

# **Georgia Oral Health Initiative 2002:**

**A Partnership For Improving Oral Health Access and Outcomes for Children**

Georgia Oral Health Strategies and Action Steps Developed by the

Georgia Oral Health Team

Attending the

May 2001

National Governors' Association Policy Academy

On Improving Oral Health Access and Outcomes for Children

## **Georgia Oral Health Initiative 2002: A Partnership For Improving Oral Health Access and Outcomes for Children**

Over the past four years, Georgia has begun to overcome the barriers to access for children's oral health services through the **Georgia Oral health prevention Program (GOHPP)**. However, despite inclusion of the full range of dental services in PeachCare for Kids (Georgia's Children Health Insurance Program), increased Medicaid/ PeachCare reimbursement, simplification of reimbursement paperwork, and expanded public health preventive oral health services, inadequate oral health care for children remains a significant problem.

Issues being addressed by the **Georgia Oral Health Initiative 2002** include:

- Provision of oral health preventative and treatment services to the uninsured and "no reimbursement" patients with moderate incomes (GOHPP);
- Development and implementation of surveillance and evaluation systems that will measure changes in oral health status indicators and access (Oral Health Process Evaluation, 2002);
- Improvement in delivering community health education on oral health issues;
- Increasing the supply of dental manpower and its distribution, if necessary; and
- Institutionalizing current partnerships and existing strategies for the future.

The emergence of seven strategies to further system development efforts relate to:

1. Funding;
2. Workforce supply and distribution;
3. Building community structures and support;
4. Health professional education and training;
5. Legislative and policy actions;
6. Expansion of dental services in community health centers; and
7. Tracking, surveillance, and evaluation.

In May 2001, the **Georgia Oral Health Team** (see page 11-12 for listing of individual members) attended the National Governors' Association Policy Academy on Improving Oral Health Access and Outcomes for Children. The Team collaboratively developed the Oral Health strategies and action steps outlined in this document.

The August 2002 **Georgia Oral Health Prevention Program Evaluation**, conducted by the Georgia State University Policy Center, documents the GOHPP activities in place in each health district; identifies models and best practices for high quality accessible services on a statewide basis; identifies barriers that must be addressed, and recommends next steps. Georgia recently received funds (Georgia-Access to Dental Services Grant) to conduct a similar evaluation of private dental services and potential resources in each district. This assessment will serve as the basis for selection of public/private partnership districts and establish a baseline for system building.

On September 20, 2002, the **Georgia Oral Health Summit** will bring together over 100 public and private oral health professionals and advocates at a statewide gathering to plan strategies and action steps for improving community access to oral health treatment and prevention services, especially for children.

These efforts supported by the **Georgia Oral Health Coalition** create a multi-pronged approach to address the complex problems of access to dental care and dental prevention for vulnerable populations, especially children. With these partnerships as a nucleus, a broad-based group must continue to be built that extends to all stakeholders.

**Oral Health Strategies and Action Steps Recommended by the Georgia Oral Health Team attending the National Governors' Association Policy Academy on Improving Oral Health Access and Outcomes for Children, May 2001**

**Strategy 1: Secure Funding**

- A. Develop and implement a public awareness campaign that is aimed at public and legislators

Action Steps:

1. Develop public awareness campaign for state and the local community
2. Implement public awareness campaign using audio and video public service announcements, pamphlets, posters, etc.
3. Develop and distribute educational packets and fact sheets to legislators

- B. Secure Funding from State, Federal, Corporations, and Foundations sources

Action Steps:

1. Develop a generic funding presentation
2. Identify funding sources
  - a. State:
    - 1) Tobacco settlement
    - 2) New excise tax on spit tobacco
    - 3) Indigent care trust
  - b. Federal:
    - 1) CDC
    - 2) NIDCR
  - c. Private:
    - 1) Corporations
    - 2) Foundations
    - 3) Academic Institutions
3. Identify contacts at potential sources
4. Adapt presentation document and submit to state, federal, and private sources
5. Develop new legislation and secure sponsors
  - a. Excise tax on spit tobacco
  - b. Increase in dental reimbursement under Medicaid and PeachCare for Kids
6. Develop state advocacy
7. Develop grass roots educational effort aimed at legislators

