Colorado Oral Health Plan

DEVELOPED BY ORAL HEALTH COLORADO | 2012

Ensuring Optimal Oral Health for All Coloradans

Oral Health Colorado

Connecting Colorado's Oral Health Advocates

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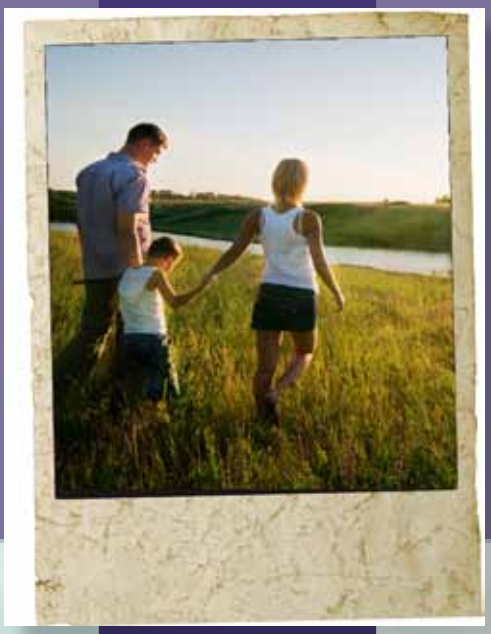

"It is truly remarkable to look back over the past five years and recount the tremendous strides that have been made. There is evidence of collaboration among funders, providers, policy makers, and the public to increase awareness of the importance of oral health."

Karen Cody Carlson
OHCO Executive Director

Colorado Oral Health Plan Executive Summary

A diverse group of oral health advocates collaborated over the course of a year to develop the 2012 Colorado Oral Health Plan. Each advocate brought a unique perspective on the importance of oral health in Colorado. The result of this collaboration is a plan that recognizes and builds upon the successes of the previous state oral health plan. However, this edition includes stronger accountability for follow-up, and well-developed outcome measures and evaluation. Additionally, needed changes were made in identifying focus areas.

The Colorado Oral Health Plan is designed to be dynamic, iterative and interactive. It is primarily a web-based document that allows for timely updating or revision. Active links imbedded within this plan will enable readers to peruse areas of interest without leaving the Oral Health Colorado (OHCO) website.

The plan focuses on six critical areas and includes outcome measures that will allow for ongoing evaluation of progress toward reaching the goal of the plan: ***All Coloradans have access to, and use, patient-centered comprehensive oral health care and education.***

Focus Area 1: Workforce

Activities will ensure increased access to oral health care and the development of a workforce that is diverse, competent and representative of the population.

Outcome Measures for This Focus Area

1. By 2017, reduce the number of federally designated dental health professional shortage areas in Colorado by 15 percent.
   - Measured by professional shortage areas data maintained by the Colorado Department of Public Health and Environment (CDPHE).
2. By 2017, increase the diversity of students admitted to professional dental and dental hygiene programs by 10 percent.
   - Measured by admissions records maintained by each professional institution The diversity of the current dental workforce will be measured by the new Department of Regulatory Affairs reporting requirements.
3. By 2017, expand the diversity of practice settings in which Coloradans can seek care.
   - Measured by Medicaid billing data that indicates which services are offered in which settings.

Focus Area 2: Infrastructure

Infrastructure consists of an interconnected set of elements (systems, people, relationships and resources) that provide a framework that supports a system capable of meeting the oral health needs of Coloradans.

Outcome Measures for This Focus Area

1. By 2017, parity between oral health infrastructure and other public health infrastructure is achieved.
   - Measured by state budget and private funding for oral health infrastructure.
2. Evidence based strategies are supported and funded.
   - Measured by public and private insurance reimbursement policies, and dissemination of best practices throughout the public and private sector.

Focus Area 3: Financing

Pursues effective financing of both the systems of oral health care and the activities of the state oral health plan.

Outcome Measures for This Focus Area

1. By 2017, the utilization rates for dental benefits will increase to at least 69% for adults and 65% for children.
   - Measured by Medicaid and Delta Dental Data.
2. By 2017, oral health will be financed as an important component of general health.
   - Measured by mandated public and private dental insurance coverage for adults as well as children.

Focus Area 4: Systems of Care

Ensure the coordination of systems of care for more efficient and effective application to oral health. Include promising practices that are directed at successful, evidence-based strategies, decision-making practices, and activities that can be replicated and applied to oral health problems.

Outcome Measures for This Focus Area

1. By 2017, children receiving a diagnostic, preventive age 1-year dental visit will increase from 3.4% to 6 percent.
   - Measured by Medicaid data and clinic systems data.
2. By 2017, at least 65% of children on Medicaid will have an annual preventive dental visit.
   - Measured by Medicaid data.
3. By 2017, the Medicaid provider network will grow by 20 percent.
   - Measured by Medicaid provider enrollment data.
4. By 2017, the percentage of Medicaid eligible pregnant women receiving oral health care will be 50 percent.
   - Measured by Medicaid data and individual clinic reporting.
5. By 2017, the percentage of adults over the age of 65 years who report having none of their natural teeth will decrease by 10 percent.
   - Measured by Behavioral Risk Factor Surveillance System (BRFSS) data.

Focus Area 5: Health Promotion

Activities are directed at educating the public on the relationship between oral health and general health and on individual roles and responsibilities for oral health.

Outcome Measures for This Focus Area

1. By 2017, families will have improved oral health literacy.
   - Measured by ongoing comparison of Child Health Survey data.
2. By 2017, there will be increased public access to health promotion and oral health education information, tools and resources.
   - Measured by website data from OHCO, CDPHE, the Colorado Department of Education (CDE), the Colorado Dental Association (CDA), and the Department of Health Care Policy and Financing (HCPF).

Focus Area 6: Health Equity

Health equity is achieving the highest level of health for all people. It entails focused efforts to address avoidable inequities by equalizing the conditions for health for all groups.

Outcome Measures for This Focus Area

1. By 2017, Colorado will develop a comprehensive oral health surveillance system that can be used for strategic planning and evaluation of efforts to improve health equity.
   - Measured by existence of system (maintained by CDPHE).
2. By 2017, access to oral health care will be comparable for all racial/ethnic groups.
   - Measured by Medicaid access information.

