

Oral Health Plan Advisory Meeting

Pennsylvania Department of Health
Oral Health Program

Welcome and Logistics (10:00 - 10:30 am)

- Welcome
- Agenda Review
 - Meeting Purpose
 - Desired Meeting Outcomes
- Member Introductions and Icebreaker

Subject Matter Experts (10:30 - 11:00 am)

Department of Human Services

Department of Community & Economic
Development

Department of Aging

Bureau of Epidemiology

PA Oral Health Basic Screening Survey 2021 – 2022

Jun Yang, Ph.D.

Chronic Disease Epidemiologist

Bureau of Health Promotion and Risk Reduction &

Bureau of Epidemiology

PA Department of Health

August 4, 2023

Background

- **BSS first started in Ohio in 1999**
 - Funded by CDC
 - Association of State & Territorial Dental Directors (ASTDD) provided technical support
- **Purpose**
 - To collect community-specific oral health data
 - To monitor community oral health
 - To increase community capacity in promoting oral health

BASIC SCREENING SURVEYS:
*AN APPROACH TO MONITORING
COMMUNITY ORAL HEALTH*



Background

- **BSS was conducted every five years; most states have conducted BSS except NJ, TN, and DC**
- **Indicators for Children**
 - Untreated decay
 - Caries experience/treated decay
 - Sealants on permanent molars
 - Treatment urgency
- **Indicators for Adults**
 - Untreated decay
 - Edentulism
 - Treatment urgency

PA BSS Methods

➤ **Partners:**

- PA Coalition for Oral Health (PCOH)
- PA Department of Education (PDE)
- Public health dental hygiene practitioners (PHDHP)
- Certified School Dental Hygienists (CSDH)

➤ **Schools and students**

- Public schools
- Charter schools
- Third grade students

PA BSS Methods

➤ **Sampling:**

- The state-wide sample was randomly drawn proportional to district size and stratified by geographic region and income status.
- 80 schools selected => 74 (92.5%) participated
- 6,058 students invited => 4,234 (69.9%) participated

➤ **Information sharing and parental consent**

- Information was shared with school administrators
- Passive consent forms were distributed to parents

➤ **Screening form was developed**

➤ **Analysis was weighted => state-level estimates**

Sample Oral Health Screening Form/School Children

Screen Date: ____ / ____ / ____	School Code:	Screener's Initials:
ID Number:	Grade:	Age:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race/Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Black/AA <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Asian <input type="checkbox"/> Unknown	
Untreated Decay: <input type="checkbox"/> No <input type="checkbox"/> Yes	Treated Decay: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Sealants Perm Molars: <input type="checkbox"/> No <input type="checkbox"/> Yes	Treatment Urgency: <input type="checkbox"/> None <input type="checkbox"/> Early <input type="checkbox"/> Urgent	
Comments:		



PA BSS Results

Indicators	Overall Statewide Estimate			Children in Schools with <50% Eligible for NSLP			Children in Schools with ≥ 50% Eligible for NSLP		
	Estimate	Lower 95% CI	Upper 95% CI	Estimate	Lower 95% CI	Upper 95% CI	Estimate	Lower 95% CI	Upper 95% CI
Caries Experience (%)	60.2%	57.2%	63.2%	51.9%	48.3%	55.5%	67.9%	64.5%	71.3%
Untreated Decay (%)	25.8%	23.3%	28.3%	20.5%	17.9%	23.1%	30.9%	27.7%	34.0%
Dental Sealants (%)	36.7%	33.8%	39.5%	37.9%	34.1%	41.7%	35.6%	32.3%	38.8%
Urgent Need for Dental Care (%)	6.8%	5.4%	8.2%	4.3%	2.9%	5.7%	9.3%	7.4%	11.3%

NSLP: National School Lunch Program

PA BSS Results

Oral Health Indicators by Race/Ethnicity in Third Grade Students, PA, 2021 - 2022

