State Oral Health Plan Comparison Tool Summary Analysis
Updated September 2015

The ***State Oral Health Plan Comparison Tool*** ("Comparison Tool") documents information from 43 states with specific state oral health plans. The plans range in (latest) adoption date from 2002 to 2015, including states[1] currently funded by the Centers for Disease Control and Prevention (CDC) through the State-Based Oral Disease Prevention Program.[2]

In order to better analyze the oral health plans, 24 categories were created (22 specific topics, as well as one miscellaneous category and one category for Healthy People Objectives). The following trends do not include data from the miscellaneous category, nor the category for Healthy People Objectives; instead, in an attempt to facilitate analysis of important and specific oral health topics, we noted trends among the first 22 topic categories:

1. Of the states with oral health plans, 86.04% (37/43 states) address at least 16 of categories (2/3 of all categories) within their plans' objectives.

2. The six categories most often addressed in state oral health plan goals and objectives are:
   - Access to Care (97.67%);
   - Coalitions/Partnerships (100%);
   - Increasing Policymaker & Public Awareness of Oral Health (97.67%);
   - Safety Net/Underserved Areas (93.02%);
   - Surveillance/Data Reporting/Outcomes Targets (97.67%); and
   - Workforce Issues (97.67%).

3. The six categories least often addressed in state oral health plan goals and objectives are:
   - Cultural Competence of Care (65.11%);
   - Pregnant Women (60.46%);
   - Seniors (72.09%);
   - Special Needs (79.07%);
   - State Leadership (76.74%); and
   - Tobacco and Alcohol Users/Cancer Prevention (58.14%).

It is clear that many State Oral Health Plans address the oral health workforce capacity, be it through measures that address dental professionals, policy makers, the public, or partnerships between the aforementioned groups. Furthermore, most State Oral Health Plans address issues

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[1] The current CDC-funded states are Alaska, Arkansas, Colorado, Connecticut, Georgia, Kansas, Louisiana, Maine, Maryland, Michigan, Minnesota, Nevada, New York, North Dakota, Rhode Island, South Carolina, Texas, Vermont, and Wisconsin. North Dakota and Wisconsin both have plans that relate to oral health, but are not specific state oral health plans. For more information, as well as links to their state plans, see the Overview & Methods document. Georgia is currently working on their state oral health plan.

[2] A program focused on building state oral health program infrastructure and capacity to prevent oral disease and promote oral health

of how to guarantee access to care, be it through logistical measures for the general population or specific safety-net measures for vulnerable populations.

Simultaneously, there is a relative lack of goals that address specific vulnerable populations, such as the elderly, pregnant women, substance users, cultural minorities, and pregnant women. While many state plans generally mention at-risk or vulnerable populations (often in the introductory sections), fewer raise specific oral health goals and objectives that aim to address the oral health needs of those populations.

When comparing CDC-funded states versus non-CDC-funded states, the Comparison Tool indicates that CDC funded states have more extensive oral health plans than states which have not received CDC funding. The following trends reference all states, including those with and without state oral health plans. Most notably:
- 95.24% of all states currently funded by CDC listed objectives in 16 or more categories identified in the state oral health plan matrix.
- 81.82% of all states that are not funded by CDC listed objectives in 16 or more categories in the state oral health plan matrix.

Comparisons between thematically similar categories were also performed. Notably:
- Objectives for fluoridation programs and sealant programs: 95% of states with objectives related to fluoridation programs also do so for sealants programs. As well, 94% of states that note goals towards the use of sealants also do so for fluoride.
- Objectives for management/integration of health services/continuity of care and safety-net/underserved areas: 97% of states with stated objectives to increase care management/integration of health services/continuity of care also do so for safety-net/underserved areas. Conversely, 100%% of states with stated objectives to improve care in the safety-net/underserved areas also do so for case management/integration of health services/continuity of care.
- Objectives for pregnant women and early childhood: 69% of states with objectives related to early childhood also do so for pregnant women. Conversely, 92% of states that note goals towards pregnant women also do so for early childhood.
- Objectives for Surveillance/Data Reporting/Outcomes Targets and Program/Policy Evaluation: 88% of states with objectives related to Surveillance/Data Reporting/Outcomes Targets also do so for Program/Policy Evaluation. Conversely, 97% of states that note goals towards Program/Policy Evaluation also do so for Surveillance/Data Reporting/Outcomes Targets.

The following goals are highlights for the development of new/ strengthening of existing State Oral Health Plans. These innovative ideas address important oral health issues, and are found within existing state plans (often found in the Miscellaneous category):

1. Surveillance
   a. Promote the use of **GIS mapping** to gather data around geographic differences in oral health statuses and needs
   b. Assess issues in dental health through the **evaluation of peer-reviewed literature**

2. Coalitions/Partnerships
   a. Partner with **faith-based organizations** to reach at-risk populations

3. Increasing Policymaker & Public Awareness of Oral Health
   a. Promote education and outreach to **reduce the "stigma" surrounding Medicaid** use for oral health
   b. Increase public awareness of the potential pain or diseases associated oral piercings
   c. Increase public awareness of **oral and facial injury prevention**
   d. Increase oral health education efforts that increase public awareness of **nutrition and healthy food and beverage choices**
   e. Support and encourage implementation of the **Oral Health Provisions of the Affordable Care Act**
   f. Increase **stakeholders' engagement in oral health policy**

4. Workforce Issues
   a. Expand **oral health workforce recruitment to populations from the military**

5. Dental Professional Education
   a. Promote **ethics courses** for dental schools
   b. Train the oral health workforce for **disaster response**
   c. Train the oral health workforce to recognize signs of abuse and neglect, including **domestic violence and child neglect**, while completing routine dental check-ups/screenings

6. School-based/ Community-based Programs
   a. Eliminate **vending machines** and other mechanisms that offer unhealthy snacks or soda in schools

7. Access to Care
   a. Promote the use of **tele-dentistry and tele-health/e-health measures** to increase access to care
   b. Facilitate **in-home oral health care** for patients with limited mobility
   c. Promote the use of **mobile dental vans** to provide dental disease public health services

8. Vulnerable Populations
   a. Address the oral health of **documented immigrants**
   b. Address the oral health of **undocumented immigrants**
   c. Address the oral health of **refugees**
   d. Address the oral health of **incarcerated populations and those re-entering society**
   e. Address the oral health of **migrant workers** Address the oral health of **homeless populations**
   f. Address the oral health of **populations with HIV/AIDS**
   g. Address the oral health of **American Indian/Native American populations**

h. Create a **Special Needs Tool-Kit** to aid individuals and organizations that work with people with special needs

9. General Funding
   a. Create an **oral health license plate** to generate funding for oral health measures

For further consideration:
- Address the disconnect between a strong oral health workforce capacity and the weak oral health statuses among vulnerable populations.
- Include a glossary of oral health terms frequently utilized throughout the document, in order to promote oral health literacy and ensure complete understanding by all users.
- Include pertinent oral health data, in order to add context for the state objectives and serve as a go-to resource for groups seeking accurate oral health data.

<u>Graph 1: Quantity of States that List each Category</u>