

**Bureau of Oral Health Services
2003 Plan**

Goal #1

Ohioans will be able to obtain clinical oral disease prevention and treatment services.

Objective #1.1: There will be at least 750 dentists enrolled in the program. [BOHS Performance Measure]

ACTIVITIES:

- A. Monitor and evaluate OPTIONS dentist recruitment, enrollment, participation, and dentist retention activities.
- B. Explore opportunities to conduct dentist surveys with currently enrolled providers and non-enrollees to evaluate their experience with OPTIONS and their perceptions of the program.
- C. Monitor patient waiting lists by county to plan targeted recruitment efforts.

Objective #1.2: 4,500 Ohioans will be assisted through OPTIONS, of whom 1,452 will be matched to OPTIONS providers and 710 cases closed. [BOHS Performance Measure]

ACTIVITIES:

- A. Fund, monitor and provide technical assistance to four agencies for regional referral coordination services for OPTIONS.
- B. Collaborate with OPTIONS referral coordinators to promote the program to appropriate referral sources (e.g., local health departments, public health nurses, school nurses and county departments of human services, Head Start).
- C. Explore opportunities to conduct an evaluation (phone survey) of OPTIONS patients to assess the quality and effectiveness of the program.
- D. Continue to work with BHSIOS to refine the OPTIONS software and include a report builder feature.
- E. Provide training and networking sessions with OPTIONS Referral Coordinators.
- F. Explore opportunities to network with dental and non-dental case management programs in the state.
 - 1. Catalog all dental case management programs throughout the state.

2. Explore opportunities to integrate dental case management into existing case management programs.

Objective #1.3: 50% of third grade Ohio schoolchildren will have dental sealants on one or more permanent molar teeth. [Statewide Indicator/MCH Block Grant Performance Measure]

39,000 children in grades 2, 3, 6 and 7 will be evaluated (screened) for dental sealants through BOHS-funded school-based sealant programs. [BOHS Performance Measure]

23,000 children in grades 2, 3, 6 and 7 will receive dental sealants through BOHS-funded school-based sealant programs. [BOHS Performance Measure]

ACTIVITIES:

- A. Fund 17-20 local agencies to operate school-based dental sealant programs.
- B. Monitor and provide consultation/technical assistance to school-based dental sealant programs in order to improve program operations and fiscal stability:
 1. Visit newly funded sealant programs within the first quarter of operations to provide technical assistance and monitor program operations.
 2. Evaluate data from quarterly dental sealant program reports, expenditure reports, and grant applications in order to target programs for technical assistance in improving student participation, operations and/or operating costs of school-based dental sealant programs. Provide necessary technical assistance.
 3. Provide technical assistance to local sealant programs that have difficulty obtaining maximum reimbursement for dental sealants provided to children who are eligible for Medicaid.

- C. Monitor progress of Dentalis software (by Intalex), and consult with the developers as necessary, to modify their web-based sealant data system for use by Ohio sealant programs to compile sealant program data and facilitate billing for sealants provided to Medicaid eligible students.
- D. In the absence of progress with the Dentalis software, convert current sealant reports to excel spreadsheet and distribute to sealant programs in the first quarter of funding so they can start submitting their data to BOHS electronically. Explore possibility of moving forward with Access sealant database started previously for this purpose if appropriate.
- E. Update the dental sealant program brochure that provides an overview of Ohio's Dental Sealant Programs.
- F. Conduct Sealant Sharing Day by Fall 2003, including topics such as Medicaid billing and budgets.

Objective #1.4: No more than 22% of schoolchildren in third grade will have an obvious need for dental care. [Statewide Indicator/MCH Block Grant Performance Measure]

ACTIVITIES:

- A. Fund seven Safety Net Dental Care programs and six to seven Access to Dental Care programs to provide comprehensive dental care services to low-income Ohioans with poor access to oral health services.
- B. Monitor and provide consultation/technical assistance to Safety Net and Access to Dental Care programs in order to improve program operations and fiscal stability.

