

State Oral Health Plan Comparison Tool

Overview & Methods

The *State Oral Health Plan Comparison Tool* is a relational database with the latest information on state oral health plans. Each state plan has been analyzed and their components categorized into 24 distinct content areas to allow for simple evaluations and easy interstate comparisons. The objective of the *Comparison Tool* is to serve as a source of ideas and references that ease and encourage cross-state comparisons of oral health, as to promote the development and improvement of the oral health plans within each state.

Background

The *State Oral Health Policy Comparison Tool* was originally developed in 2005-06 to provide an overview of the current state of state oral health plans and to facilitate cross-state comparisons. Over the past four years, states funded through the Centers for Disease Control and Prevention (CDC) State-Based Oral Disease Prevention Program and other states have updated or created new plans. The most recent review (September 2015) resulted in some revisions to the previous *Comparison Tool*, in order to capture the most recent information and ensure that each category includes a thorough list of all related content. The *Comparison Tool* is updated annually as to remain an accurate and useful tool for oral health advocates nationwide.

Using the Comparison Tool

The *Comparison Tool* provides an overview of what is included in each state's oral health plan, categorizing the state goals into 24 categories.

Each check mark (X) is an active document-based hyperlink that, when clicked, will take the user to the specific language within the oral health plan pertaining to that particular category. The *Comparison Tool* also has a tab entitled, "State Links" that contains web hyperlinks that, when clicked, will take the user to the original state oral health plan of a given state. Finally, at the top of each state-specific tab, the state name itself is a hyperlink that, when clicked, will take the user directly to that state's oral health plan.

Since there is no standard nomenclature used nationally within state plans, the *Comparison Tool* lists each section of the plan using the distinct language from the state document. As a result, the wording for one state might list "goals" and then "action steps" needed to realize the goal, while that of another state might list "objectives" and then "strategies" recommended to get there. The common denominator between all language utilized within the *Comparison Tool* is that it all aims to address and/or mitigate specific oral health problems in that state; precatory language is generally not listed unless there is/are also a specific step(s) to support it. The *Comparison Tool* also lists the exact page number on which each part of the plan can be found within the state oral health document. Ideally, the use of hyperlinks, original wording, and inclusion of page numbers, should allow for the *Comparison Tool* to more effectively facilitate references to the original state documents. For additional help locating specific language, the user may decide to use the "Find" engine in their Excel/Excel-equivalent software (accessible through control+F keys on PC computers or command+F keys on Mac computers). Please note that there are often more goals in each category than can be viewed on in the default Excel box size; in order to view all goals, please double click on the box of interest.

The tool includes a basic sum at the end of every column and every row, which allows for both inter-category and inter-state comparison.

Research Methods

The *State Oral Health Policy Comparison Tool* was developed using multiple internet-based resources to search for the most recent plans available for public consumption. The [CDC-DOH website](#) provided a source for locating the oral health plans of the 21 states receiving funding from CDC-DOH, as well as the oral health plans of the other non-CDC-funded states. These plans were then cross-checked via the use of the association of State and Territorial Dental Directors website on state programs (<http://www.astdd.org/state-programs/>), and of internet search engines (Google, Yahoo, etc.), to ensure that the *Comparison Tool* is in fact utilizing the most thorough and recent state oral health plans.

Categorization

State oral health plans have multiple components aimed at addressing the various sectors of oral health in an effort to systematically affect comprehensive change and improvement within the state. Each plan approaches similar issues differently, which requires the use of categories to allow for cross-state comparisons.

Most of the “goals” fall into only one of the 24 categories of the *Comparison Tool*. However, when a state “goal” does fall into more than one category, it is listed as such. Listing each goal in all appropriate categories allows for the use of the *Comparison Tool* as a tool for thorough inter-state comparison on a single category, independent of the other categories. This cross-category listing is an addition made to the February 2015 *State Oral Health Comparison Tool* publication.

The 24 categories can be considered within nine main themes. While some categories are self-explanatory, all definitions are listed below as to ensure complete understanding of the categorization used in the *Comparison Tool*:

CDC Oral Health Recommendations:

- **Fluoridation:** Any component of a plan that aims to expand access to fluoridation, whether by the use of fluoridated rinses, fluoride varnishes, water fluoridation, etc.
- **Sealants:** Any component of a plan that aims to expand the understanding, availability, or use of dental sealants.

