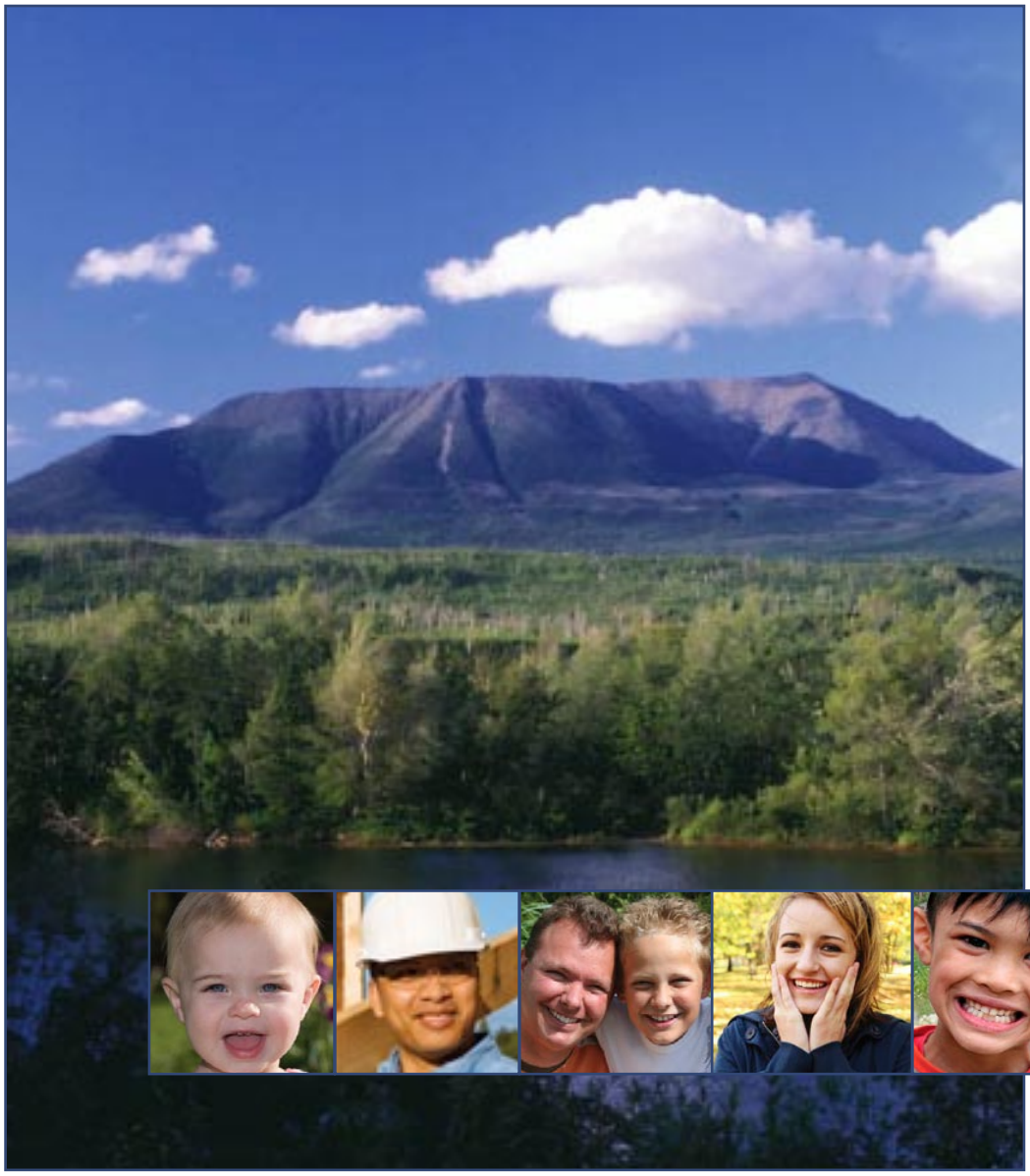
MAINE ORAL HEALTH IMPROVEMENT PLAN



Oral health is a foundation for overall health and well-being.

Published by the Maine Dental Access Coalition,
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MAINE ORAL HEALTH IMPROVEMENT PLAN

A framework for the improvement of state and local policies for oral health

NOVEMBER 2007

An electronic version of this Plan is available on the Internet at www.mainedentalaccess.org and at www.mainepublichealth.gov

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Maine Center for Disease Control and Prevention
An Office of the Department of Health and Human Services
John E. Baldacci, Governor Brenda M. Harvey, Commissioner

On the cover: A view of Mount Katahdin at Baxter State Park

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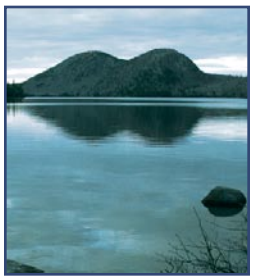

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"No one should suffer from oral diseases or conditions that can be effectively treated or prevented."

— Richard H. Carmona, MD, MPH, FAC
Surgeon General
U.S. Public Health Service

Oral health is an integral and fundamental part of total, overall health. With the release in 2000 of the Surgeon General's report, *Oral Health in America,*[1] oral health was defined as more than healthy teeth and being free from dental disease. This landmark report brought national attention to disparities in oral health status in the United States, and called for the development of a National Oral Health Plan to improve oral health and reduce those disparities. In April of 2003, "A National Call to Action to Promote Oral Health"[2] was released to follow up on the efforts suggested by the earlier report. It outlines five Actions to stimulate "partnerships at all levels of society to engage in programs to promote oral health and prevent disease." The Call to Action encourages inclusion of oral health promotion, disease prevention, and oral health care in all health policy agendas set at local, state and national levels. Across the country, an increasing number of states have responded by developing state oral health plans. Maine's plan, presented here, was developed with the dedication and collaboration of a wide range of stakeholders who came together over the past two years. Its development was supported by a grant to the Maine Department of Health and Human Services from the Maternal and Child Health Bureau of the U.S. Health Resources and Services Administration.