Race/Ethnicity	Caries	Treated Decay	Untreated Decay	Urgent Treatment Need	Sealed Permanent Molars
White	56.9%	24.1%	46.1%	5.5%	38.5%
Black	65.1%	32.5%	50.9%	32.9%	30.8%
Hispanic	65.8%	27.8%	52.3%	27.5%	33.1%
Asian	66.2%	26.1%	56.7%	26.6%	26.0%
Multi-racial	64.5%	25.4%	54.1%	24.9%	41.9%

Discussion and Conclusion

- **Close to two thirds of third grade students have tooth caries in PA**
- **There are disparities in the oral health indicators by poverty and race/ethnicity**
- **Strategies and interventions**
 - **Increase dental sealant programs in schools**
 - **Increase fluoridated water systems**
 - **Increase targeted outreach and education**
 - **Increase access to affordable dental care**



THANK YOU!

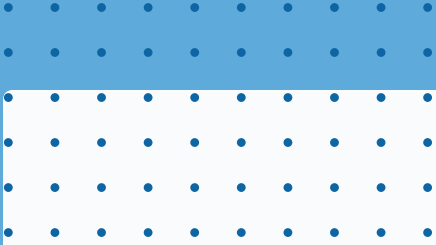
OHPAG Member Sharing (11:00 - 11:45 am)

- Stories from your agencies and organizations
 - Successes
 - Failures
 - Areas of improvement

Networking Lunch (11:45 – 12:30 pm)

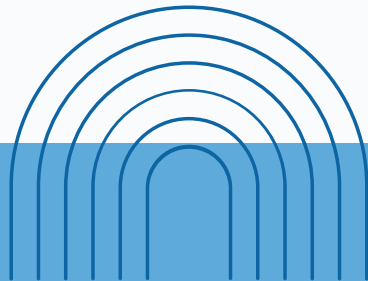
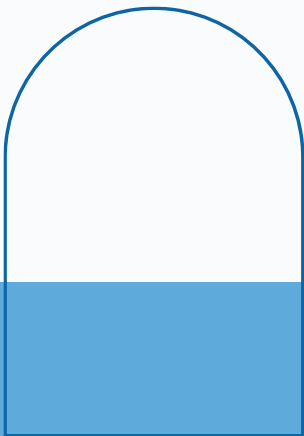
Please take the opportunity to meet and mingle with members you do not know well.

- Helen Hawkey
 - PA Coalition for Oral Health (PCOH)
- Discussion
 - Priorities
 - Access, Prevention, and Education
 - Workforce
 - Infrastructure



OHPAG Update

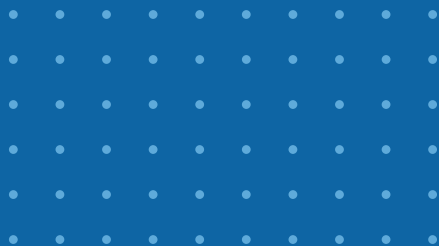
Helen Hawkey
PA Coalition for Oral Health
August 4, 2023





01. Identified Priority Action Steps
02. Update on Progress
03. Baseline Indicators
04. Progress Towards Measurable Outcomes

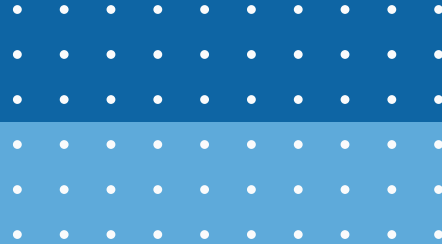
Objectives



01.