Care/Services:

- **Access to Care:** Any component of a plan that either specifically aims to address the general public’s access to dental services or implies it through improved logistics of care. These include improved availability of dental insurance, providing transportation options to access providers, expanding hours of operation for dental services, developing new health care delivery systems, developing recruitment funding and/or loan repayment and/or dental reimbursements to increase the amount of dental care providers, care coordination (e.g. a social worker or care coordinator who makes dental appointments and brings the patient to the dental office), translation services, etc. This category does not include unsupported goals which aim to increase access care; these components must explain how to realize each goal.
- **Cultural Competence of Care:** Any component of a plan that aims to expand the cultural competency of oral health care in order to more effectively meet the needs of a diverse public, be it through increased diversity of the oral health workforce, implementation of diversity trainings for dentists, partnerships with groups representing minorities, the provision of translation services, etc.
- **Case Management/Integration of Health Services/Continuity of Care:** Any component of a plan that aims to ensure case management, integration of health services, and/or the continuity of oral health services throughout one’s lifespan. For links/groups that aim to address or manage oral health services, see the category ‘Coalitions/Partnerships.’

- **Safety Net/Underserved Populations:** Any component of a plan that aims to improve services and care for underserved/at-risk populations (see Vulnerable/At-Risk Populations below) and/or reduce disparities, through the expansion of the dental safety net. The dental safety net is comprised of community health centers including Federally Qualified Health Centers (FQHCs) and their variants (Rural Health Centers, migrant health centers, tribal or urban Indian health centers, etc.), dental schools and dental hygiene programs, School Based Health Centers (SBHC), and volunteer programs such as Missions of Mercy, etc. Components of a plan that address the health of specific at-risk population are not listed in this category, and are instead listed in the category for that specific at-risk population.
- **School-Based/Community Based Programs:** Any component of a plan that aims to develop, implement, or further promote oral health programs in a community setting, be it through schools, local public health programs, doctors offices, dental organizations, etc. For community-based fluoride systems, see the category ‘Fluoridation.’ For school-based sealant programs, see the category ‘Sealants.’

Stakeholders in Oral Health:

- **State Leadership:** Any component of a plan that aims to create, or support, individuals, groups, programs, and policies that address oral health at the state level. This may be in the form of a state dental health director, a state oral health task force, plans to integrate oral health into state health policy, oral health programs enacted by statewide agencies, etc.
- **Coalition/Partnerships:** Any component of a plan that aims to encourage the establishment, or support, of collaboration and partnerships between different individuals and groups who promote oral health within the state. For more information as to oral health coalitions, we are partnering with the American Network of Oral Health Coalitions (ANOHC) to develop a web-based “State Oral Health Coalition Comparison Tool.” The expected launch of the new tool is Fall 2012.

Workforce

- **Workforce Issues:** Any component of a plan that aims to improve recruitment, retention or capacity of the oral health workforce within the state. This category includes the expansion of health professional trainings, residency programs to improve licensure, intern/externship and volunteer opportunities that specifically aim to develop workforce capacity, and the expansion of loan-forgiveness policies, or other financial incentives (such as improved reimbursement rates), which encourage dentists to work in certain areas or with specific populations. For more goals related to building workforce capacity, see the categories ‘Dental Professional Education’ and ‘Non-dental Professional Education.’
- **Dental Professional Education:** Any component of a plan that aims to develop, implement, or further promote oral health education for dental professionals within the state. This category often overlaps with the “increased capacity” aspects of the oral health workforce (e.g. include health professional trainings, residency programs, etc.). For professional training, residency programs, etc., see the category ‘Workforce Issues.’
- **Non-dental Professional Education:** Any component of a plan that aims to develop, implement, or further promote oral health related education for non-dental professionals within the state. This category often overlaps with the “increased capacity” aspects of the health workforce (e.g. improving oral health trainings for medical professionals, etc.) For professional training, residency programs, etc., see the category ‘Workforce Issues.’

Vulnerable (At-Risk) Populations: Note that goals that generally address “vulnerable” or “at-risk” populations were not always listed within a category unless they mentioned that specific population; if you wish to find goals pertaining generally to “vulnerable” or “at-risk” populations, utilize the “Find” engine in your Excel/Excel-equivalent software with the word “vulnerable” or “at-risk” in the search box.

- **Early Childhood:** Any component of a plan that aims to promote the oral health of children between the ages of 0-5 years old within the state.
- **Pregnant women:** Any component of a plan that aims to promote the oral health of pregnant women within the state.
- **Seniors:** Any component of a plan that aims to promote the oral health of seniors in the state, generally identified as adults over the age of 65.
- **Tobacco and alcohol users/Cancer prevention:** Any component of a plan that aims to improve the oral health of tobacco or alcohol users. This category also includes any component of a plan that promotes preventive methods in oral health against the development of cancer, which is strongly associated with the use of tobacco.
- **Disabled/Special Needs:** Any component of a plan that aims to improve the oral health of individuals with intellectual or developmental disabilities, and/or individuals with other special needs.

Oral Health Literacy/Public Education:

- **Increasing Policymaker and Public Awareness of OH:** Any component of a plan that aims to increase policymaker and public awareness of oral health, be it through political campaigns, websites aimed to increase awareness, public health forums addressing oral health, educational workshops on oral health, etc. As the general public is comprised of many subpopulations, this category includes goals aimed towards increasing awareness of OH for a specific population (such as oral health education in nursing homes or day cares).