Poor oral health may result in days lost from school and work, and a compromised ability to obtain or advance in education and employment.

Without good oral health, a person cannot be fully healthy. Although many Maine people enjoy good oral health, many still suffer from tooth decay, periodontal disease, other chronic oral conditions and injuries. Preventive measures and treatments such as water fluoridation, school-based oral health programs and dental sealants, as well as increased use of topical fluorides such as rinses and varnish can significantly reduce the incidence of tooth decay in children, but oral diseases still persist among Maine residents of all ages. Poor oral health has many significant social and economic consequences as well as an adverse impact on overall health. Poor oral health in children and young people as well as in adults may result not only in dental decay, eventual tooth loss, and impaired general health, but also in compromised nutrition, in days lost from school and work, and a compromised ability to obtain or advance in education and employment.[3] Disparities in Maine, notable in terms of access to oral health care services and oral health status, are related largely to socioeconomic factors and are compounded by our predominantly rural state's geography and population distribution as well as by the distribution of dental professionals. We have seen improvements in some aspects of children's oral health and in the oral health of our older citizens, as well as an expansion of the public and private non-

continued

profit resources available to provide dental care in rural areas and to uninsured, under-insured, and lower income residents, but there is still much that can be done to improve oral health for all the people of Maine.

Many local community agencies, professional organizations and state agencies, including the Maine Legislature, have initiated activities over the past decade intended to promote and improve oral health and to increase access to oral health services. However, in the absence of a comprehensive plan these various activities lacked the coordinated vision of a long-term and comprehensive approach that will assure effective and lasting change. In Maine, people work together to achieve shared goals. Now is the time to bring Mainers together to increase understanding of the importance of oral health as a component of overall health and to improve the oral health of Maine.

An Oral Health Advisory Committee, convened in the summer of 2005 by the Maine Department of Health & Human Services and comprised of a broad range of stakeholders, was charged with developing a plan that will improve oral health for people in Maine. The Advisory Committee was concerned with designing a plan that could be used in efforts to expand access to oral health care, increase the availability and utilization of preventive care services, improve the delivery of care, and ensure the quality of oral health care.

The Maine Oral Health Improvement Plan provides a framework for the improvement of state and local policies for oral health and increased public awareness of the inseparable connection between oral health and overall health and well-being. This plan is not a detailed blueprint. Rather, it is meant to serve as a flexible, working guide for those who have a role to play in improving oral health: dental and other health professionals, elected officials and policy makers, community agencies and all the people of Maine. Inherent in the implementation of this plan is the need for broad-based coordination and collaboration as well as adequate funding to ensure the highest quality initiatives delivered in the most timely and effective manner.

It is important to state that all of the stakeholders represented on the Advisory Committee may not fully agree with or be prepared to endorse all of the individual strategies that are suggested in this document or that are yet to be developed. They do, however, support the Plan and its principles as a framework for achieving improvements in oral health for the people of Maine.

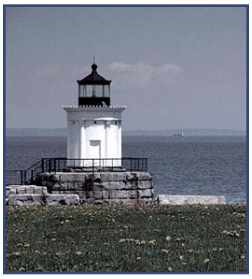
The plan was created to be:

- Practical
- Easy to use and understand
- Inclusive of all who provide and promote oral health
- Creative in identifying strategies
- Adaptable
- Present and future oriented
- Able to be evaluated on an ongoing basis
- Inclusive of both general objectives (stated here as goals) and specific actions

The next steps are to refine the plan's strategies, develop a timeline that will be used to keep the plan active, and identify key players and areas of responsibilities. The timeline will identify which strategies involve short or long-term actions, and as appropriate will identify specific activities and the stakeholders who can best carry out those strategies. Ongoing monitoring undertaken collaboratively by the stakeholders involved in the plan's development and others will help to ensure accountability for implementation. It is worthwhile to note that since this plan was drafted, some of the strategies have been moved forward, to varying degrees.

The Advisory Committee also felt strongly that the work to be undertaken with the implementation of Maine's Oral Health Improvement Plan should be consistent with the three core functions of public health as defined by the Institute of Medicine: assessment, policy development, and assurance;[4] and with the ten Essential Services of Public Health[5]. The Essential Services provide a working definition of public health and a guiding framework for the responsibilities of local public health systems. More information on these functions and services as they relate to oral health can be found in Appendix A. These guidelines were developed to provide guidance to government officials for assessment, planning, implementation and evaluation of oral health activities.[6]

The Plan is organized into Four Key Action Areas. Each Action Area is summarized by a guiding principle, and introduced by a discussion of background issues and challenges. Within each Key Action Area, a number of goals and corresponding strategies have been identified. Each of the strategies is intended to describe or encompass further activities that will bring Maine closer to achieving the stated goals.



Vision

Based on the principle that oral health is a critical and integrated component of overall health, excellent access to high quality oral health care services will contribute to the quality of life of all Maine residents.

Values

The Plan is based on the following fundamental values:

Good oral health is a foundation of wellness and overall health.

The Plan is for all Maine residents.

Access to oral health services is crucial.

Education is a key component in improving oral health.

Prevention is more cost effective than treatment.

Care should be patient-centered; that is, the individual receiving care is the focus of care and participates in related decisions.

A Change Perception and Increase Awareness

Define and support state and local policies by increasing public understanding of the value and importance of oral health to overall health and to promote optimal oral health for the people of Maine.