BACKGROUND

A comprehensive state oral health plan provides vision and guidance that will result in Coloradans realizing the best oral health in the nation.

The plan identifies six key focus areas:

- Workforce
- Infrastructure
- Financing
- Systems of Care
- Health Promotion
- Health Equity

To achieve this vision, strategies and activities in which all Coloradans can participate are suggested under each focus area.

THE NEED FOR A STATEWIDE PLAN

Important reasons for developing a Colorado Oral Health Plan

- Increase visibility and awareness of the importance of oral health.
- Provide a roadmap for reducing the prevalence of oral disease in the state.
- Energize constituents and maintain an ongoing focus on the importance of oral health to overall health in Colorado.
- Provide factual information about the oral health status of Coloradans and highlight evidenced-based strategies for improvement.
- Allow partners to work collectively toward the same goals.
- Ensure collaboration among Colorado oral health advocates working toward Healthy People 2020 goals.
- Prepare the state to compete for funding to improve oral health status by identifying problems and solutions.

The 2012 **Colorado Oral Health Plan** builds upon the successes of the previous state oral health plan (http://www.oralhealthcolorado.org/advocacy/state-oral-health-plan). This new edition includes stronger accountability for follow-up, and well-developed outcome measures and evaluation. Additionally, needed changes have been made in identifying focus areas. Four focus areas remain the same: Financing, Health Promotion, Systems of Care and Workforce. New areas focusing on Infrastructure and Health Equity have been added. A previous focus area, Promising Practices, has been combined with Systems of Care. Lastly, since policy and advocacy are essential to all efforts, these have been included with each focus area's strategies.

Five-year Evaluation of Progress

Since the release of *"Smart Mouths, Healthy Bodies: An Action Plan to Improve the Oral Health of Coloradans"* in the fall of 2005, significant progress has been made in Colorado to improve the oral health of residents. An evaluation of the process indicates that implementation of the 2005 plan increased awareness of the importance of oral health and the relationship of oral disease to overall health. The 2005 plan also was responsible for enhancing access to oral health services for all residents. According to the evaluation report:

> *"It is truly remarkable to look back over the past five years and recount the tremendous strides that have been made. There is evidence of collaboration among funders, providers, policy makers, and the public to increase awareness of the importance of oral health. While in most cases exact progress in terms of percentage increase/decrease is not available, there is no doubt the issue of oral health disparities is being tackled from a wide array of directions. Without specific measures (exception is water fluoridation in which the goal was 90% and the state has lost ground on this goal), quantifying progress in mathematical terms is impossible. But the overwhelming sense qualitatively is of significant progress in all six focus areas."*

The 2005 plan identified key issues and recommendations for improvement. Positive elements included strong community involvement and the selection of key outcome areas. The plan provided guidance that led to increased funding for oral health through foundation and other support. The plan's creation involved stakeholders statewide towards improving oral health and increasing awareness of the important topic within the dental, medical and other key communities. Because of *"Smart Mouths, Healthy Bodies"* and other work that preceded it, legislative and policy changes relevant to oral health were enacted.

TIMELINE

2000

"Oral Health In America: A Report of the Surgeon General" documented national oral health disparities.

The *Colorado Commission on Children's Dental Health* studied the extent and nature of the problem of children's oral health care in Colorado and made recommendations to the Governor and the General Assembly. The Commission's report led to five legislative initiatives:

1. Dental Loan Repayment Program for providers serving the underserved
2. Dental hygienists recognized as Medicaid providers
3. Addition of dental providers living and working in underserved areas to the State Health Professional Tax Credit Program
4. The Child Health Plan Plus dental benefit
5. Infrastructure grants to Safety Net dental providers to increase capacity

Colorado participated in the *National Governor's Association Oral Health Policy Academy* to continue work on the remaining recommendations in the commission report.

2002

Colorado received a Centers for Disease Control and Prevention (CDC), Division of Oral Health grant that led to:

- Development of a statewide oral health coalition
- Assessment of policy and systems changes with the potential to reduce oral diseases
- Development and enhancement of an oral health surveillance system
- Creation of an oral health burden document
- Management of a state community water fluoridation program

2002, cont.

Colorado received the Health Resources and Services Administration State Oral Health Collaborative Systems grant from for infrastructure development.

2003

"A National Call to Action to Promote Oral Health" was released to expand on the efforts outlined in the Surgeon General's Report and to address the oral health objectives of **Healthy People 2010**.

History and Plan Development

OHCO formally known as Oral Health Awareness Colorado! (OHAC!), is the state's oral health coalition. The coalition held a stakeholder's summit in November 2004 that led to the development of Colorado's state oral health plan *"Smart Mouths, Healthy Bodies: An Action Plan to Improve the Oral Health of Coloradans."* The plan was built upon six focus areas with accompanying strategies and action steps.

Current Environment

In 2012, several new initiatives have emerged in Colorado that will impact oral health and are described on the following pages:

Affordable Care Act

- Increased numbers of people will be eligible for both public (Medicaid) and private insurance.
- Virtually all children who are U. S. citizens will be eligible for dental insurance.
- As many as 10,000 undocumented children will remain ineligible for dental or general medical insurance.
- There are no provisions for including adult oral health benefits as mandated for either public or private insurance, including Medicare.
- Increased numbers of insured people will create increased demand for oral health services that cannot be met by the current oral health workforce.

2004

"Smart Mouths, Healthy Bodies: An Oral Health Action Summit" was convened to highlight oral health activities and identify strategies for improving oral health. Close to 150 participants attended in Denver, as well as remotely, from eight locations around the state.

2005

"Smart Mouths, Healthy Bodies: An Action Plan to Improve the Oral Health of Coloradans" was developed based on the results of the 2004 summit and other stakeholder input.

2005-10

A great deal of work was accomplished in Colorado, including these highlights:

- Oral health was included in the Blue Ribbon Commission on Health Care.
- *Cavity Free at Three* was established.
- Delta Dental of Colorado Foundation funded the Frontier Center at the CU School of Medicine.
- Foundation support for in-school oral health programs increased.
- Oral health standards for healthy communities were developed and disseminated.

