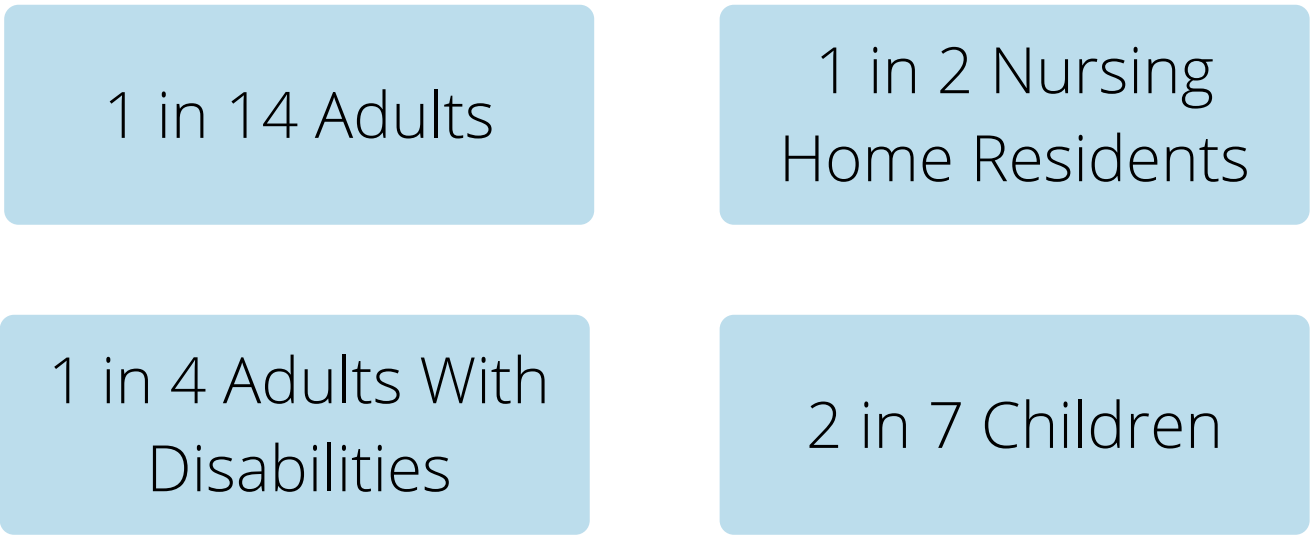
Action Item*	Target Timeline
#1 Work with MCOs to understand and document the current practices they use to educate Medicaid recipients of their dental benefits.	**Year 1**
#2. Identify appropriate methods to incorporate dental benefits awareness efforts, including potential oral screening, dental care coordination, and referral, into MCOs standard operating procedures.	**Year 2**
#3 Design an implementation plan.	**Year 3/4**
#4. Collaborate with MCOs to execute the plan.	**Year 5**

*** This plan details the high-level action items which will be expanded with additional action items as appropriate during the OHP execution phase. Completion dates may be impacted due to Covid-19 limitations.**

Background

Kansas Medicaid is managed through KanCare with services provided by three managed care organizations. KanCare covers a large portion of the Kansas population (see Figure 4). Dental services are covered for children under 18, but Medicaid coverage in Kansas is extremely limited for adults. The three managed care organizations only provide a preventative benefit option for adults as a value-added service, and annually only 2% of the adults enrolled in Medicaid use the preventive benefit," (16).

Figure 4 2019 KanCare Coverage



https://www.alookatthenumbers.com/ks/

Although MCOs provide information to individuals covered by Medicaid, this information is not necessarily consistent to all recipients. Therefore, oversite is needed to ensure all enrollees receive pertinent information.

Objective 4

CREATE A COMMUNICATIONS PLAN TO EDUCATE THE COMMUNITY ABOUT THE SIGNIFICANCE OF FLUORIDATION IN WATER

Objective Definition

Develop a communications plan with the goal of increasing awareness of community fluoridation

Target Benefit

Increase the number of individuals who understand the importance of fluoride in their community's water system

Success Criteria

Complete a communications plan regarding community fluoridation awareness

Stakeholders: Education

Action Items

Action Item*	Target Timeline
#1 Identify the areas of Kansas without fluoridated community water.	**Year 1**
#2 Partner with stakeholder organizations working to promote fluoridation to customize existing material or develop new content for educating communities.	**Year 2**
#3 Publish and initiate implementation of the plan.	**Year 3/4**
#4 Evaluate the communication plan for sustainability and potential revisions.	**Year 5**

*** This plan details the high-level action items which will be expanded with additional action items as appropriate during the OHP execution phase. Completion dates may be impacted due to Covid-19 limitations.**