BACKGROUND AND CHALLENGES

According to Oral Health in America: A Report of the Surgeon General, oral health is a key component of overall health. Oral health policies need to be integrated with general health policies. Developing partnerships and collaborations are fundamental to implementing this goal.

Oral health has been set aside from general health in our culture and, for many reasons and in many ways, been less valued. Perceptions about oral health as an integral component of overall health may be inaccurate or limited. Fears and misconceptions exist about dental care, oral health and treatment that create additional barriers to seeking care. Changing these perceptions is a crucial step in improving the public's oral health. The need for good oral health must be communicated to elected officials, health professionals as well as to the general public.

Oral health appears to be a contributing factor in other health conditions, such as heart disease, lung disease, diabetes, and adverse outcomes from pregnancy.

Oral health was referenced in Maine's State Health Plan for 2006/2007, *The Roadmap to Better Health*, released by Governor John E. Baldacci in April 2006.[7] The State Health Plan states clearly, "Oral health is an integral part of physical health" (p. 88), and notes that oral health status impacts our ability to communicate, our economic productivity and our ability to function at home, work and school. Several risk factors identified in the State Health Plan, such as tobacco and alcohol use and nutritional choices, also contribute to oral diseases and oral health status. Similarly, oral health appears be a contributing factor in other health conditions, such as heart disease, lung disease, diabetes, and adverse outcomes from pregnancy. Evolving research indicates that an increased focus on early intervention can aid in the prevention of oral health related conditions, such as the transmittal of oral disease from pregnant women to their infants.[8]

continued

A review of this Plan by the Governor's Office of Health Policy and Finance and the Governor's Advisory Council on Health Systems Development will determine its incorporation by reference into Maine's State Health Plan.

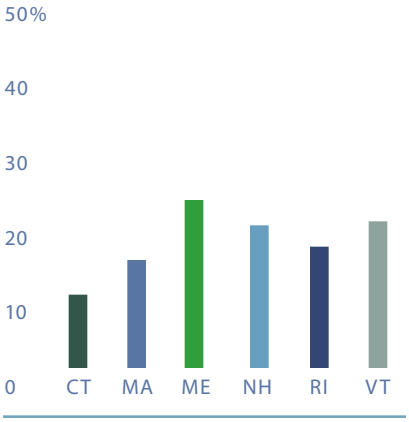
GOAL 1

Inform Policy Makers and Elected Officials

Increase the awareness and knowledge of policy makers and elected officials regarding the importance of good oral health and the needs of the population as a whole in order to ensure that all oral health initiatives identified in this document are supported.

STRATEGIES

- Collaborate with public health stakeholder groups throughout the state, for example, the Public Health Work Group and the new regional public health districts and Comprehensive Community Health Coalitions, to facilitate communication regarding implementation and monitoring of oral health initiatives.
- Maintain adequate funding and staffing of the state Oral Health Program within the Maine Center for Disease Control in order to maintain, coordinate, and evaluate services provided by state government, and to provide technical assistance and consultation in public health functions.
- Provide data on the burden of oral disease on the people of Maine to policy makers and elected officials to strengthen the commitment for oral health funding and resources.
- Develop and distribute a data report to accompany this plan, and assure that it can be updated at appropriate intervals.
- Support agency actions and policy initiatives that will secure adequate funding for the strategies outlined in this Plan and to supplement the State Health Plan to ensure support for oral health programs.
- Provide evidence of successful programs and services in Maine and other states.
- Explore the inclusion of oral health care in the Dirigo Health Plan.
- Determine a method for demonstrating overall savings to be realized from implementing the Oral Health Plan.
- Invite policy makers and elected officials to attend and to be involved in oral health conferences and events.



Complete Tooth Loss [10]

KEY PLAYERS AND PARTNERS

Policy makers, elected officials, health advocacy groups, public health and social services organizations, Public Health Work Group, Board of Dental Examiners, Maine Dental Association, Maine Dental Hygienists' Association, Maine Dental Access Coalition, other health professional organizations, community and state agencies, educators, businesses and health care consumers.

Increase General Public Awareness

GOAL 2

Design and implement educational campaigns targeting the general public to provide oral health education, to change negative perceptions, and to increase awareness regarding the impact of good oral health, particularly the importance of early intervention, on overall health throughout the life span.

STRATEGIES

- Utilize communications strategies, such as those used in the "Watch Your Mouth"(2005-2006) campaign, that seek to improve awareness of the importance of oral health and the connection between oral health and overall health.
- Collaborate with Healthy Maine Partnership organizations, the new regional public health districts and Comprehensive Community Health Coalitions, and coordinated school health education initiatives.
- Coordinate educational activities with state and national health campaigns, such as Children's Dental Health Month, Dental Hygiene Month, Nutrition Month, National Public Health Week and others.
- Design focused messages for specific at-risk populations.
- Incorporate oral health messages with other health messages that promote the integration of oral health, such as oral cancer prevention messages into existing cancer prevention and tobacco-use reduction efforts.

KEY PLAYERS AND PARTNERS

Media personnel, parent groups, school leaders, community agencies, dental and medical professionals, professional associations, Maine Dental Access Coalition, state agencies, businesses and health care consumers.

B Increase Prevention and Expand Access

Increase population-based prevention, early intervention programs and expanded access to high quality oral health services for Maine people throughout the lifespan.