2011

A five year evaluation of *"Smart Mouths, Healthy Bodies: An Action Plan to Improve the Oral Health of Coloradans"* was completed. The evaluation summarized key positive and negative events associated with oral health between 2005 and 2010 and can be found on the CDPHE website. Using these findings, planning commenced for an updated Colorado oral health plan.

2012

Release of the 2012 Colorado Oral Health Plan.

Statewide Momentum

- Awareness of the importance of oral health and its connection to systemic health has increased significantly over the past ten years.
- Oral health advocates throughout the state are committed to working collaboratively to positively impact oral health outcomes for all Coloradans.
- Increasing numbers of community oral health coalitions will positively impact the effectiveness of collaborative actions regarding oral health education and initiatives.
- A bill was introduced during the 2012 Colorado legislative session to provide dental benefits for pregnant women enrolled in Medicaid. Although the bill was not passed due to last minute problems, there was sufficient support to pass the bill, and it will be re-introduced.
- Oral health in school-based settings is gaining attention and resources.
- Oral health advocates are examining workforce issues and developing plans to meet increasing demands for oral health care.
- Statewide initiatives such as *Cavity Free at Three*, Delta Dental of Colorado Fund, Workforce Initiative, The Colorado School Based Oral Health Initiative and others will increase access to care and provide increased awareness of the importance of oral health.
- Reinstatement and increases for Old Age Pension dental benefits will provide access to oral health care for an increasing population of vulnerable older adults.

Governor's Winnable Battles

The inclusion of oral health as one of Governor John Hickenlooper's top three of ten *"winnable battles"* will translate into more visibility and perhaps more resources for oral health.

Even though diseases of the mouth (oral diseases) are nearly 100 percent preventable, Colorado kids miss about 7.8 million school hours every year because of mouth pain. Safe, inexpensive preventive measures such as water fluoridation and dental sealants are available, but many children lack access to these interventions, and cavities are still the most common chronic disease of childhood. Nationally, the number of children between ages 2 and 5 with cavities has increased 15 percent during the past decade. An estimated 42 percent of working-age Coloradans and approximately 67 percent of Colorado adults over 65 years of age do not have dental benefits. Access to regular preventive care and interventions is necessary to help Colorado win the battle against oral diseases.

Healthy Community Standards for Oral Health

With input from oral health advocates throughout Colorado, "*Healthy Community Standards for Oral Health"* have been developed and will be used throughout the state to assess local oral health needs and to implement initiatives designed to ensure that all Colorado communities meet the standards:

- Every person has a dental home that interacts with a health home to promote overall wellbeing and to address physical, behavioral and oral health needs.
- Community water is fluoridated at optimal levels to prevent tooth decay.
- Oral health education is provided in health care, child care, school, workplace and other settings.
- Sufficient dental professionals meet oral preventive care and treatment needs, and sufficient dental and other trained professionals address oral health promotion needs
- Every Coloradan receives evidenced-based interventions to promote oral health.
- The oral health needs of the community are identified, and advocates work to meet these needs.
- Disparities in access to care are actively monitored, and the community is engaged in promoting health equity.

Healthy People 2020

HHS' *Healthy People 2020* provides science-based, 10-year national objectives for improving the health of all Americans. Release of *Healthy People 2020* in 2011 provides an opportunity to evaluate Colorado's progress on meeting the standards. (Table ES on page 9 was created by CDPHE, outlines the Healthy People 2020 oral health objectives and Colorado's status on each objective.)

The table summarizes the subset of the 17 oral health objectives from *Healthy People 2020* on which Colorado data can be compared. All 17 objectives and 33 indicators from *Healthy People 2020* are listed in Appendix A (of the Colorado burden document, *"Chew on This"*); this comprehensive table provides the related data indicators that are related but not directly comparable to the definition used by *Healthy People 2020* definitions.

Colorado is using this more comprehensive data to monitor progress toward the state targets under the 17 objectives.

Table ES*: Selected Oral Health Objectives from Healthy People 2020

***Healthy People 2020* Objective† [Objective Number and Description]**	**Colorado Baseline Status (%)**	**Colorado Current Status (%)**	**Healthy People 2020 Target† (%)**	**Colorado 2020 Target§ (%)**
ORAL HEALTH OF ADULTS				
OH-4 Reduce the proportion of adults who have ever had a permanent tooth extracted because of dental caries or periodontal disease				
OH-4.1 Adults, aged 45 to 64 years	44.9 (2004)	42.9 (2010)	68.8	38.6
OH-4.2 Reduce the proportion of older adults aged 65 to 74 years who have lost all of their natural teeth	15.4 (2004)	10.3 (2010)	21.6	9.3
ACCESS TO PREVENTIVE SERVICES				
OH-9 Increase the proportion of school-based health centers with an oral health component				
OH-9.1 Includes dental sealants	N/A	28.6 (10/35) (2009-2010)	26.5	31.5
OH-9.2 Includes dental care	23.5 (4/17) (2002-2003)	37.1 (13/35) (2009-2010)	11.1	40.8
OH-9.3 Includes topical fluoride	N/A	37.1 (13/35) (2009-2010)	32.1	40.8
OH-10 Increase the proportion of local health departments and Federally Qualified Health Centers that have an oral health component				
OH-10.1 Federally Qualified Health Centers with an oral health care program	62.5 (10/16) (2004)	93.3 (14/15) (2010)	83.0	100.0
OH-10.2 Local health departments with oral health prevention or care programs	13.3% (2/15) (2004)	23.6% (13/55) (2010)	28.4	26.0
OH-11 Increase the proportion of patients who receive oral health services at Federally Qualified Health Centers each year	15.4 (2004)	17.4 (2010)	33.3	33.1
ORAL HEALTH INTERVENTIONS				
OH-13 Increase the proportion of the U.S. population served by community water systems with water optimally fluoridated for the prevention of tooth decay	74.6 (2004)	72.7 (2012)	79.6	79.6

* Data sources and other reference information regarding the data in this table can be found in the more complete version available in Appendix A (of the burden document).