Background

Community water fluoridation, considered one of the most successful public health initiatives of all time, is shown to prevent approximately 25% of dental decay. Several Kansas organizations have collaborated to educate the public about the benefits of optimal fluoridated water. The majority of Kansans support community water fluoridation. However, Wichita, the state's largest city, has voted against it in 1964, 1978 and 2012. This disheartened many individuals fighting to improve dental care, especially for the 70% of children from Wichita who had dental decay before third grade. Those working to improve oral health were further discouraged by an Anti-Fluoride, House Bill 2372. However, the vote to table this bill in 2014 allowed the discussion about community water fluoridation to continue across the state. In 2014, 63.5 % of Kansans had access to optimally fluoridated water, this resulted in Kansas ranking 35th in the country for individuals with optimally fluoridated water (35). A united effort toward providing more communities with fluoride continues in the state with support from:

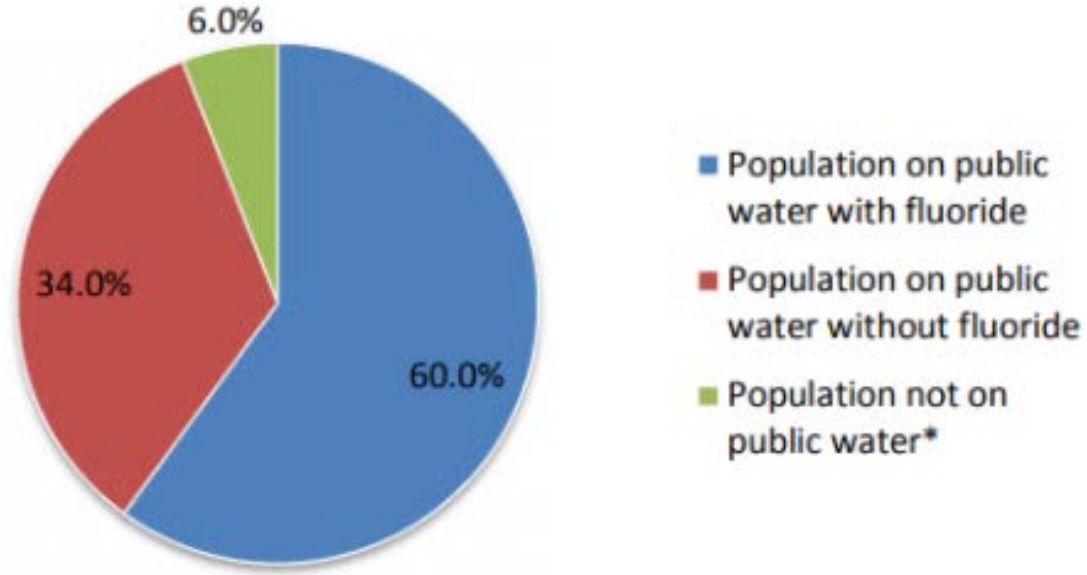


Fig. 13 Percentage of Kansas with Fluoridated Community Water (30)

Quick Links

Oral Conditions - Healthy People 2030 | health.gov

20168 Smiles Across Kansas 2012 DP.pdf (kdheks.gov)

Dental Insurance and Unmet Needs in Kansas (oralhealthkansas.org)

2019_SHIP_Progress_Report.pdf (kdheks.gov)

2012_Elder_Smiles_Report.pdf (kdheks.gov)

Kansas Sealant Plan (kdheks.gov)

https://health.gov/healthypeople/objectives-and-data

https://www.govinfo.gov/content/pkg/FR-2018-07-27/pdf

Evaluation

This oral health plan is considered a ‘working document’ during the execution period of five years. The plan will be reviewed annually for changes in laws, regulations, administrative policies, and systems-level strategies that offer the potential to reduce oral diseases. For instance, in the fall of 2021 when the report, Oral Health in America: Advances and Challenges, is published, the plan will be reviewed in respect to any new information or goals outlined in this document. Each objective will be evaluated by considering the following parameters and revised as necessary:

1. Have there been any laws, regulations, administrative policies, and systems-level strategies that affect this objective?
2. Are there any changes in stakeholders for this objective?
3. Are the scope and timeline of the objective still feasible?
4. Is the success criteria still relevant?
5. Is there any change in funding?

An annual review of the plan will be conducted by the Kansas Bureau of Oral Health and the stakeholders to assess progress, barriers, and necessary revisions. An annual report will be published by the Bureau. Ultimately, at the end of five years, all goals and actions will be evaluated, and recommendations will be made for the consideration toward a new Kansas Oral Health Plan.

This plan and the annual reports, including any revisions, will be published on the Kansas Bureau of Oral Health (KDHE) website (www.kdheks.gov/ohi/index.html), and/or through public press releases.