BACKGROUND AND CHALLENGES

"For every dollar spent on preventive oral care, $8 to $50 is saved in restorative and emergency care."[11]

Many people in Maine report experiencing challenges in obtaining adequate access to dental care. Access, or lack of access, is dependent upon several factors, such as geography, availability of oral health care providers, provider willingness to treat certain population groups, costs, insurance coverage and ability to pay, as well as consumer understanding of the need for care and the motivation to seek it. With the array of factors contributing to access issues in Maine, a number of individuals belonging to diverse population groups encounter barriers to access to dental services. The issue of insurance is a particular challenge, and although recognition must be given to the differences between medical and dental insurance coverage, which is usually much more limited in scope, dental insurance is a major determinant of dental care utilization.[9]

Prevention programs are a viable way to reach underserved populations and to reduce the incidence and prevalence of oral and dental diseases. Preventive care is inexpensive compared to the treatment costs associated with these diseases. Prevention focuses on changing personal oral health behaviors as well as community factors and environmental influences. Providing education and early preventive interventions for children reduces the future demand for dental services; in addition, however, community involvement is necessary in order to build support for those interventions.

Expansion of current dental disease prevention and oral health promotion programs is necessary in order both to increase the overall oral health of Maine people and to reduce the costs of treatment needs and care. With an apparent shortage of dentists, Maine needs to consider their role and the roles of other dental and non-dental health professionals who can work together to implement these programs. Although many Maine residents do, and will continue to receive the dental care they need in the traditional private practice dental office setting, there are many who do not, for a wide range of reasons.

Other health professionals need continuing education and training specific to preventive oral health care. Adequate and sustainable funding is critical to support the development and implementation of preventive care programs and training for all health professionals. Further assessment may be needed to determine the scope of resources necessary to provide preventive care, especially for underserved population groups.

Expand Prevention Programs in Schools and Communities

GOAL 3

Expand the use of topical fluoride rinses, dental sealants and other preventive interventions in school-based and school-linked programs and promote community water fluoridation in areas not currently being served to benefit all individuals, regardless of age.

STRATEGIES

- Maintain school-based and school-linked oral health education and prevention programs in schools and communities where there are demonstrated needs for community-based services; develop incentives for schools to adopt fluoride mouth rinse and dental sealant programs.
- Explore resources and partnerships with philanthropic foundations, dental professionals and community groups to support preventive oral health programs in schools and communities.
- Establish protocols for school-based oral health programs to ensure good communication and coordination among schools, dental services providers and funding sources.
- Educate parents, school personnel and community members regarding the efficacy of utilizing preventive measures and treatments for children, such as fluoride rinses and fluoride varnish as well as dental sealants.
- Support increased resources, financial and personnel, for implementing preventive services in schools, especially those that demonstrate unmet oral health needs.
- Provide resources and information regarding oral health to classroom and health education teachers to insure that oral health is integrated within comprehensive health education.
- Promote water fluoridation in communities that are not already being served.
- Develop and expand collaborations with other health and community organizations (such as but not limited to voluntary health organizations, school nurses, Healthy Maine Partnership organizations, community coalitions) to promote the integration of preventive oral health activities and messages into their work.

continued

KEY PLAYERS AND PARTNERS

Elected officials and policy makers, school board members, oral health and other health providers, school nurses, school administrators, school health coordinators, parents, health professional associations, voluntary health organizations, Maine Primary Care Association, local community leaders, elder care facilities, community centers, businesses and health care consumers.

GOAL 4

Promote Dental Care for Pregnant Women

Ensure oral health prevention and treatment services for all pregnant women, regardless of age, who do not have dental insurance.

STRATEGIES

- Explore models from other states to design the most effective and accessible programs for Maine.
- Research national standards for dental care of pregnant women.
- Evaluate expanding MaineCare coverage for pregnant women past the 21st birthday as well as the feasibility of adding uninsured pregnant women to MaineCare priorities for dental care.
- Explore new resources for funding from private insurance and public programs.
- Collaborate with obstetricians, nurse midwives, and other primary care medical providers to promote dental care and oral health education for pregnant women.
- Promote the incorporation of oral health education and preventive care information to existing Birth and Parent Education classes and in other settings where women of childbearing age can obtain health related information

KEY PLAYERS AND PARTNERS

Elected officials and policy makers, MaineCare and other state agency staff, WIC agencies, obstetricians, nurse midwives, other medical providers, dental providers, businesses, health care consumers and women's and children advocacy groups.

Ensure Early Childhood Preventive Care

GOAL 5

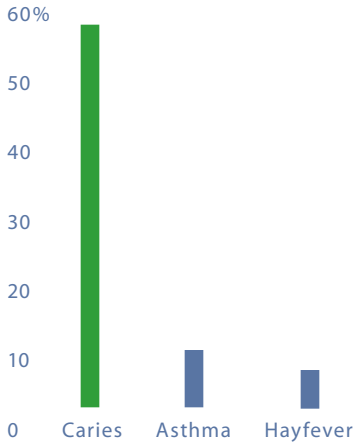
Support efforts to ensure that every child receives at least one preventive care visit by the age of one to identify early dental problems and to educate parents and caregivers regarding the methods and importance of good oral health care.

STRATEGIES

- Implement a promotional campaign regarding the importance of preventive care that involves and is directed to medical and dental providers, parents, teachers and child care providers.
- Facilitate inclusion of anticipatory guidance (child health supervision guidelines) for oral health care into primary care providers' well child visit schedules.
- Explore resources to enable primary care providers, after certified training, to receive public and private insurance reimbursement for providing preventive oral health care.
- Promote oral health training for child care providers as part of the certification process.
- Support and promote oral health training, resource development and collaborative relationships that facilitate integration of oral health promotion and dental disease prevention activities in Head Start and Early Head Start Programs.
- Encourage collaboration among educators, prenatal care providers, DHHS, and home care personnel to promote positive and preventive oral health behaviors among their clients.