† U.S. Department of Health and Human Services. HealthyPeople.gov. Available at http://www.healthypeople.gov/2020/default.aspx

§ Colorado 2020 target determined using the same target-setting method as Healthy People 2020 with the Colorado current status measure as the baseline

N/A = not applicable or not available

Data

Data from the 2012 burden document *"Chew on This,"* the 2004 burden document "*The Impact of Oral Disease*," and other sources allow comparisons between the oral health status of Coloradans in 2000 and 2012. Current data provides an opportunity to assess baselines for information such as age at first dental visit.

Infants and Children

- In 2002, **17.1%** of newborns were diagnosed with cleft lip and/or cleft palate, while in 2009, that percentage was **16.9%** – a small decrease.
- In 2004, **26.9%** of kindergartners and **26.1%** of third graders had untreated dental decay. [1] The rate of untreated decay has decreased significantly since that time, and during the 2011-2012 school year, **13.8%** of kindergartners and **14.4%** of third graders had untreated decay. [2] Caries experience in kindergartners and third graders remained stable from 2003-2012. The state's most vulnerable children, those in schools with a high proportion of low-income families, had a disproportionate share of the untreated dental caries (**39.7%** for kindergartners and **55.2%** for third graders). [3]
- In 2011-2012, Hispanic children had a significantly higher prevalence of cavity experience compared with White non-Hispanic children (**55%** vs. **532%**, respectively, for children in kindergarten and **70%** vs. **48%** percent, respectively, for children in third grade). [4]
- During the 2006-2007 school year, **42.4%** of white children, and **30.8%** of Hispanic children in third grade had sealants placed on first molars. [5]
- During the past 5 years, progress has occurred in sealant placement. During the 2011-2012 school year, 46.3% of white children, and **41.8%** of Hispanic children in third grade had sealants placed on first molars. [6]
- According to the 2004 Colorado burden document, in 2003, **34%** of the children enrolled in Medicaid received at least one dental visit. In 2011, **46%** of Medicaid enrolled children received at least one dental visit. [7]
- In 2010, only **3.4%** of children aged 1 through 5 years had their first dental visit by their first birthday, as recommended by the American Academy of Pediatric Dentists, the American Dental Association and the American Academy of Pediatricians.
- The prevalence of a serious problem with a child's teeth (pain, cavities, broken or missing fillings, and teeth pulled because of cavities or bleeding gums) was **15%** in 2010. [8]
- **Six percent** of children aged 1-14 years in Colorado had to forego needed dental care in the past 12 months.
- Very little information specific to adolescents' oral health status and behaviors is available.

Adults

- The 2000 and 2001 combined CDC analysis of data from the Colorado Pregnancy Risk Assessment Monitoring Survey (PRAMS) indicates that **24%** of mothers experienced a dental problem during their pregnancy; only half sought dental care. [9]
- According to the Colorado Pregnancy Risk Assessment Monitoring Survey, from 2009-2010 (most recent data), **21.9%** of pregnant women queried experienced a dental problem during their pregnancies, and **45%** of pregnant women queried went to a dentist or a dental clinic during their pregnancies.
- In 2002, **35%** of Colorado adults reported that they had lost a permanent tooth due to decay or gum disease and nearly **4%** reported they had lost all their natural, permanent teeth. [10]
- In 2010, **35.4 %** of all adults aged 18 years or older reported that they had lost a permanent tooth due to decay or gum disease. [11]
- According to BRFSS data, 2002-2008, approximately the same percentage of adults 18 years and older had a dental visit within the past year (**67.3%** in 2002; **67.2%** in 2008).
- In 2008, the state's overall incidence rate of oral cancer (cancer of the oral cavity and pharynx) was **14.0 cases per 100,000** population for males and **6.3 per 100,000** population for females. The mortality rate from oral cancer was **2.7 deaths per 100,000** males and **0.8 deaths per 100,000** females.

Older Adults

- According to 2002 Behavioral Risk Factor Surveillance System (BRFSS) data, **18.7%** of adults over age 65 years reported that they had lost all of their natural, permanent teeth.
- According to 2008 BRFSS data, **15%** of adults over age 65 years reported that they had lost all of their natural, permanent teeth.

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1 Colorado Oral Health Surveillance System, 2004
2 Colorado Oral Health Survey, 2011-2012
3 Ibid
4 Ibid
5 Colorado Oral Health Survey, 2006-2007 school year
6 Colorado Oral Health Survey, 2011-2012
7 Pew Center on the States Report, May 2011
8 Chew on this, Colorado Burden Document, 2012
9 The Impact of Oral Disease, Colorado Burden Document, 2004
10 Ibid
11 Chew on this, Colorado Burden Document, 2012

- In 2010, **13.4%** of adults over age 65 years reported that they had lost all of their natural, permanent teeth. [12]

Systems of Care

- During the 2006-2007 school year **37.1%** of third-grade children had dental sealants. That percentage increased to about **45%** in the 2011-2012 school year, both years exceeding the Healthy People 2020 goal of **28.1%** of children ages 6 to 9 years.
- In 2010, only **3.4%** of children aged 1 to 5 years in Colorado visited a dentist by 12 months of age, as recommended by the American Dental Association (ADA).
- According to the 2011 Colorado Health Access Survey, **74.4%** of children aged 0-18 years had dental insurance coverage.
- In 2010, **68%** of adults aged 18 years and older visited a dentist or a dental clinic for any reason in the past year (2011 Colorado Health Access Survey).
- Only **56.1%** of adults aged 18 years and older had dental insurance coverage (2011 Colorado Health Access Survey).
- Overall, **72.7%** of Colorado's population was receiving water that has been optimally fluoridated for the prevention of tooth decay, according to data from Colorado's Water Fluoridation Reporting System (WFRS, August, 2012.)