Objective #1.5: 80% of children enrolled in Head Start Programs will receive or be receiving dental treatment by the end of the program year. [Statewide Indicator]

ACTIVITIES:

- A. Provide training and technical assistance (T/TA) to Head Start programs, as requested, by assessing program operation and tailoring T/TA to meet the individual needs of the program.
- B. Monitor the percentage of children enrolled in Ohio Head Start Programs who are receiving or have received dental treatment, using Region V Program Information Report data.
- C. Conduct multi-pronged assessments of Head Start children, staff, parents and dental providers. *See Head Start special project YRI Action Plan & Tracking Report for details.*
- D. Plan and develop a Head Start systems model for pilot testing in 2003-2004. *See Head Start special project YRI Action Plan & Tracking Report for details.*

Objective #1.6: Deleted until new Head Start systems model is pilot-tested and ready for implementation (in FY 2003 – 2004).

Goal #2

Ohio communities will have access to population-based oral disease prevention programs.

Objective #2.1: 92% of Ohioans served by public water systems will receive optimally fluoridated drinking water. [Statewide Indicator]

ACTIVITIES:

- A. Facilitate collaboration with CDC and OEPA to:
 - 1. Transfer water fluoride data from Ohio EPA's DRINK system to CDC's Water Fluoridation Reporting System (WFRS).
 - 2. Utilize GIS mapping to produce maps of the locations of fluoridating, non-fluoridating and naturally fluoridated water systems.
 - 3. Expand efforts to comply with CDC recommendations for training personnel, and inspection of water treatment facilities as well as monitoring, surveillance and reporting of fluoride levels in drinking water.
 - 4. Place the most current information on fluoride levels of public water systems on the BOHS web page, enabling health professionals to accurately prescribe fluoride supplements.
- B. Improve access to information, as well as the quality of data available to staff and the public on fluorides and fluoridation
 - 1. Organize BOHS fluoridation files—computer and hard copy
 - 2. Add information to BOHS website on fluorides, providing links to valuable resources on effectiveness, safety, economics and status of community water fluoridation.

Objective #2.2: One new community will commit to implement water fluoridation. [BOHS Performance Measure]

ACTIVITIES:

- A. Maximize the impact of Ohio's fluoridation statute through fluoridation promotion and education efforts.

1. Develop an objective method of prioritizing communities that are not presently providing optimally fluoridated drinking water to their citizens
2. Utilizing this system of prioritization and current information from OEPA, target selected communities and provide information to generate interest in water fluoridation.
3. Assist the public, health practitioners and policy makers in targeted communities by providing current information, technical assistance, and organizational support necessary to implement water fluoridation

Objective #2.3: Communities without optimal water fluoridation or with high participation in the free and reduced cost meal (FRM) program participation will have the opportunity to operate a school-based fluoride mouthrinse program.

ACTIVITIES:

- A. Monitor the FMR program, particularly at those schools identified as high priority, to assess adherence to program guidelines.
- B. Assess participation at schools, maintain adequate supplies and provide technical assistance, as needed.

Goal #3

Communities will assess their oral health needs and resources and implement strategies to meet those needs.

Objective #3.1 Maintain current information on access to dental care and systems resources.

ACTIVITIES:

- A. Using GIS systems, maintain maps illustrating the locations of dentists who serve Medicaid recipients, OPTIONS patients, and safety net dental care programs. Maps of schools that qualify for sealant programs, areas served by fluoridating, non-fluoridating, and naturally fluoridated water systems and the locations of dentists receiving loan repayment by working in NHSC HPSAs.
- B. Develop a brochure summarizing the dental HPSA designation process and the current status of dental HPSAs and applications.
- C. Maintain and distribute a brochure listing safety net dental care programs. Make the list available through the ODH web site.
- D. Conduct screenings/surveys to assess the oral health status, treatment needs, and access to dental care of Ohio schoolchildren in sentinel schools and preschoolers age 2-5. Assess and analyze data.
- E. Collect, organize and maintain county level access related data to assist consultants in evaluating communities that may have potential for mobilizing oral health initiatives.
- F. Expand and improve BOHS presence on the ODH web page.

Objective #3.2 Build infrastructure for a system to stimulate developing community partnerships and oral health initiatives.

ACTIVITIES:

- A. Provide technical assistance on community development for local initiatives as warranted.
- B. Continue to evaluate customer satisfaction with technical assistance provided by BOHS staff on community development for local oral health initiatives.