IDENTIFIED PRIORITY ACTION STEPS

2020-2030 State Oral Health Plan

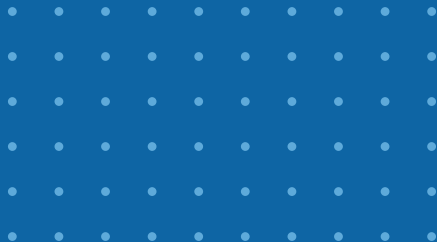
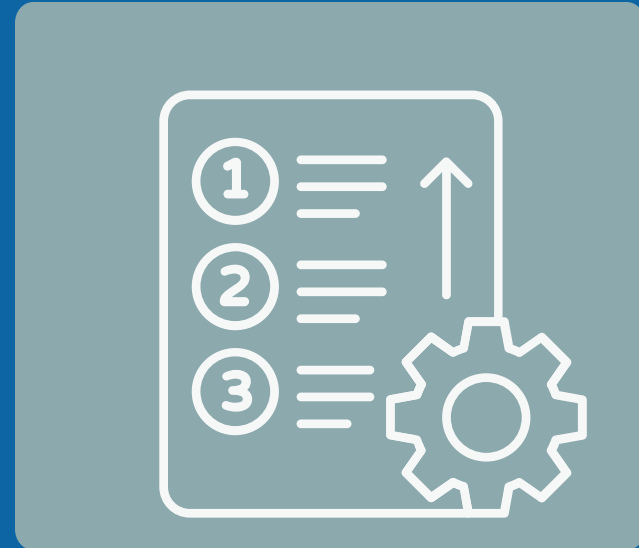


What are the action steps?

Within each priority area, potential work efforts are listed under each domain as bullet points. (see pages 17-22 of the Plan)

In the first three years of the Plan, the focus was on the domains of Health Infrastructure/Systems and Health Surveillance/Evaluation.

Now in year 4 of the Plan, the OHPAG will need to choose action steps to focus on for the next year.





Workforce, Domains 3-5, Page 20

Domain 3: Health Equity

- Promote and support the use of community health workers/navigators in traditionally underserved communities
- Incorporate underserved/rural community practice recruitment into dental and dental hygiene curricula
- Develop and support a diverse and well-qualified workforce to provide evidence-based dental care to all populations, including those with intellectual and developmental disabilities
- Identify and support pipeline program development to ensure a competent and diverse future oral health workforce
- Provide guidance and education to dental and medical health professionals and staff to better understand social determinants of health that impact oral disease risk



Domain 4: Health Policy and Advocacy

- Advocate for mandated and increased base level funding for the Medicaid dental fee schedule
- Revise current programs to allow for oral health services to be provided in school settings
- Develop or revise financial assistance programs for dental professionals who practice in rural areas and/or dental health professional shortage areas
- Develop recruitment and retention activities for retaining oral health professionals in FQHCs and similar centers
- Redefine and expand roles of dental and medical professionals through revisions to state medical and dental practice acts to meet needs effectively and equitably
- Identify key decision makers and public champions who can advocate and promote oral health from a health equity perspective



Domain 5: Health Community

- Increase interdisciplinary clinical and professional collaboration between the medical, behavioral and oral health workforce communities
- Promote education and training of medical primary care practitioners in the assessment and provision of basic oral health services
- In dental health professional shortage areas, utilize hospital personnel to provide oral health referrals
- Collaborate with external partners such as primary care associations, home visiting programs, advocacy organizations, philanthropic foundations and others to promote oral health programs, activities, strategies and policies
- Develop programs to reduce the use of emergency departments for non-traumatic dental care
- Increase the number/percentage of medical providers who conduct oral cancer screenings/exams



02.