Dental Workforce

- Fifty-five of Colorado's 64 counties had a licensed dentist practicing in the county.
- Forty-seven of Colorado's 64 counties had an actively enrolled Medicaid dental provider for at least one day during the federal fiscal year 2009-10.
- Colorado's oral health workforce is comprised of 3,570 active licensed dentists and 3,270 active licensed dental hygienists (DORA, 2012). Additionally, 6,062 dental assistants are employed in the state. Between 2010 and 2020, employment is anticipated to grow by **30%** for dentists and by more than **3%** for dental hygienists and dental assistants.
- Forty-seven service areas (census tracts or counties) in Colorado are designated as dental health professional shortage areas, because of the dentist-to-population ratio. [13]

Health Equity

- During the 2011-12 school year, **73.4%** of third-grade children in Colorado schools (where **75%** or more of the students were receiving free and reduced priced lunch) had dental caries, as evidenced by cavities and/or fillings; **18.1%** had untreated decay; **43.7%** had sealants, and **2%** had an urgent need for care. In contrast, **40.7%** of third-grade children in Colorado schools (where less than **25%** of the students were receiving free and reduced priced lunch) had dental caries, as evidenced by cavities and/or fillings; **8.9%** had untreated decay; **47.4%** had sealants, and **0.3%** had an urgent need for care. [14]
- In 2010, **26%** of children aged 1-14 years whose household income was at or below 250% of the federal poverty level had teeth in fair or poor condition, compared to **13%** of children living in higher-income households in Colorado.
- In 2010, children aged 1-14 years living in Colorado households at or below 250% of the federal poverty level had a lower prevalence of having a regular source of dental care (**86%**) compared with children in higher-income households (**97%**).
- In 2010, **9%** of children aged 1-14 years whose household income was at or below 250% of the federal poverty level did not get needed dental care, compared to **4%** of children living in higher-income households in Colorado.
- In 2010, **7.5%** of all state adults aged 18-64 years reported losing a permanent tooth due to decay or gum disease, compared to **68%** of Colorado adults aged 65 years and older. Colorado adults whose household income was at or below 250% of the federal poverty level, and who lived in rural areas, had higher prevalence of any tooth loss, compared to urban residents within the same age group and same income groups.
- In 2010, **38%** of Colorado adults who did not graduate high school reported that they had lost all their natural, permanent teeth, compared to **4%** of college graduates. Of Colorado adults earning less than $15,000, **28%** had lost all their natural, permanent teeth, compared to **4%** of Colorado adults whose household income was $50,000 or more a year. [15]

[12] Chew on this, Colorado Burden Document, 2012
[13] HRSA data
[14] Colorado Oral Health Survey, 2011-12
[15] Chew on this, Colorado Burden Document, 2012

COLORADO ORAL HEALTH PLAN

The Colorado Oral Health Plan provides guidance for all oral health advocates. Agreed-upon focus areas and strategies encourage all participants to engage in collaborative work to attain identified oral health outcomes.

Policy and advocacy efforts are not delineated as a separate focus area in this document, as they should be woven into the fabric of all focus areas and strategies.

Goal

All Coloradans have access to, and use, patient-centered comprehensive oral health care and education.

Definitions

Because there are various groups engaged in oral health care, access, and outcomes in Colorado, the plan writers are using the following definitions to suggest action by group:

Community Based Organization: Any non-health related group with a mission to improve health in its community

Community Health Organization: Any group that provides, trains for, or advocates for oral health (i.e., safety net organizations, professional health organizations, state, local or regional health departments)

Educator: An individual who provides knowledge or training to promote oral health

Individual: A person acting to better his/her personal health or that of others

Policy Maker, Government & Funder: Those who influence or determine laws, policies, practices, and funding at a federal, state, regional, or local level

Provider: An oral health or primary care professional responsible for delivering health care

Oral Health Coalition: A statewide or local alliance whose purpose is to connect Colorado oral health advocates in a collaboration to ensure the best oral health care, access and outcomes for all Coloradans

Focus Area 1: Workforce

Activities will ensure increased access to oral health care and the development of a workforce that is diverse, competent, and representative of the population.

Outcome Measures for This Focus Area

1. Reduce the number of federally designated dental health professional shortage areas in Colorado by 15% by 2017.
   - Measured by professional shortage areas data maintained by CDPHE
2. Increase the diversity of students admitted to professional dental and dental hygiene programs by 10% by 2017.
   - Measured by admissions records maintained by each professional institution.
   - The diversity of the ongoing dental workforce will be measured by the Department of Regulatory Affairs.
3. Expand the diversity of practice settings in which Coloradans can seek care.
   - Measured by Medicaid billing data that indicates which services are offered in which settings

Strategy 1: Assist communities experiencing dental workforce shortages to devise solutions tailored to the needs of their communities.

- Participate in an existing oral health coalition or assist in establishing an oral health coalition in your community, and help to carry out the recommendations that emerge.
- Volunteer at local oral health fairs.

- Use professional organizations to discuss workforce needs and strategies, and provide opportunities for open discussion within the community; seek consensus regarding workforce solutions.
- Strengthen cultural competence through the use of learning opportunities provided by professional organizations.

- Consider and support community recommendations that have merit and address access to care and workforce shortages.
- Identify and support statewide work force solutions that will address community needs.
- Create loan repayment incentives for new oral health providers to open practices in rural areas of Colorado.
- Include creative incentives in funding opportunities for increasing the oral health workforce.
- Provide financial support for ethnically and culturally diverse dental and dental hygiene students with incentives to practice in similarly diverse communities.

Focus Area 1: Workforce

Strategy 1:

Continued

- Examine oral health data, identify gaps in services, and develop recommendations to meet community needs to mobilize others to take action.
- Develop relationships/partnerships with private practice dentists in the community and robust referral networks.
- Collaborate with community dentists and dental hygienists to ensure that they accept Medicare and CHP+.
- Collaborate with the Colorado Association of School-Based Health Care (CASBHC) to discuss ways to meet the oral health workforce in their communities (e.g., school-based health centers, especially those located in rural areas).
- Identify continuing education opportunities, including cultural competency, for dentists, dental hygienists, dental assistants and receptionists.

- Explore the role of oral health as it impacts program mission and take steps to strengthen oral health within programs.
- Join community oral health coalitions and actively participate in strategies to ensure that community needs are met.
- Integrate oral health linkages/access strategies into local public health agencies' five year strategic plans.