KEY PLAYERS AND PARTNERS

Primary medical care providers, dental providers, parents, child care providers, early childhood teachers, Head Start/Early Head Start staff and families, immunization educators, elected officials and policy makers, state agencies, businesses and health care consumers.



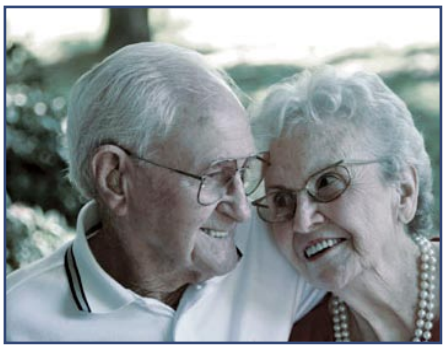
Dental Caries: Most Common Chronic Disease in Children[12]

GOAL 6

Use Non-traditional Settings and Innovative Approaches to Reach Underserved Groups

Expand preventive dental care and educational capacity with the use of nontraditional settings (e.g., schools, community settings, childcare programs) and innovative approaches to reach underserved individuals of all ages.

Note: Further definitions may be needed for this goal and its strategies to better describe what is meant by "non-traditional" and to clarify that different programs and interventions may be developed for different age groups and different settings. "Non-traditional" implies settings other than the traditional dental office or clinical setting.



STRATEGIES

- Research existing models in Maine and other states of oral health services provided in non-traditional settings that have not usually included dental care.
- Explore models to integrate oral health and primary health care services.
- Connect oral health education and screenings to existing school health programs, services and school-based health centers.
- Promote oral health screenings in all schools and yearly oral exams in elder care facilities in order to identify and refer urgent care needs and to help monitor oral health status.
- Explore the current role of dental hygienists in schools and in facilities for the elderly.
- Explore and evaluate the use of mobile dental programs for their effectiveness in Maine.
- Collaborate with workplace wellness programs to include oral health services and education.
- Support inclusion of oral health in priorities of Healthy Maine Partnerships, the new regional public health districts and Comprehensive Community Health Coalitions, and provide adequate funding.
- Expand co-location of dental preventive services in WIC clinics for women and children and in other programs that provide services to children and families; for example, promote training in techniques for oral health screening, preventive education, and early interventions for home visitation program staff.
- Promote training for care providers in techniques for maintaining oral health for residents in nursing homes, long-term care and hospice facilities.

KEY PLAYERS AND PARTNERS

Maine CDC, Department of Education, MaineCare, Healthy Maine Partnerships, Maine Primary Care Association, private foundations, school boards, nursing home associations and other agencies involved with senior citizens, dental providers, other health professionals, businesses, employers and health care consumers.

C Improve Service Delivery

Enhance oral health partnerships and infrastructure to improve the knowledge base of all health providers and assure the delivery of quality services.

BACKGROUND AND CHALLENGES

Oral health care in Maine relies primarily on services delivered through the private sector by dental professionals (dentists, dental hygienists and dental assistants), and many people do and will continue to seek and obtain the dental care they need through this model. For those who do not, the public health infrastructure and safety net health services providers are a significant source of care. However, care available through the public health infrastructure, provided in 2007 by about 20 public and private non-profit organizations in close to 30 locations throughout the state, is not coordinated through a central agency, and the availability of services varies widely among and within geographical regions. Needs within both the public and private spheres remain unmet. Together, these two spheres comprise the oral health infrastructure. Coordination and collaboration can maximize the resources of both.

By enhancing partnerships and collaborations within the existing oral health infrastructure while utilizing current professionals both in innovative ways and to the maximum of their education, training and abilities, oral health services can be delivered more effectively and with maximum quality. Expanding the knowledge base of non-dental health providers along with that of dental professionals is also critical to the best and most effective and efficient use of these resources. As noted above, other health professionals need training specific to preventive oral health care. Adequate and sustainable funding is critical to support the development and implementation of preventive care programs and training for all health professionals.

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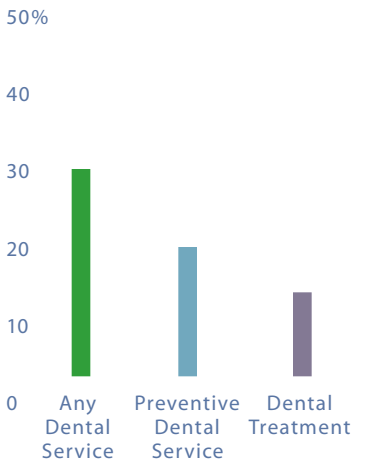


Medicaid Dental Services for Children[13]

GOAL 7

Improve Current System Infrastructure

Examine the current infrastructure to improve delivery systems, determine the unmet needs of specific population groups, and expand public and non-profit community-based oral health services to better serve the oral health needs of all population groups.

STRATEGIES

- Analyze data regarding the distribution of dental providers, dental centers and clinics, uninsured persons, and related demographic factors to assess the current delivery system, gaps, and unmet needs.
- Review data and relevant information from other sources, for example, the Board of Dental Examiners, reports from dental hygienists working in public health supervision status, community agencies, hospitals, Head Start Centers, WIC agencies, and others.
- Work with the Office of MaineCare Services, the Public Health Work Group, and others to support improvements in the processes of, enhancements to, and incentives in the MaineCare Dental Program that may increase access to dental services such as, but not limited to, reviewing and adjusting reimbursement rates.
- Assess the capacity and sustainability of the existing public health delivery system relative to the provision of oral health care.
- Develop effective strategies for recruitment and retention of professionals who are providing dental public health services.
- Explore models and create opportunities to integrate the provision of oral health services in settings not currently providing these services, for example, hospital-based programs (such as the Maine-Dartmouth Family Medicine Institute) and volunteer/free medical clinics.
- Support initiatives that maximize the ability of allied dental personnel (dental hygienists, expanded function dental assistants, and dental assistants) to provide preventive services within the oral health infrastructure, and particularly in public and non-profit community-based oral health settings.
- Investigate funding sources to support the public health infrastructure system for the provision of oral health care.
- Explore changes in private insurance contracts in Maine to support coverage of preventive oral health services provided outside of traditional dental office settings by licensed providers other than dentists.