C. Monitor Medicaid and PeachCare for Kids reimbursement and ensure fair rates.

Action Steps:

1. Work to index reimbursement to inflation
2. Expand codes covered adequately by Medicaid and PeachCare for Kids
3. Continue to add codes that are covered

**Strategy 2: Supply and Distribution of Workforce**

A. Supply

Seek Support from the state legislature and Georgia Board of Dentistry to establish and explore data related to population and workforce issues in order to solicit legislative support and financial assistance for educational changes including more training slots, externships, curricular changes, etc.

Action Steps:

1. Create a network of minority and rural dentists to recruit students in High School and Colleges in their areas
2. MCG School of Dentistry work with AHEC to increase exposure and recruitment in rural areas.
3. Increase number of dentists and hygienists by increasing faculty at educational institutions
4. Encourage increase in class sizes of dental and hygiene programs based on results of population and workforce data

B. Distribution

Establish incentives to encourage dentists and hygienists to serve in rural or underserved areas of Georgia

Action Steps:

1. Communicate with legislators requesting an amendment to the Georgia rural state law to authorize state loan repayment grants for dentists and hygienists
2. Tax credits to dentists and hygienists in underserved areas
3. Public Relations campaign to inform communities of resources and opportunities through state and federal government
4. Explore HPSA designations for shortage areas (Isiah)
5. Explore feasibility of using volunteer dentists in rural or underserved areas

6. Explore possibility of sharing resources and personnel among public entities, such as CHC and public health departments
7. Explore feasibility of increasing salary levels for public health dentists and hygienists
8. Explore feasibility of increased usage of expanded duties of dental assistants

### **Strategy 3: Building Community Structures and Supports**

The state level has a responsibility for the development of and dissemination of best practice models to the local level. The local level conducts activities based on these strategies to build the systems and supports to improve the delivery of oral health and improve oral health status of children.

#### Action Steps:

- A. State-level Strategies/Activities
  1. Maintain and expand the state team
    - a. Decide if others should be in the core, e.g., Department of Education, Hygienists Association, etc.
    - b. Decide what other agencies/organizations need to be consulted with/brought in for specific strategies, e.g., AHEC, DOL, State Family Connections, business sector, Office of School Readiness, Headstart, AAP/AAFP (Roz/Aggie should follow up), DJJ
    - c. Further develop strategy plan and set priorities
  2. Develop a marketing and communication strategy
    - a. Hold State Summit to engage other state and local stakeholders
  3. Obtain needed TA from NGA, ASTDD
  4. Integrate approaches with state agencies/public programs
    - a. Develop an agenda/workplan for DPH
    - b. Develop an agenda/workplan for DCH/ORH
    - c. Examine areas for joint DPH/DCH approaches
    - d. Work with DOE – assistance from Carie in partnershiping
  5. Identify/seek funds for incentives, special initiatives in existing and proposed agency budgets
  6. Share information and opportunities among team members – both a clearinghouse and communication function
    - a. Implement joint activities emanating from these as appropriate
  7. Offer TA/resources to local efforts