- Develop curricula that ensure that dental and dental hygiene students are trained in business models, practice philosophies and cultural competency that support successful businesses in underserved areas of Colorado.
- Develop curricula for dental and dental hygiene students that address current access to care issues.
- Develop curricula that teach medical, dental and hygiene students about dental public health and programs that help the under-served, such as Head Start and WIC.
- Recruit diverse, culturally competent dental and dental hygiene candidates at the graduate and undergraduate levels.
- Devise outreach programs that place dental and dental hygiene students in school-based health centers in order to provide oral health care to the community.
- Participate in the statewide initiative to develop and disseminate sustainable models of in-school oral health care, and help to educate parents about the importance of positive oral health behaviors (e.g., K–12 school systems).
- Participate in *Cavity Free at Three* and other oral health improvement efforts to ensure that children aged 1-3 years have regular oral health care and parents receive appropriate anticipatory guidance (e.g., Head Start, preschools, child care).

- Provide technical assistance and support to existing and emerging oral health coalitions through activities such as developing workforce needs assessments and oral health status reports.
- Be aware of national oral health workforce trends through data and other sources.

Focus Area 1: Workforce

Strategy 2: Encourage oral health providers to practice to the full scope of their education and licensure and seek innovative, accessible and expanded practice settings.

- Develop learning/discussion groups that focus on how best to meet the oral health needs in specific communities and reach consensus regarding the role of each provider type given current licensure regulations.
- Discuss potential solutions to utilize all types of providers more effectively, especially in underserved areas.

- Understand general practice guidelines for dentists, dental hygienists, physicians, nurse practitioners and physician's assistants and assess current gaps in effective utilization of each provider type.
- Evaluate how to more effectively utilize current providers and determine if changes are needed in their skill sets to meet the oral health needs of the state.
- Work with oral health advocates to determine if and what policy changes are needed to meet the anticipated increased demand for oral health services.
- Expand the scope of foreign-trained dentists to include service to underserved areas.
- Provide funding to support training and equipment needs for mobile and/or direct access dental hygiene and sealant programs.

- Educate the public, providers, policy makers, government, funders and other oral health advocates about critical oral health staffing needs and gaps in various communities.
- Volunteer to participate in pilot projects that can assess the feasibility, cost-effectiveness and health outcomes of innovative and effective workforce solutions.
- Create and support venues for oral health providers to network and share best practices around current and emerging issues including the oral health care team, training opportunities for oral health professionals, effective use of electronic dental records, oral health integration and the health care home model.
- Expand the provision of oral health services in school-based health centers.
- Consider expansion of oral health components in wellness and urgent care centers.

- Assess and develop university curricula that support the education and training needs of oral health providers in order to practice in an expanded range of settings, and with increasingly culturally diverse populations.
- Support policy makers, government and funders in developing practice standards and best practice models that will ensure high quality oral health care in Colorado.
- Use models of in-school oral health care that most effectively and efficiently utilize the education, training and skills of all provider types (e.g., K-12 education systems and early childhood education).

- Assess and make recommendations about sustainability of current in-school oral health models.
- Develop toolkits and technical assistance models that will support the development of in-school oral health programs that effectively utilize the current dental workforce.
- Provide a safe place to have difficult conversations regarding workforce models and workforce utilization.

Focus Area 1: Workforce

Strategy 3: Support primary care providers' training so that they provide preventive oral health as part of their practice.

- Attend oral health training to become confident in the ability to promote age 1-year dental visits, perform oral health assessments, and apply fluoride varnish.
- Use electronic medical and dental records and increase referrals to a dental home, especially for high-risk patients.

- Change existing policy that allows only MD, PA, and NP's to perform fluoride varnish application; allow medical assistants to apply varnish to increase cost effectiveness and use.
- Increase reimbursable procedures, especially for adults with chronic diseases that may be exacerbated by poor oral health.
- Require oral health be part of continuing education requirements for medical providers.
- Include funding for medical providers to provide oral health assessments and fluoride varnish applications for populations older than 5 years of age.
- Require *Cavity Free at Three* training for all Dental and Medical Loan Repayment recipients.

- Increase opportunities for primary care providers to receive continuing medical education credit for participating in trainings on oral health screenings and assessments.
- Promote and support research that examines the impact of preventive oral health care in the primary care setting.
- Ensure that electronic medical records are integrated with electronic dental records.

- Connect with community members that are employed in the medical field about the desirability of primary care providers performing oral health assessments and fluoride varnish applications.
- Support medical/dental collaborations.

- Incorporate the *Smiles for Life* or *Cavity Free at Three* curricula into medical curricula.
- Educate students in all health professions about preventive oral health, the age 1-year dental visit and application of fluoride varnish.
- Develop curricula for medical, nursing and allied health professional schools regarding oral health as a key component of general health.
- Prioritize and integrate local screening, preventive service or comprehensive oral health programs into coordinated school health programs.

- Recommend participation in local oral health coalitions for all Dental and Medical Loan Repayment recipients.
- Offer opportunities for medical and dental providers to discuss common concerns regarding the integration of oral health and systemic health.

Focus Area 2: Infrastructure

Infrastructure consists of an interconnected set of elements (systems, people, relationships and resources) that provide a framework that supports a system capable of meeting the oral health needs of Coloradans.

Outcome Measures for This Focus Area

1. By 2017, parity between oral health infrastructure and other public health infrastructure is achieved.
   - Measured by state budget and private funding for oral health infrastructure
2. Evidence-based strategies are supported and funded.
   - Measured by public and private insurance reimbursement policies, and dissemination of best practices throughout the public and private sector

Strategy 1:

Increase the dental public health infrastructure at the state and local levels to monitor the oral health status of Colorado's population, promote evidence-based public health strategies, and ensure coordination and collaboration among stakeholders.

- Examine oral health data to help determine gaps in local oral health systems and programs.
- Understand the *Oral Health Standards for a Healthy Community* and how they relate to the community.
- Discuss infrastructure needs with policy makers at all levels.