Funding or Financing:

- **Medicaid/Medicaid-equivalent Funding and Care:** Any component of a plan that aims to improve the funding, or quality, of Medicaid, or Medicaid-equivalent, care within the state.
- **General Funding:** Any component of a plan that aims to support or increase funding for oral health programs and initiatives (including Medicaid/Medicaid-equivalent), be it through increased use of government or private grants, increased financial incentives (loan-forgiveness, higher reimbursement rates, etc.) to encourage dentists to practice, funding of local agencies to operate oral health programs, etc.

Analysis or Review:

- **Program/Policy Evaluation:** Any component of a plan that develops, implements, or further promotes assessment methods for oral health programs and policies in the state.
- **Surveillance/Data Reporting/Outcomes Target:** Any component of a plan that develops, implements, or further promotes assessment methods for oral health data in the state, be it through the use of data tracking by dentists, state-run oral health outcome evaluations, etc.
- **Healthy People Objectives:** Any component of a plan that specifically lists a Health People Objective of 2010 or 2020.

Other:

- **Miscellaneous:** A brief list of any additional components within the plan that aim to improve oral health within the state. These components tend to be unique aspects of the state's plan; these items, not commonly found within other State Oral Health Plans, are grouped in the Miscellaneous category by topic.

Two population categories were added to this version of the *Comparison Tool* that did not exist in the first iteration:

- **Seniors**
- **Disabled/Special Needs**

The following categories were amended from their original phrasings (on the left) for greater specificity and/or to better fit the current objectives in state oral health plans:

- **Early Childhood** → **Early Childhood (0-5 years)**
- **Evaluation** → **Program/Policy Evaluation**
- **Community Health/Underserved Areas** → **Safety Net/Underserved Areas**
- **Burden Documents/Surveillance** → **Surveillance/Data Reporting/Outcomes Targets**
- **Medicaid/Medicaid-equivalent Funding** → **Medicaid/Medicaid-equivalent Funding and Care**

Looking at the Patient Protection and Affordable Care Act (“ACA”) (Enacted 2010)

The ACA includes many provisions that relate directly to oral health and dental care. With this knowledge, the State Oral Health Comparison Tool may be used to view and analyze not only oral health initiatives on a state level, but also how the ACA may provide opportunities to expand those efforts.

The chart below lists provisions from the ACA that support distinct categories within the State Oral Health Plans.

State Oral Health Plan Category of Activity	ACA Section and Oral Health Provision	CDHP Summary of Oral Health Provision
State Leadership	SEC. 4102(c): Cooperative Agreements to Improve Oral Health Infrastructure	Requires CDC to enter into cooperative agreements with the states, territories and Indian tribes to improve oral health infrastructure through leadership and program guidance, data collection and interpretation of risk, delivery system improvements, and science-based population-level programs. Congress will need to appropriate the necessary funds to fully realize an expansion to all states, territories, and tribes.
Surveillance/Data Reporting/Outcomes Targets	SEC. 4102(d): Oral Health Care Surveillance Systems	Requires that the Secretary update and improve national oral health surveillance by: <ul style="list-style-type: none"> i. requiring the inclusion of oral health reporting on pregnant women through PRAMS ii. retaining the current NHANES “tooth-level” surveillance iii. requiring the MEPS survey findings be validated through a “look back” procedure iv. requiring all states to participate in the CDC’s National Oral Health Surveillance System (NOHSS)
Coalitions/Partnerships	SEC. 5101: National Health Care Workforce Commission	Establish a National Health Care Workforce Commission, for which oral health care workforce capacity is a designated high priority area for review. The Commission will: support national, state and local policymaking; coordinate workforce issues across agencies; evaluate the education and training of health professionals with regard to demand for services; facilitate coordination across levels of