UPDATE ON PROGRESS

2020-2030 State Oral Health Plan

Progress Spreadsheet

2023 UPDATE: OHPAG RESOURCE: ACTION STEP INFORMATION DOMAINS 1 & 2									
Access, Prevention and Education									
Domain 1: Health Infrastructure and Capacity									
#	Potential Action Items	Background/Current Data	Needs	Partners	2021 Baseline Status	Selected as Priority in YR1-2 (Mar 21-June 22)	Selected as Priority in YR3 (July 22-June 23)	2023 Update/Progress Notes	Possible Next Steps
1	Develop and maintain an accessible list of communities that receive optimally fluoridated water from a CWS	There are more than 2,000 public water systems in PA. Of those, approximately 180 of these systems fluoridate. PA does not participate in the national system that tracks water fluoridation at the CDC (My Water's Fluoride)	New way to reconcile the information received from water systems and the DEP listings.	PA DEP, PA water authority associations, PA water systems, PCOH, University of Pittsburgh Water Collaboratory	1. The list from DEP of fluoridating systems was reviewed and updated according to the information known. 2. A map with clickable layers for each system with its fluoridation status was launched in May 2021			Map has been updated annually since 2021. It is housed through the Pittsburgh Water Collaboratory. Both PCOH and DOH have links to the map on their websites. Since October 1, 2022, over 1,172 users have accessed the map. The map is also shared with water operators three times a year at conferences. The map project was shared at the CDC 2022 water fluoridation update national meeting.	*Possible share of the excel spreadsheet publicly (maybe just the yeses?) *Continue updating map annually
2	Replicate best practice models for school-based and school-linked sealant programs	The DOH managed 3 school sealant programs across the state, utilizing county and municipal health departments, and spanning back to the late 1990s. In 2017, PCOH was contracted by DOH to complete an assessment for the current school programs. In 2018, when PA was awarded the CDC oral health grant, it was decided to formalize these programs using CDC guidelines and the SEALS database for collection of information. At the same time, efforts were put forth to add new programs. By 2020, administration of these programs was delegated under the PCOH contract.	More schools and organizations to participate	DOH, PaCHC, PCOH, local health departments, FQHCs, community health centers, school district dental hygiene programs	1. School-based programs are being added regularly. There are now 10 signed MOUs with grantees who provide sealant services to 73 schools around the state. 2. A SSP Manual has been developed, and new materials are being sent to all programs for school outreach.			9 programs are currently being operated in the state. A total of 80 schools were reached in the 21-22 school year, and 114 are expected to be reached in 22-23. The SSP Manual has been regularly updated and shared with all programs. DOH and PCOH continue to recruit new programs. Site visits will be conducted in 22-23 for the first time since 2019.	*Continue to add programs through FQHCs, County and Municipal Health Departments, and School Districts. *Consider talking with School-Based Health Centers about starting a program. *Provide continued in-person training and updates to state dental hygienists regarding the SSP Manual and school-based sealant programs.
3	Expand the provision of oral health services at federally qualified health centers (FQHC) and rural health clinics (RHC)	There are approximately 97 dental sites located at FQHCs statewide. There are 13 RHCs (out of approximately 70) that offer oral health education or treatment.	There is funding available through 2021 from DOH to help FQHCs and RHCs develop or expand dental clinics.	Pennsylvania Office of Rural Health, DOH, PCOH, PACHC	DOH has funded 3 RHCs since 2018		X	A list was acquired and the total updated number of FQHC sites offering dental services is now at 127. The three sites at Rural Health Clinics funded through the 2018-2022 HRSA grant were able to provide services to 10,267 individuals over the 4-year period of the grant.	*Continue to track the number of FQHC and RHC sites. *Work with sites to add nicotine and tobacco cessation, HPV vaccine education, and mental health screenings to the dental provider services. *Explore medical-dental integration efforts with FQHCs
4	Increase the number of telemedicine programs that offer oral health services	Telemedicine and teledentistry, though not yet regulated formally in PA, have both been increasingly used for the last 10 years in the state. COVID has highlighted the importance of this work and has allowed an opportunity for more providers to use it. The 2018-2022 HRSA grant includes funding to support a project with the Erie County Department of Health. This project model allows a PhDHP (direct access dental hygienist) that works at the ECDH to visit early learning centers and Head Start facilities, providing clinical preventive services. Teledent records are collected, and then reviewed in an asynchronous fashion by a collaborating dentist in the area who is willing to see all children referred by this project.	Current tracking of existing projects - there are many happening and a need for better tracking		1. There are current legislative initiatives to recognize telemedicine (including teledentistry), as well as just teledentistry, in the state legislature. 2. Managed Care Organizations and PADHS are willing to pay for these services. 3. The HRSA project is on target to reach 300 Medicaid-eligible children and their families by August 31, 2022.		X	During the 2021-2022 legislative session, HB1729 was introduced to codify teledentistry and require insurance payments. It was never voted on and died at the close of the 22 session. PCOH has secured an assurance from the bill sponsor that it will be re-introduced in the 2023-2024 session. DHS recognized services provided by teledentistry as approved services with a Medicaid bulletin (www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20MAP/MAB2022061301.pdf) in June of 2022. The HRSA 18-22 project was able to serve 154 children through sites in Erie and Schuylkill counties.	*Reintroduce and pass a bill codifying teledentistry. *Assist providers with utilizing teledentistry.
		The state has been involved in a variety of programs over the years with many partners around this action step. Since 2014, programs like Cavity-Free Kids , Age One Connect the Dots , Healthy						PCOH continues to house a webinar portal with dental prevention courses offered free of charge to providers and the public. Since 2020, 1,061 course registrations have been	*How about informing through a health