- Examine oral health data to help determine gaps in local oral health systems and programs.
- Understand the *Oral Health Standards for a Healthy Community* and how they relate to the community.
- Discuss infrastructure needs with policy makers at all levels.
- Share data with other providers and organizations to form a more complete picture of the oral health status of the local community.

- Ensure that evidenced-based practices are used throughout the oral health delivery system (through policy and funding priorities).
- Ensure that oral health is recognized as an important component of general health and is included as systems of care and financing are developed.

- Engage with local public health agencies to identify opportunities to better serve patients in the community, share data, and collaborate (e.g., Safety Net clinics).
- Ensure that local health agencies have available patient education resources/tools on oral health, including impact of oral health on physical health.

- Include oral health in data gathering, community planning and patient/client education.

- Ensure that evidenced-based oral health practices are a part of the health curriculum in school systems.
- Advocate for excellent oral health preventive services in the schools that have significant oral health needs.

- Collect safety net oral health data on a yearly basis and disseminate to the Colorado Health Institute (CHI), CDPHE, funders, policy makers and community oral health coalitions.
- Provide technical assistance for initiation of sustainable oral health programs in schools.

Focus Area 2: Infrastructure

Strategy 2: Call upon providers, decision-makers, stakeholders and residents to take leadership needed to improve the oral health of residents.

- Become familiar with the *Oral Health Standards for a Healthy Community*.
- Identify gaps in oral health coverage in the local community.
- Advocate for achieving standards through community coalitions, and discussions with policy makers and school organizations.
- Participate in planning processes that affect health care and oral health in particular.

- Become familiar with the *Oral Health Standards for a Healthy Community*.
- Identify gaps in oral health coverage in the local community
- Advocate for achieving standards through community coalitions, and discussions with policy makers and school organizations.
- Actively participate in planning processes that affect health care and oral health in particular.
- Become community "oral health champions."

- Identify areas of highest need (services and geographic).
- Collaborate in a planning process that addresses identified needs and closes gaps in oral health care.
- Ensure that oral health gains recognition as a critical component of the public health infrastructure.

- Provide leadership in the provision of quality, affordable evidence-based oral health care.
- Reach out to other stakeholders in the community to participate in data collection, planning, implementation of creative services, etc.

- Encourage children and parents to provide leadership in the development of preventive oral health services in the schools.

- Convene oral health leadership to identify needs and to plan for solutions.
- Provide technical assistance to community coalitions as they implement oral health programs in their communities.
- Provide a toolkit and technical assistance to communities that consider initiating oral health programs in the schools.

Focus Area 2: Infrastructure

Strategy 3:

Support access to fluoridated water and sealants for all residents, especially for those at highest risk for dental decay. Educate residents and decision makers about the value of these evidenced-based practices.

- Learn about the benefits of community water fluoridation and sealants on first and second molars.
- Ensure that family members minimize use of bottled water when fluoridated tap water is available.
- Talk with the local water department and city council about supporting public water fluoridation.

- Disseminate information about the benefits of water fluoridation.
- Educate parents on the benefits of water fluoridation and sealants.
- Provide sealants (dental providers) or refer for sealants (medical providers) for children as first and second molars erupt.

- Assist in developing, funding and promoting public education campaigns focused on the benefits of fluoridated community water supplies and sealants.
- Support local efforts to introduce fluoride into the water supplies of non-fluoridated communities.
- Speak up to combat misinformation promulgated by anti-fluoride advocates.

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- Disseminate information about the benefits of water fluoridation.
- Educate parents on the benefits of water fluoridation and sealants.
- Speak up in order to combat misinformation promulgated by anti-fluoride advocates.

- Collaborate with CDPHE and other stakeholders to develop and disseminate a public information campaign on the benefits of community water fluoridation.
- Provide technical assistance to community oral health coalitions and address the issues of fluoride and sealants.

Focus Area 3: Financing

Pursues effective financing of both the systems of oral health care and the activities of the state oral health plan.

Outcome Measures for This Focus Area

1. By 2017, the utilization rates for dental benefits will increase to at least 69% for adults and 65% for children.
   - Measured by Medicaid and Delta Dental data
2. By 2017, oral health will be financed as an important component of general health
   - Measured by mandated public and private dental insurance coverage for adults

Strategy 1: Identify and advocate for the changes needed within publicly funded and private insurance programs to ensure improved oral health.

- Understand current public and private insurance programs and provide information to policy makers, insurers and other decision makers that will assist them in understanding the need for insurance products that provide parity between oral health and general health.
- Become active spokespeople in support of oral health insurance in one's own community.

- Evaluate the benefits of public insurance for oral health and support benefits that are evidence-based.
- Develop a clear understanding of the cost of providing dental care in Emergency Departments.
- Allocate benefit resources in ways that ensure long-term cost effectiveness, even if there is an initial cost for implementation.
- Consider innovative payer systems that will decrease program administrative costs.
- Ensure that by 2014, private insurance programs that cover children's oral health reimburse for risk-based services.
- Develop reimbursement mechanisms that recognize the scope of practice of direct access hygienists and ensure that reimbursement is consistent, regardless of the location of service provision.

- Collect stories from patients about oral health experiences and share with decision-makers and the community.
- Advocate for insurance equity.

- Recognize that oral health is an integral part of systemic health, and advocate for insurance parity in the community.

- Share stories from patients about oral health experiences with decision-makers and the community.

- Ensure that oral health is included as part of the design and implementation of benefits through the insurance exchanges.
- Educate coalition partners regarding public and private oral health insurance benefits and reimbursements.
- Collaborate with advocacy groups to ensure that evidence-based oral health care is recognized and reimbursed by private and public payers.
- Support models where direct access hygienists are reimbursed through public and private insurance.

Focus Area 3: Financing

Strategy 2: Ensure that adults have access to oral health preventive and treatment services through public insurance programs

- Share experiences illustrating the importance of an adult dental benefit in Medicaid or Medicare.

- Collect and provide data that shows the connection between oral health and chronic disease.
- Provide anecdotal information regarding the impact of poor oral health care on adults in the community.
- Provide policy makers with information regarding efficient, evidence-based oral health care for adults.