Citations

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2) Kansas BRFSS Home Page (kdheks.gov)
3) Progress made on oral health, but problems remain – Kansas Health Institute (khi.org)
4) 2021 Oral Health Report Card.pdf (oralhealthkansas.org)
5) Dental Insurance and Unmet Needs in Kansas (Dental Insurance and Unmet Needs in Kansas (khi.org))
6) World Health Organization. World oral health report 2003. Available at: https://www.who.int/oral_health/publications/world-oral-health-report-2003/en/. Accessed August 11, 2020.
7) Federal Register: Notice To Announce Commission of a Surgeon General's Report on Oral Health
8) What Causes Oral Cavity and Oropharyngeal (Throat) Cancers?
9) Head and Neck Cancers | CDC
10) Oral Cancer Incidence (New Cases) by Age, Race, and Gender | National Institute of Dental and Craniofacial Research (nih.gov)
11) Pregnancy and Oral Health Feature | CDC
12) Improving Access to Dental Care for Pregnant Women through Education, Integration of Health Services, Insurance Coverage, an Appropriate Dental Workforce, and Research (apha.org)
13) Azofeifa A, Yeung LF, Alverson CJ, Beltrán-Aguilar E. Oral health conditions and dental visits among pregnant and nonpregnant women of childbearing age in the United States, National Health and Nutrition Examination Survey, 1999–2004. Prev Chronic Dis. 2014;11:140212.
14) MPF 3-21hcdp.pdf (astho.org)
15) Safety Net Clinics.pdf (oralhealthkansas.org)
16) Medicaid Dental Services in Kansas.pdf (oralhealthkansas.org)
17) 2017 Kansas BRFSS Data Results (kdheks.gov)
18) Dental Problems in Primary Care - American Family Physician (aafp.org)
19) Pue, Rose Glass. CDC's Public Health Mission: A Faith-Based Approach, (cdc.gov)
20) Progress made on oral health, but problems remain – Kansas Health Institute (khi.org)
21) Chronic Disease Indicators: Explore by Location | DPH | CDC
22) 22_HPV_2000-2017.pdf (kumc.edu)
23) Kansas_PRAMS_2019_Surveillance_Report.pdf (kdheks.gov)
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27) KMOM Media Resources (ksdentalfoundation.org)
28) Adults in Kansas - Religion in America: U.S. Religious Data, Demographics and Statistics | Pew Research Center (pewforum.org)
29) Adults in Kansas - Religion in America: U.S. Religious Data, Demographics and Statistics | Pew Research Center (pewforum.org)
30) 20168 Smiles Across Kansas 2012 DP.pdf (kansashealthmatters.org)
31) Microsoft Word - Burden Document Master Copy 14-02-26.docx (kdheks.gov)
32) ADA.org; Oral Health Care System: Kansas
33) Kansas Oral Health Plan 2015-2017
34) "Bringing love to senior smiles: Kansas program trains nursing home staff about oral health needs" | Registered Dental Hygienists (rdhmag.com)
25) Water Fluoridation Reporting System | Data Tools | Community Water Fluoridation | Division Oral Health | CDC

Appendix

Focus Group Assignments

Access To Care

Lisa Belt
Dr. Emily Cortez
Tanya Dorf Brunner
Julie Holmes
Dr. Michael McCunniff
Audé Negrete
Natalie Olmsted
Linda Sheppard
Dr. Lisa Shnayder
Wes Steingraber
Haskell Indian Health

Technology

Joyce Grayson
Dr. Kelly Kreisler
Natalie Olmsted
Debra Pochop
Matthew Schrock
Sally Stuart
Dr. Preddis Sullivan
Haskell Indian Health

Cost of Care

Lisa Belt
Holly Cobb
Dr. John Fales
Julie Holmes
Dr. Kelly Kreisler
Julie Martin
Kevin Robertson
Matthew Schrock
Linda Sheppard
Wes Steingraber
Dr. Preddis Sullivan
Alice Weingartner

Medical/Dental Integration

Andrea Carver
Holly Cobb
Sarah Dean
Dawn Downes
Dr. John Fales
Debbie Guilbault
Peggy Kelly
Dr. Michael McCunniff
Kevin Robertson
Dr. Lisa Shnayder

Education

Debra Pochop
Andrea Carver
Dr. Emily Cortez
Sarah Dean
Dawn Downes
Joyce Grayson
Kathy Hunt
Peggy Kelly
Audé Negrete
Sally Stuart
Alice Weingartner

Feasibility Ranking

	A) Funding	*B) Public Perception*	*C) Perception from professionals like you (practitioners, legislators, etc.):*	*D) Ability for partnerships to work toward this action item:*	*E) Likely to be completed in the next 5 years:*
	Not Funding (1) - Plenty of Funding (10)	Poorly perceived (1) - Positively perceived (10)	Poorly perceived (1) - Positively perceived (10)	Not Likely (1) – Very Likely (10)	Not Likely (1) – Very Likely (10)
1) K-12 Education Program (Webinars, lunch & learn, part of PE, etc.)	5	9	9	9	7
2) Corporate Education (Webinars, Lunch & Learn, Annual wellness training, etc.)	2	7	8	8	5
3) Nursing Home Education (Webinars, Lunch & Learn, Games, etc.)	4	7	9	8	8
4) Periodic Statewide Campaign (e.g. Annual TV campaign, Annual Billboard campaign, etc.)	4	9	9	8	7
5) Fluoridation Education (educate water operators, etc…)	4	7	9	8	6
6) Benefits Awareness (Educate public to review available benefits already paid for,e tc.)	4	6	8	5	7
7) Financial	3	5	8	6	5

Fig. 14 Table to rank the feasibility of each idea.

Fig. 15 Results displayed from the calculations in Fig. 14