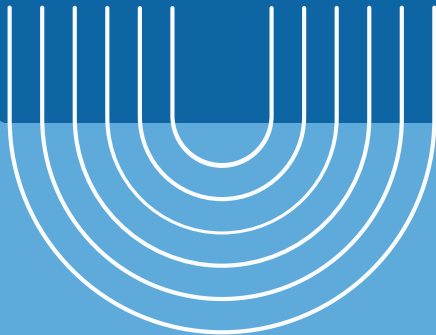
Available on
www.paoralhealth.org/ohpag



03.

BASELINE INDICATORS

2020-2030 State Oral Health Plan





- Increase % of people served by water systems receiving optimally fluoridated water
 - **64.24% > 66.00%**
- Increase preventive oral health care (dental visit) for children
 - **45.50% > 55.00%**
- Increase preventive oral health care (dental visit) for children with special healthcare needs
 - **32.37% > 38.00%**
- Increase preventive oral health care (dental visit) for pregnant women
 - **50.40% > 55.00%**
- Increase preventive oral health care (dental visit) for adults
 - **70.00% > 75.00%**
- Reduce percentage of untreated decay in children
 - **25.80% > 22.80%**
- Reduce incidence of tooth loss in adults 18-64
 - **34.00% > 29.00%**

Access: 2030 Goals



Access: 2030 Goals

- Reduce incidence of tooth loss in seniors 65+
 - **27.00% > 32.00%** (based on seniors with no tooth loss)
- Increase the percentage of third grade children with dental sealants
 - **36.70% > 41.70%**
- Increase the number of programs providing children ages 6-14 with dental sealants
 - **61 programs > 122 programs**
- Increase the number of underserved children with an age one dental visit
 - **18.43% > 23.00%**
- Reduce the incidence of children receiving dental services under general anesthesia
 - **1.66% > 1.50%**
- Reduce the incidence of oral cancer and oropharyngeal cancer
 - **12.7:100,000 > 12.7:100,000***



Workforce: 2030 Goals

- Increase the percentage of hygienists, general dentists, and specialists participating in the Medicaid program
 - **23.00% > 26.00% (general dentists)**
- Increase the number of general dentists who bill \$10,000+ per year in the Medicaid program
 - **1,074 > 1,181**
- Decrease the number of DHPSA county-level designations
 - **41 > 38**
- Increase the number of primary care medical providers who bill Medicaid for oral health services
 - **918 > 1500**
- Increase the number of community health workers (or similar) providing oral health education to their clients
 - **64.00% > 74.00%**

04.