B. Local-level Strategies/Activities

1. Maximize school-based oral health opportunities
  - a. Increase # of dental screenings/PH prevention activities
  - b. Involve PTAs and other parent groups in both public and non-public schools
  - c. Involve local Family Connection programs
2. Establish network approaches involving public and private partners
  - a. Develop pilots in 3-4 communities (rural, exurban/small city, urban) to design and test various models of service delivery and case management
    - 1) Develop criteria/parameters-should include information systems
    - 2) Select communities
    - 3) Identify champions in communities to move model
    - 4) Support local team building
    - 5) Seek incentive funding or other support for schools
  - b. Expand Office of Rural Health and Primary Care Regional Demonstrations to incorporate an oral health component
    - 1) Review current plans of 11 recent awardees to identify opportunities
    - 2) Then follow 2-5 in 2.a. above
  - c. Develop potential concepts for grant opportunities (federal, state, local, foundation, business)
3. Engage local level stakeholders
  - a. Reach dentists – GDA/GDA communication about initiative
  - b. Inform/educate Family Connection sites
  - c. Engage local health providers outside of public health network and identify physician champions
  - d. Bring hospitals and community health centers into framework
4. Infuse message throughout local level
  - a. Bring the message to stakeholders, families, and kids using various communication approaches
5. Expand existing service capacity
6. Explore joint venturing among public health, schools of hygiene, and community health centers

#### **Strategy 4: Oral Health Professional Training**

To provide opportunities and training for appropriate health care professionals including but limited to dentists, dental hygienists, physicians, school nurses, public health providers, of the importance of good oral health, including screening, diagnosis, referral and treatment.

##### Action Steps:

#### A. Oral Health Professionals

1. Work with MCG School of Dentistry to facilitate dental students having more clinical experiences with children ages 1-5.
2. Work with dental association to increase awareness of the need for general dentists to treat children ages 1-5.
3. Use DCH to educate Medicaid and PeachCare for Kids providers of the need for general dentists to treat children ages 1-5.
4. Enhance Medicaid reimbursement rates for certain treatment procedures for very young children as an incentive for general dentists to treat.
5. Work with the dental association and dental hygiene association to develop a CE program to education dental hygienists on standards for visual screenings and referrals.
6. Investigate possibility of including public health and community involvement in the curricula of dental school and dental hygiene school.

#### B. Interdisciplinary Training:

1. Work with the Academy of Pediatrics and the Association of Primary Care Physicians to determine appropriate strategies to engage pediatrics and primary care physicians in the oral health screening and referral process
2. Work with the Georgia Pharmacy Association to determine appropriate strategies for educating pharmacists on the importance of referring patients for dental services

#### C. Public Health Programs (i.e. state funded programs)

1. Work with DOE to develop appropriate training programs to educate school nurses on the protocol for oral screenings and referral
2. Work with WIC program to educate coordinators on the importance of oral health and of talking with Moms about oral health and seeing the dentists
3. Work with dental public health to develop education programs to train public health nurses on how to perform oral screenings and refer for treatment

4. Work with DCH to identify ways that training on oral health screening and referral can be incorporated into training for GCC cancer caregivers.

### **Strategy 5: Legislative Action Plan**

#### Action Steps:

- A. Write agenda – this group
  1. Request state study committee
  2. Look at national agenda (contact B. Edelstein)
  
- B. Buy WA Public Policy Campaign
  1. Funding by GDA, GDS and other grants
  
- C. Communicating with legislators
  1. Lobby, grassroots, education
    - a. GDA, GBS – lead
    - b. HMHB, GA for Children – support
  2. Invite legislature to summits and meetings
    - a. GDA, GDS
  3. Non-dentists to push reimbursement
    - a. HMHB, GA for Children
  4. Send action plan and other materials to Georgia legislator – state and U.S.
  5. Public forums with legislators, parents/kids
  6. Approach First Lady –GDA/GDS
  7. Approach edit. boards -GDA/GDS
  8. Legislator Day at Capital
  9. Involve dentists in contacting their own legislator
  10. Policy briefs- GSU
  11. Outcome of present funding
  12. Support Child Health Improvement Act of 2001
  13. Lobby agencies, agency boards, etc.
  14. Utilize NGA, NCSL, other national boards

### **Strategy 6: Get Dentists into Community Health Centers**

(Details to be filled at a later time. e.g. Apply for Federal Funds for Dental Services Expansion)