KEY PLAYERS AND PARTNERS

Dental and medical professionals, elected officials and policy makers, Board of Dental Examiners, state agencies, MaineCare, community agencies, public health stakeholder groups, Maine Primary Care Association, hospitals, businesses and health care consumers.

Increase Oral Health Knowledge Base

GOAL 8

Disseminate up-to-date and scientific, evidence-based oral health information to all health professionals and encourage timely implementation of new knowledge and techniques in order to improve oral health outcomes for consumers of all ages.

STRATEGIES

- Provide information and opportunities for training that focus on oral health to health related associations and organizations.
- Encourage inclusion of oral health in health related association and organization strategic plans, especially in physician groups.
- Ensure all trained health professionals hold a basic level knowledge of oral health issues and early intervention as a component of overall health and well-being before exiting their professional training programs.
- Promote the provision of continuing education credits for non-dental professionals to encourage training in oral health promotion and dental disease prevention interventions.
- Distribute guidelines for prevention and treatment of oral diseases for all age groups to primary medical care providers and encourage their use.
- Focus educational efforts for pediatricians and other primary care physicians to support oral health, and provide appropriate materials to physician offices.
- Promote collaborations and sharing of information and innovative techniques between oral and medical health professionals.

KEY PLAYERS AND PARTNERS

Physicians, physician's assistants, nurse practitioners, nurses, health associations and organizations, dental professionals, school boards, educational institutions and organizations, professional medical organizations, businesses and health care consumers.

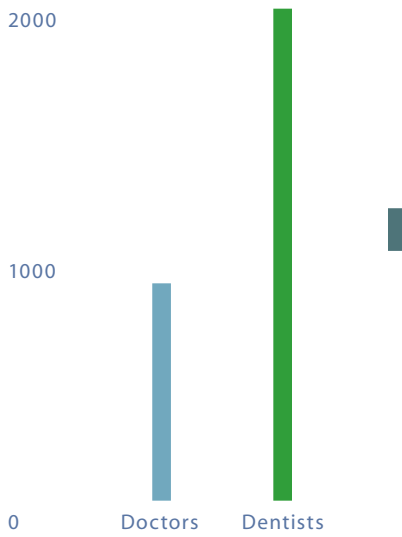
GOAL 9

Provide Evidence-Based Evaluation

Evaluate oral health programs and services in Maine in terms of their impact on access, health outcomes and their application of best practices, to define future statewide oral health needs.

STRATEGIES

- Develop and maintain a comprehensive oral health surveillance system to identify and monitor oral health status and access to oral health services.
- Determine best data collection tools to standardize measurement of outcomes.
- Examine best and "promising" practices in Maine and in other states for models for programs, financing, and evaluation that can be replicated and/or adapted for use.
- Disseminate best practice methods in clinical practice and policy.
- Implement ongoing monitoring and evaluation of milestones to analyze the impact of oral health initiatives on health status.



Estimated Population: per Doctor and Dentist [14]

KEY PLAYERS AND PARTNERS

Maine CDC and other state agencies, dental professional associations, Board of Dental Examiners, Maine Health Data Organization, Maine Health Information Center, educational institutions, public health stakeholder groups, businesses and health care consumers.

Increase Partnerships

GOAL 10

Collaborate with other State departments and agencies to facilitate integration of oral health with general health initiatives and cultivate public-private partnerships to support oral health improvements for all residents of Maine.

STRATEGIES

- Explore methods to enable partnerships that promote oral health services and awareness.
- Identify state-level programs for possible collaborations, such as Head Start and WIC.
- Utilize existing tools, programs (for example, tobacco and cancer control), and policies that support the integration of oral health with other health programs.
- Engage the business community in supporting oral health initiatives.
- Provide guidance and support, with the Maine Department of Education, for the implementation of oral health promotion and education within the Maine Learning Results.
- Promote the inclusion of oral health activities in schools, elder facilities and worksite wellness programs.
- Increase awareness of the importance of oral health through education and collaboration with the Coordinated School Health Program.
- Collaborate with home health agencies, Area Agencies on Aging and others to promote inclusion of dental care and oral health services for the homebound and elderly, in conjunction with the Office of Elder Services of the Department of Health & Human Services.
- Encourage employers with employee dental plans to promote oral health initiatives.

KEY PLAYERS AND PARTNERS

State departments, state agencies, community organizations, home health agencies, Area Agencies on Aging, Maine Primary Care Association, school professionals, insurance companies, private foundations, health professional associations, the Chamber of Commerce, businesses and health care consumers.

D Expand the Dental Workforce

Expand the capacity and ability of the dental workforce to provide access to cost-effective, high quality oral health services for all Mainers.

BACKGROUND AND CHALLENGES

The availability of an adequate number of dental health professionals – dentists, dental hygienists, and dental assistants – is necessary to meet the oral health needs of all Maine residents. There are substantial concerns about the number and distribution of dental professionals, particularly dentists, currently practicing nationally and in Maine, and these concerns are expected to continue into the foreseeable future. Predicting Maine's needs must include analysis of complex factors. Meeting those needs will mean not only utilizing current professionals both in innovative ways and to the maximum of their educations, but also developing and implementing strategies to recruit practicing dental professionals to Maine and encouraging more young people to pursue dental careers. These strategies will contribute to our ability to increase access to dental care and will enable expansion of currently available services.