UPDATE ON MEASURABLE OUTCOMES

2020-2030 State Oral Health Plan



Access, Prevention, & Education

MEASURABLE OUTCOME	2030 Goal	2018	2019	2020	2021	2022
A1. Increase percentage of people served by community water systems receiving optimally fluoridated water	66.00%		64.24%	60.54%	63.29%	Pending
A2. Increase preventive oral health care (dental visit) for children	53.00%		45.86%	40.31%	45.18%	
A3. Increase preventive oral health care (dental visit) for children with special health care needs	38.00%			32.37%		
A4. Increase preventive oral health care (dental visit) for pregnant women	55.00%		50.40%	43.86%	45.25%	
A5. Increase preventive oral health care (dental visit) for adults	75.00%	70.00%		70.00%		
A6. Reduce percentage of untreated decay in children	22.80%					25.8%








Access, Prevention, & Education

MEASURABLE OUTCOME	2030 Goal	2018	2019	2020	2021	2022
A7. Reduce incidence of tooth loss in adults 18-64	29.00%	34.00%		31.00%		Pending
A8. Reduce incidence of tooth loss in seniors 65+	65.00%	73.00%		70.00%		
A9. Increase the percentage of third grade children with dental sealants	41.70%					36.7%
A10. Increase the number of programs providing children ages 6-14 with dental sealants	122		61	31	81	
A11. Increase the number of underserved children with an age one dental visit	23.00%		18.43%	15.90%	19.21%	
A12. Reduce the incidence of children receiving dental services under general anesthesia	1.50%			1.66%	2.01%	
A13. Reduce the incidence of oral cancer and oropharyngeal cancer	12.70	12.7	12.5	11.5	not released	not released



Workforce

MEASURABLE OUTCOME	2030 Goal	2018	2019	2020	2021	2022	
B1. Increase the percentage of hygienists, general dentists, and specialists participating in the Medicaid program	26%		23%		23.50%		
B2. Increase the number of general dentists who bill \$10,000+ per year in the Medicaid program	1,181			1,074		Exp. Aug 22	
B3. Decrease the number of DHPSA county-level designations	38		41			41	
B4. Increase the number of primary care medical providers who bill Medicaid for oral health services	1,500	918	636		Exp. Aug 22		
B5. Increase the number of community health workers (or similar) providing oral health education to their clients either in community health centers or place of residence	73%				63.8%	53.30%	

Infrastructure

MEASURABLE OUTCOME	2030 Goal	2018	2019	2020	2021	2022
C1. Implement/maintain a comprehensive state oral health surveillance system (SOHSS) in accordance with the National Oral Health Surveillance System	Yes	No	Yes	Yes	Yes	Yes
C2. Foster and grow a diverse, sustainable, and collaborative state oral health coalition	Yes	Yes	Yes	Yes	Yes	Yes
C3. Evidence of effective cross-governmental partnerships with internal DOH and external government entities (e.g., DEP, DHS, PDE) to develop and partner on educational initiatives, data collection, analysis, and reporting, policy initiatives, and program priorities	Yes	Yes	Yes	Yes	Yes	Yes
C4. Establish a robust state oral health program with the capacity to meet the ASTDD's 10 Essential Dental Public Health Services created from the CDC model	Yes	Growing	Growing		Growing	Growing



Identifying New Priorities (1:00 – 2:00 pm)

- Series of 3 Groups
 - 15 minutes within each priority, then rotate
 - Focus on the action steps identified under domains 3 through 5
 - Identify areas where PA should work next
 - We will conclude with an opportunity to share your comments

Meeting Summary/Next Steps (2:00 – 2:30 pm)

- Summary
- Next Steps
 - ▣ Review notes
 - ▣ Visit paoralhealth.org/OHPAG to review materials
 - ▣ Complete the survey for priorities
 - ▣ Send comments/additional materials to info@paoralhealth.org
 - ▣ Next meeting is virtual
 - ▣ Friday, January 19th, 10am-12pm