## **Strategy 7: Tracking, Evaluation, and Surveillance**

### Action Steps:

- A. Create unified state assessment, describing where we are in OH in Georgia
  - 1. County level, if possible
  - 2. Population data
    - a. Low income children, with racial/ethnic information, age group. Medicaid, PCK, and F/R meal program eligibles.
    - b. Medicaid-eligible pregnant women 21+
  - 3. Dental resources
    - a. Dentists, hygienists, expanded dental assistants, dental assistants, dental lab techs – private practice and public health
    - b. Non-dental health providers (public and private) – RNs, expanded RNs, PH nurses, physicians, pediatricians, school nurses
    - c. CHCs, migrant health clinics,
    - d. Voluntary and charitable clinics
    - e. Critical Access Hospitals
    - f. Professional schools
      - 1) dental
      - 2) non-dental
  - 4. Utilization
    - a. PeachCare and Medicaid claims (Reminder: new ADA codes into MMIS – all providers)
    - b. SHBP
    - c. Public health clinics
    - d. Insurance claims: (State dental plan, Commercial plans-Delta Dental)
  - 5. Fluoridation status
  - 6. Inventory of partnerships
  - 7. Inventory of referral sources
- B. Use assessment to identify unmet needs and demand
  - 1. Extract information from the assessment
  - 2. Oral health survey
    - a. Household
    - b. Clinic

C. Evaluations

1. Treatment urgency (Red, Yellow, Green) – being tested in Macon.
  - a. Who got follow up? Follow using all state databases.
2. Are we decreasing early childhood caries? (public health nutrition, nutritionists, WIC, headstart)
3. ET CETERA

D. Provide information in support of the other strategies, including lobbying

1. Policy briefs
  - a. Financing
  - b. Education
  - c. Manpower

Policy Academy on Improving Oral Health Access and Outcomes for Children

**Georgia Oral Health Team Members: 2002**

<p>Georgia Dept. Of Human Resources Designated Staff Person, Georgia Team E. Joseph Alderman, DDS, MPH Director, Oral Health Section 2 Peachtree Street NW, Suite 11-106 Atlanta, GA 30303-3142 (404) 657-2575/2571, Fax: (404) 657-7307 E-Mail: <a href="mailto:ejalderman@dhr.ga.state.gov.us">ejalderman@dhr.ga.state.gov.us</a></p>	<p>Georgia Dental Society Leon G. Pye, DDS 2427 Candler Road Decatur, GA 30032 (404) 284-3015, Fax: (404) 284-3309 E-Mail: <a href="mailto:ldmdpc@aol.com">ldmdpc@aol.com</a></p>
<p>Governor's Representative Office of Planning and Budget Carie Summers Health Policy Coordinator Office of Planning and Budget 270 Washington Street NW, Suite 8056 Atlanta, GA 30334 (404) 656-4395 <a href="mailto:ssce@mail.opb.state.ga.us">ssce@mail.opb.state.ga.us</a></p>	<p>Georgia Department of Community Health Argartha Russell, RN, MSA Director, Maternal and Child Health 2 Peachtree Street Atlanta, GA 30303 (404) 657-9093 <a href="mailto:arussell@dch.state.ga.us">arussell@dch.state.ga.us</a></p>
<p>Georgia Dept. Of Human Resources Michele Mindlin, MUP Grant Director, Division of Public Health 2 Peachtree Street NW, Suite 15- Atlanta, GA 30303-3186 (404) 657-2758, Fax: (404) 657- E-Mail: <a href="mailto:mmindlin@dhr.ga.state.gov.us">mmindlin@dhr.ga.state.gov.us</a></p>	<p>Georgia Oral Health Coalition Paul Turner Chair, Georgia Oral Health Coalition Director, Coalition Development Oral Health America 8205 Stonebrook Court Cumming, GA 30040 (770) 753-0952, Fax: (770) 751-6652 Email: <a href="mailto:Pajatum@bellsouth.net">Pajatum@bellsouth.net</a></p>
	<p>Georgia Spit Tobacco Education Program Sue Dodd Executive Director 10495 Stonefield Landing Duluth, GA 30097 Phone: 770/497-9790, Fax: 770/497-9960 E-mail: <a href="mailto:scdodd@mindspring.com">scdodd@mindspring.com</a></p>
<p>Georgia Association For Primary Health Care Elsie Brown Executive Director P.O. Box 1029 Atlanta, GA 30301 404-659-2861, Fax: (404) 659-2801 Email: <a href="mailto:ebrown@GAPHC.org">ebrown@GAPHC.org</a></p>	<p>Georgia State University Monica Herk, PhD School of Policy Studies, 1 Park Place South, Suite 660 Atlanta, GA 30303-3083 Tel: 404/651-1540, Fax: 404/651-3147 E-Mail: <a href="mailto:mherk@gsu.edu">mherk@gsu.edu</a></p>
<p>Georgia Dental Association Nelda Greene, Associate Executive Director, Georgia Dental Association 7000 Peachtree Dunwoody Road Suite 200, Bldg. 17 Atlanta, GA 30328 (404) 636-7553, Fax: (404) 633-3943 E-mail: <a href="mailto:greeneg@gadental.org">greeneg@gadental.org</a></p>	<p>Healthy Mothers Healthy Babies Coalition of Georgia Dena Stansbury, MSSW Executive Director 3562 Habersham at Northlake Building I, Suite 3 Tucker, GA 30084 (770) 451-0020 Ext. 201, Fax: (770) 451-2466 <a href="mailto:dena.stansbury@hmbhga.org">dena.stansbury@hmbhga.org</a></p>