Redefine and Expand Roles of Dental and Medical Professionals

GOAL 11

Increase effectiveness of the dental workforce by redefining and expanding the roles of dental and medical professionals, within and according to their respective scopes of practice.

STRATEGIES

- Support implementation of the Expanded Function Dental Assistant (EFDA) legislation that passed in 2005. (PL Ch. 322, 2005)
- Review and monitor the development of emerging models for new dental health care team members, including for example advanced practice models for dental hygienists (such as the Advanced Dental Hygiene Practitioner) and preventive oral health services providers in medical settings, and evaluate these for effectiveness in Maine.
- Assess and evaluate the impact of public health supervision status for dental hygienists on access to preventive services for underserved populations, and explore the development of models based on current programs and initiatives to maximize effectiveness.
- Explore development of appropriate certifications and/or quality assurance mechanisms that facilitate interdisciplinary approaches to improving oral health in Maine and improve overall workforce capacity and productivity.
- Integrate oral health care with well baby, well child and adult annual medical visits.
- Encourage education in oral health promotion and dental disease prevention for physicians and their staff.

There are substantial concerns about the number and distribution of dental professionals, particularly dentists, currently practicing in Maine.

KEY PLAYERS AND PARTNERS

Oral health professionals, Board of Dental Examiners and other health professionals and their regulatory boards, educators (secondary and university level), Financial Authority of Maine (FAME), the Maine Primary Care Association, businesses and health care consumers.

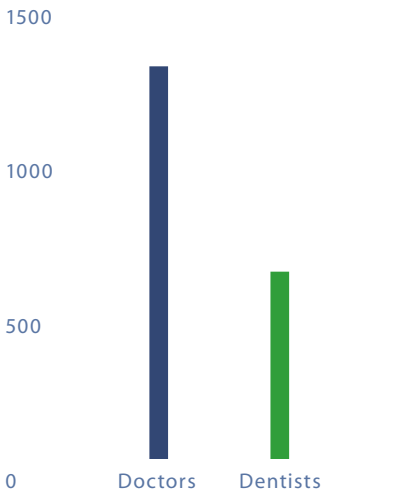
GOAL 12

Recruit and Retain Dental Professionals

Recruit and retain an adequate number of qualified dental professionals to meet the oral health needs of the people of Maine.

STRATEGIES

- Support initiatives in secondary schools and colleges to interest students in, and prepare them for, oral health care careers.
- Consult research on retention in host states of medical students and physicians serving externships, internships and residencies for relevance and lessons learned for application to Maine initiatives with dental providers.
- Support collaboration to expand dental residency programs in Maine.
- Explore the feasibility of establishing a dental school in northern New England or of developing cooperative relationships with dental schools in the Northeast.
- Expand externship programs for dental students to encourage relocation to Maine.
- Encourage the expansion of loan forgiveness programs, especially for those serving at-risk and underserved populations.
- Encourage increasing the supply of dental providers by recruiting from the military and from out-of-state.
- Explore methods to assure transfer of practices from retiring dentists to new dental professionals in order to provide continuity of access and care.
- Encourage and support coordinated and cost-effective recruitment efforts.



Doctors and Dentists in Maine [15]

KEY PLAYERS AND PLAYERS

Oral health professionals, educators (secondary and university level), AHEC (Area Health Education Center), oral health educators, private foundations, elected officials and policy makers, retiring dentists, FAME (Finance Authority of Maine), professional associations, public health stakeholder groups, dental practice brokers, the business community and health care consumers.

GOAL 13

Expand Breadth and Diversity of Education Available to Oral Health Professionals

Promote educational opportunities and experiences to enable oral health professionals to expand services to the at-risk and under-served populations of all age groups, including older adults and elders as well as children.

STRATEGIES

- Identify and promote opportunities for skills development training programs for dental professionals on working with children, individuals with behavioral health concerns, older adults and the elderly, and children and adults with developmental disabilities.
- Explore the use of financial incentives for dental professionals to serve at-risk and under-served populations.
- Support collaborations that facilitate and provide cross-training of health professionals; for example, the Maine Dental Association and the American College of Obstetricians and Gynecologists (ACOG) would offer a CE course on oral health during pregnancy that would benefit both groups of health professionals.

KEY PLAYERS AND PARTNERS

Maine Dental Association, Maine Dental Hygienists' Association, other health professional associations, Maine CDC and other state, community and voluntary agencies, educators (university level), AHEC, the Maine Primary Care Association, businesses and consumers.

GLOSSARY

Access Many definitions of "access" have been suggested. In general, "access" is the ability to obtain needed and appropriate services in a timely manner. Access to care has been defined by the Institute of Medicine's Committee on Monitoring Access to Personal Health Care Services as "the timely use of personal health services to achieve the best possible health outcome."

Advanced Dental Hygiene Practitioner (ADHP) A master's level certification that allows licensed dental hygienists to work independently yet in collaboration with dentists and other health care providers to provide new venues for service and increase entry points. According to the American Dental Hygienists Association, the ADHP is a dental hygienist who has graduated from an accredited dental hygiene program and has completed an advanced educational curriculum, approved by the American Dental Hygienists' Association, which prepares the dental hygienist to provide diagnostic, preventive, restorative and therapeutic services directly to the public.