		government, and encourage workforce innovations.
Sealants	SEC. 4102(b): School-based Dental Sealant Program	Requires that all states, territories and Indian tribes receive grants for school-based dental sealant programs.
Increasing Policymaker & Public Awareness of Oral Health	SEC. 4102: Public Education Campaign	Requires the Secretary to establish a 5-year, evidence based public education campaign to promote oral health, including a focus on early childhood caries, prevention, oral health of pregnant women, and oral health of at-risk populations.
Workforce Issues (Recruitment, Retention, Licensure, etc.)	SEC. 5303: Workforce Development	Establishes a unique appropriations line item for training of general, pediatric, and public health dentists and appropriates \$30M for FY2010 to train oral health workforce.
	SEC. 5303: Faculty Loan Repayment Program	Establishes a dental faculty loan repayment program for faculty engaged in primary care dentistry to include general dentistry, pediatric dentistry, and public health dentistry. Priorities are established for eight categories of faculty who collaborate with medical care providers; demonstrate retention of trainees in primary care and public health dentistry; demonstrate training of rural, disadvantaged, and minority dentists; collaborate with FQHCs and other safety-net providers; teach in programs that target underserved populations of all ages and medical social conditions; teach cultural competency and health literacy; succeed in placing graduates in underserved areas or in the services of underserved populations; intend to establish training programs for special needs populations (inclusive of disabled, cognitively impaired, medically complex, physically limited, and vulnerable elderly).
	SEC. 5304: Alternative Dental Health Care Providers	Establishes five-year, \$4 million 15-site demonstration program beginning within two years to “train or employ” alternative dental health care providers. Defines “alternative dental providers” to include currently proposed new dental professionals (by the American Dental Association, American Dental Hygienists’ Association, and others) and others to be determined by the DHHS Secretary. Charges the DHHS Secretary to contact with the Institute of Medicine in evaluating this program.

	<p>SEC. 5315: Public Health Workforce</p> <p>SEC. 5508: Primary Care Residency Programs</p>	<p>Establishes through the Surgeon General a multidisciplinary health professional training program for select individuals committed to public health and safety. The program supports stipends and loan repayments as well as grants to institutions (including dental schools) and obligates trainees to service in the National Health Service Corps proportional to the years of training support. Requires that Track trainees tailor their pre-doctoral education and postdoctoral training to disciplines pertinent to public health and safety and that educational preparation involves community based experiences in multidisciplinary teams. Establishes “Elite Federal Disaster Teams” comprised of Track faculty and students to respond to national emergencies (public health, natural disaster, bioterrorism, and other emergencies)</p> <p>Establishes three-year, \$500,000 grants to establish new primary care residency programs, including dental programs.</p>
Dental Professional Education	<p>SEC. 5303: Dental Workforce Training Program</p> <p>SEC. 5508: Graduate Medical Education</p>	<p>Expands “Title VII” dental workforce training program to include training of dental students and practicing dentists as well as residents; providing financial assistance to dental trainees (including dental hygienists); developing new training programs; expanding faculty capacity through traineeships and fellowships for dentists committed to teaching; grants for faculty development; and faculty loan repayment programs’ advancing pre-doctoral training in primary care dentistry; providing technical assistance to pediatric dental training programs in population and public health issues.</p> <p>Provide funding for new and expanding graduate medical education, including dental education.</p>
Non-Dental Professional Education	SEC. 5507(a): Non-Dental Workforce Training Program	Health workforce
Case Management/Integration of Health Services/Continuity of Care	SEC. 4102: Dental Caries Disease Management	Establish a grant program to demonstrate the effectiveness of research-based dental caries disease management.

School-Based/Community-Based Programs	SEC. 4101: School-based Health Centers	Provides grants to school-based health centers and includes oral health services in qualified services to be provided at those centers.
Safety Net/Underserved Areas	SEC. 4101(b): School-based Health Centers SEC. 5304: Alternative Dental Health Care Provider Training SEC. 10503(b): Community Health Center Fund SEC. 10503(c): Health center construction and renovation	Provides grants to school-based health centers and includes oral health services in qualified services to be provided at those centers. Provides grants to train or employ alternative dental health care providers to increase the number of providers in rural and other underserved communities Appropriates \$11B over a 5-year period to establish a Community Health Center Fund. Provides funds for health center construction and renovation.
Cultural Competence of Care	SEC. 4102: Public Education Campaign SEC. 5303: Faculty Loan Repayment Program	Requires the Secretary to establish a 5-year, evidence based public education campaign to promote oral health, including a focus on early childhood caries, prevention, oral health of pregnant women, and oral health of at-risk populations (“in a culturally and linguistically appropriate manner”) Establishes a dental faculty loan repayment program for faculty engaged in primary care dentistry to include general dentistry, pediatric dentistry, and public health dentistry. Priorities are established for eight categories of faculty who collaborate with medical care providers; demonstrate retention of trainees in primary care and public health dentistry; demonstrate training of rural, disadvantaged, and minority dentists; collaborate with FQHCs and other safety-net providers; teach in programs that target underserved populations of all ages and medical social conditions; teach cultural competency and health literacy; succeed in placing graduates in underserved areas or in the services of underserved populations; intend to establish training programs for special needs populations (inclusive of disabled, cognitively impaired, medically complex, physically limited, and vulnerable elderly).
Early Childhood	SEC. 1302(b)(4): Oral Health Services for	Requires that all insurance packages that are made available through state Exchanges to the uninsured and to small groups include oral care

	Children	for children
Disabled/Special Needs	SEC. 4203: Dental Medical Diagnostic Equipment	Establish standards for accessibility of medical and dental diagnostic equipment for persons with disabilities.