<p>Morehouse University Prevention Center  Katherine Erwin, DMD  720 Westview Drive  Atlanta, GA 30310  (404) 756-5278, Fax: 404/756-5231  <a href="mailto:erwink@msm.edu">erwink@msm.edu</a></p>	<p>Medical College of Georgia School of Dentistry  Carole M. Hanes, DMD  Dept. Of Pediatric Dentistry  School of Dentistry  Medical College of Georgia  Augusta, GA 30912-1210  (706) 721-2116, Fax: (706) 721-6276  <a href="mailto:chanes@mail.mcg.edu">chanes@mail.mcg.edu</a></p>
<p>State Office of Rural Health  Isiah Lineberry, Executive Director  Tony Brown  Office of Rural Health Services  P.O. Box 310  Cordele, GA 31010-0310  229/401-3091, Fax: 229/401-3077  <a href="mailto:ilineberry@dch.state.ga.us">ilineberry@dch.state.ga.us</a>  <a href="mailto:tbrown@dch.state.ga.us">tbrown@dch.state.ga.us</a></p>	<p>State Representative  Lester G. Jackson, DDS  1501 Abercorn St.  Savannah, GA 31401  (912) 233-7970, Fax: (912) 233-2286  <a href="mailto:ljackson@legis.state.ga.us">ljackson@legis.state.ga.us</a></p>
	<p><b>Region IV - Alabama, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee</b>  Galo Torres, DDS  HRSA Regional Migrant Dental Consultant  Atlanta, Georgia  404-562-4121, 404-562-7999 fax  <a href="mailto:gtorres@hrsa.gov">gtorres@hrsa.gov</a></p> <p>(New Person)  HCFA Health Insurance Specialist  Atlanta, Georgia  404-562-7464, 404-562-7481 fax  <a href="mailto:rkelly@hcfa.gov">rkelly@hcfa.gov</a></p> <p>James C. Beall, DDS  HCFA Pediatric Dental Consultant  Charleston, South Carolina  843-571-5644, 843-571-5647 fax  <a href="mailto:jbeall@internet.net">jbeall@internet.net</a></p>