At-risk populations High relative risk of oral disease relates to socio-cultural determinants such as poor living conditions; low education; lack of traditions, beliefs and culture in support of oral health. Communities and countries with inappropriate exposure to fluorides imply higher risk of dental caries and settings with poor access to safe water or sanitary facilities are environmental risk factors to oral health as well as general health. (From the World Health Organization)

Consumers Users and potential users of oral health services

Dental Sealant A dental sealant is a clear and protective coating that is applied to the chewing surfaces of molar teeth. The sealant protects the tooth from developing a cavity by shielding against bacteria and plaque. Sealants are most commonly placed on children's permanent teeth (rather than primary teeth).

Evidence-based treatments Evidence-based practices are specific clinical guidelines that help bridge the gaps between what researchers find to be effective treatment and what is implemented at the practice level. Their use is growing in all areas of health care in an effort to reduce errors and improve health.

Expanded Function Dental Assistant (EFDA) The Maine Board of Dental Examiners defines this as a certified dental assistant (CDA) or a licensed dental hygienist who has successfully completed a Board approved EFDA training program and who has been issued a certificate by the Board to perform reversible intraoral procedures as defined by Board Rules, Chapter 3, under the direct supervision of a dentist. See the Maine Dental Practice Act at http://www.mainedental.org/statutes.htm

Fluoridation The adjustment of the natural fluoride concentration of fluoride-deficient water in water supplies to the level recommended to help prevent dental caries (tooth decay).

Fluorides Products designed to augment fluoride delivery to teeth such as topical fluoride applications, including toothpaste, professional fluoride treatments including fluoride varnish, supplemental fluorides provided in drops or tablets, and fluoride mouthrinse.

Intervention A procedure or action that will diminish the need for more difficult and costly treatment later on, such as increased education, application of sealants, oral screenings, etc.

Non-traditional settings Settings other than the traditional dental office or clinic, such as schools, childcare settings, community centers, etc.

Oral health Oral health means more than healthy teeth and the absence of disease. It involves the ability of individuals to carry out essential functions such as eating and speaking as well as to contribute fully to society. It means being free of chronic oral-facial pain conditions, oral and pharyngeal (throat) cancers, oral soft tissue lesions, birth defects such as cleft lip and palate, and scores of other diseases and disorders that affect the oral, dental, and craniofacial tissues, collectively known as the craniofacial complex. (Oral Health in America: A Report of the Surgeon General, September 2000)

Patient-centered care Providing care to the specific needs and circumstances of each individual, that is, to modify the care to respond to the person, not the person to the care.

Preventive care Interventions such as educating, screening, cleaning, applications of fluoride varnishes and sealants and early caries detection and remediation.

Public awareness The processes of informing the general population, increasing levels of consciousness about risks and how people can act to maintain oral health and reduce the risks of oral disease.

Underserved populations All race/ethnic populations with health disparities including African American, Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race), American Indian or Alaskan Native, Asian or Pacific Islanders; low income rural (e.g., Appalachian) or urban dwellers; Special needs populations (e.g., physically or mentally disabled); people living with HIV/AIDS; the elderly; and home-bound and institutionalized individuals. (From the Health Disparities Program of the National Institute of Dental and Craniofacial Research)

APPENDIX A: GUIDELINES FOR STATE AND TERRITORIAL ORAL HEALTH PROGRAMS

Essential Public Health Services to Promote Oral Health in the United States

The following essential public health services form a framework for the publication, Guidelines for State and Territorial Oral Health Programs, published by the Association of State and Territorial Dental Directors. The Guidelines were developed and approved with input from federal agencies and national organizations, such as ASTHO, to provide guidance to government officials for assessment, planning, implementation and evaluation of oral health activities. Links to ASTDD Best Practice Approach Reports and State Practice Descriptions are included in the document. View and download this document on ASTDD's website at http://www.astdd.org/docs/ASTDDGuidelines.pdf.

I. ASSESSMENT

A. Assess oral health status and needs so that problems can be identified and addressed.

B. Analyze determinants of identified oral health needs, including resources.

C. Assess the fluoridation status of water systems, and other sources of fluoride.

D. Implement an oral health surveillance system to identify, investigate, and monitor oral health problems and health hazards.

II. POLICY DEVELOPMENT

A. Develop plans and policies through a collaborative process that support individual and community oral health efforts to address oral health needs.

B. Provide leadership to address oral health problems by maintaining a strong oral health unit within the health agency.

C. Mobilize community partnerships between and among policy makers, professionals, organizations, groups, the public and others to identify and implement solutions to oral health problems.

III. ASSURANCE

A. Inform, educate and empower the public regarding oral health problems and solutions.

B. Promote and enforce laws and regulations that protect and improve oral health, ensure safety, and assure accountability for the public's well-being.

C. Link people to needed population-based oral health services, personal oral health services, and support services and assure the availability, access, and acceptability of these services by enhancing system capacity, including directly supporting or providing services when necessary.

D. Support services and implementation of programs that focus on primary and secondary prevention.

E. Assure that the public health and personal health work force has the capacity and expertise to effectively address oral health needs.

F. Evaluate effectiveness, accessibility, and quality of population-based and personal oral health services.

G. Conduct research and support demonstration projects to gain new insights and applications of innovative solutions to oral health problems.

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Other sources that provide this documentation can be accessed via a number of web-sites, such as www.cdc.gov/OralHealth/index.htm , www.mchoralhealth.org , and others.

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[15] Doctors and Dentists in Maine. Same as above.

"We know that the mouth reflects general health and well-being... There are opportunities for all health professions, individuals, and communities to work together to improve health."

— Dr. David Satcher,
Former US Surgeon General
Oral Health in America,
a Report of the Surgeon General, 2000