- C. Prepare county-specific narratives on oral health status and resources for 6 selected counties and/or cities (including, but not limited to: Summit and Medina (follow-up narratives), Cuyahoga, Lima (city), Wayne and Butler).
- D. BOHS will provide consultation and technical assistance to communities with interest in developing dental partnerships/coalitions.
- E. Research new systems within Ohio with the potential for and interest in developing dental partnerships and/or coalitions.
- F. BOHS will maintain a current dashboard summary of community development activities. *See Community Development Tracking Spreadsheet.*

Objective #3.3: Facilitate the development and help build the infrastructure of safety net dental care programs in Ohio.

ACTIVITIES:

- A. Build capacity to provide technical assistance to safety net programs in Ohio by developing an understanding of all aspects of safety net clinic operation.
 - 1. Assist the Ohio Coalition for Oral Health subcommittee on Safety Net Dental Clinics with identifying opportunities and methods to compile information on safety net clinic operations (e.g., populations served, scope of services, funding sources, revenue, staffing, equipment, policies, procedures, scheduling, etc.)
 - 2. Participate in developing a dental safety net manual to provide guidance for the development of a clinical dental program.
 - 3. Coordinate the development and production of resource materials, including promotion of the Safety Net Dental Clinic Manual website (e.g. state specific fact sheets/worksheets) to communities interested in starting a dental clinic.
 - 4. Explore opportunities to establish a state loan repayment program or other incentives for dentist recruitment and retention in safety net dental programs.
- B. Provide technical assistance to communities interested in starting a safety net dental clinic.
 - 1. Assess the interest of FQHCs with or without dental clinics to establish or expand dental clinics.

Objective #3.4: 49 underserved areas in Ohio will have dental Health Professional Shortage Area (HPSA) designations or will have applications submitted to Division of Shortage Designations.

ACTIVITIES:

- A. Offer technical assistance to 8 sites due for renewal and assist 6 communities interested in

Ohio Department of Health, Bureau of Oral Health Services Workplan, 2003
establishing new federally designated dental HPSAs.

9

B. In cooperation with the Primary Health Care Section of the ODH Bureau of Community Health Services and Systems Development (BCHS&SD), assist sites in the placement of dentists.

Goal #4

Public policy in Ohio will include oral health as an essential component of health.

Objective #4.1: **Lead statewide planning for improving access to dental care.**

ACTIVITIES:

- A. Participate on and support the Ohio Coalition for Oral Health (COOH).
- B. Distribute the ODH/ODJFS Joint Report on Access to Dental Care.

Objective #4.2 **Coordinate implementation of recommendations from the Director's Task Force (DTF) on Access to Dental Care.**

ACTIVITIES:

- A. Track progress on the DTF recommendations/State Agency Action Plan (SAAP).
- B. Convene or facilitate stakeholders' meetings to determine feasibility of pursuing individual actions outlined in the SAAP.
- C. Work with other state agencies (ODJFS, ODE, Minority Health, etc.) to implement activities as outlined in the recommendations from the Director's Task Force on Access to Dental Care

Objective #4.3: **The Medicaid program will continue to make improvements to the fee-for-service dental program and the delivery of dental care through managed care programs.**

Objective #4.4: **Medicaid-serving managed care plans will reimburse all public health dental sealant programs that serve their members.**

Objective #4.5: **Develop a substantial funding stream to enable BOHS to provide subgrants to agencies to fund full-time dental clinics; award dollars when they become available.**

Objective #4.6: **Maintain awareness of the importance of access to dental care as a public policy issue.**

- A. Collaborate with OCOH to plan and convene a second Summit on Access to Dental Care, to be held in FFY2004.
- B. Collaborate with the Office of Public Affairs and the Office of Government Affairs to carry out the ODH communication plan for access to dental care.

ACTIVITIES:

Policy activities are situational. Objectives under Results Statement #4 will be addressed through participation of the Bureau Chief or his designees on various workgroups of the Ohio Department of Job and Family Services (Medicaid and CHIP), the Ohio Dental Association, the Ohio Coalition for Oral Health, the Ohio Academy of Pediatric Dentistry, and the Ohio State Dental Board (supervision of dental hygienists and/or auxiliaries). In addition, individual contact with representatives of these agencies and organizations as well as the ODH Government Affairs Office for issues before the General Assembly will be undertaken, as necessary.