- Recognize the need for oral health services for adult populations and the long-term benefits of improved health outcomes and decreased expenses.
- Fund pilot projects for adult dental care that can be evaluated for efficiency and effectiveness.
- Ensure that progress made toward funding oral health care for pregnant women and older adults is continued and expanded.

- Educate policy makers on the need for adult dental services.
- Participate in pilot projects that explore new models of service delivery and/or reimbursement for adult dental services.

- Collaborate with other oral health advocates in developing and presenting stories and data that compel policy makers to implement funding for adult dental benefits.

- Ensure that oral health coalitions across the state understand the importance of working toward an adult dental benefit.
- Develop communications tools that will ensure common messaging for the issue across the state.
- Provide leadership in developing the information and the data needed to initiate legislative action on adult dental benefits.

Strategy 3: Assist those covered by publicly or privately funded oral health insurance to understand their benefits and to use them.

- Ask for help in understanding personal benefits covered by insurance.
- Share knowledge of benefits with friends and family.

- Clearly explain oral health benefits available to patients.
- Help patients with children to understand the importance of oral health care and the benefits available to provide that care.

- Ensure that written materials about dental benefits are written at an appropriate reading level and are available in English and Spanish.
- Collaborate with service providers to identify the primary barriers to seeking oral health care, and initiate systems solutions that help to overcome those barriers.
- Make Medicaid look like “normal” insurance so providers cannot distinguish between private and public payers and stigmatize Medicaid patients.
- Collaborate with oral health advocates to initiate communications campaigns that focus on utilization of dental benefits.

Focus Area 4: Systems of Care

Ensure the coordination of systems of care for more efficient and effective application to oral health. Include promising practices that are directed at successful, evidence-based strategies, decision-making practices, and activities that can be replicated and applied to oral health problems.

Outcome Measures for This Focus Area

1. By 2017, the percentage of children receiving a diagnostic and preventive age 1-year dental visit will increase from 3.4% to 6 percent.
   - Measured by Medicaid data and clinic systems data
2. By 2017, at least 65% of children on Medicaid will have an annual preventive dental visit.
   - Measured by Medicaid data
3. By 2017, the Medicaid provider network will increase by 20 percent.
   - Measured by Medicaid provider enrollment data
4. By 2017, 50% of Medicaid eligible pregnant women will receive oral health care.
   - Measured by Medicaid data and individual clinic reporting.
5. By 2017, the percentage of adults over the age of 65 years who report having none of their natural teeth will decrease by 10 percent.
   - Measured by BRFSS data

Strategy 1:

Work with the public and the private dental community to identify and address barriers to participation in publicly funded health programs. Support all dental providers so they are comfortable providing care to young children, pregnant women and older adults, including those enrolled in public insurance.

- Request an age 1-year dental visit for children on Medicaid or CHP+.
- Share learning opportunities regarding oral health with friends and neighbors.
- Ask dental providers to provide oral health care for pregnant women, older adults and high-risk adult populations.

- Participate in the Medicaid program.
- Increase training of general dentists in the *Cavity Free at Three* model.
- Ensure that high-risk children receive optimal evidence-based care beginning at age 1-year or earlier.
- Provide oral health services for pregnant women.
- Provide restorative treatment for children who have received preventive oral health services within a school.
- Ensure that older adults have oral health services and education available throughout their lifetimes.

Focus Area 4: Systems of Care

Strategy 1:

Continued

- Provide enhanced Medicaid reimbursement for preventive services for children younger than 5 years of age.
- Streamline the Medicaid application for dentists and dental hygienists, eliminating this barrier to Medicaid participation.
- Ensure that dental hygienists can be reimbursed for services rendered outside of the office setting regardless of the insurance being billed.
- Align the state's Medicaid dental benefit with evidence-based dentistry and incentivize preventive care.
- Conduct a statewide education campaign with providers to reduce hospital-based care for dental procedures and to promote prevention starting at an early age.
- Include an adult dental benefit for pregnant women and other adults insured by Medicaid.
- Ensure that *Old Age Pension* (OAP) dental benefits receive continued funding.

- Implement *Cavity Free at Three* in well child care and dental settings.
- Ensure that high-risk children receive optimal evidence-based care beginning at age 1-year or earlier.
- Train oral health providers in the California practice model for treating pregnant women and ensure that pregnant women have an opportunity for dental visits early in their pregnancies.
- Utilize OAP funding to encourage oral health services for older adults.
- Ensure training for oral health professionals in the provision of care for older adults.
- Provide restorative treatment for children who have received preventive oral health services at school.
- Bridge the gap between oral health and behavioral health (e.g., training for oral health providers on patient relaxation techniques).

- Work with child-serving organizations to promote oral health literacy among parents and grandparents of young children.
- Work to ensure that children insured by Medicaid or CHP+ receive dental care annually and have a dental home.
- Educate parents on the importance of oral health care for pregnant women.
- Educate caregivers on the importance of oral health services for older adults.

- Expand oral health literacy for new parents and caregivers using a variety of media and messaging.
- Ensure that dental and dental hygiene education focuses on care for high-risk populations and that students are well trained in providing care for those populations.

- Promote policy changes/legislation that improve access to care for low-income populations.
- Partner with others in promoting the messages of age 1-year dental visits and oral health literacy.
- Partner with others in promoting messages of oral health's importance throughout the lifespan.

Focus Area 4: Systems of Care

Strategy 2:

Ensure all children have access to, and take advantage of, an age one dental visit and ongoing oral heath preventive and treatment services through a dental home that is integrated into a health home.

- Understand the need for an age 1-year oral health visit.
- Create parent demand for an age 1-year dental visit that is focused on diagnostic and preventive services.

- Pursue *Cavity Free at Three* training.
- Accommodate infant and toddler visits.
- Provide parent/family education about the importance of an age 1-year dental visit.
- Provide a diagnostic and preventive 1-year dental visit, using *Smiles for Life* or *Cavity Free at Three* guidelines.

- Provide enhanced Medicaid and CHP reimbursement for preventive services for children under the age of 5 years.
- Work to include oral health services and a dental home as part of Accountable Care Organizations in Colorado.
- Support public service campaigns designed to reduce the rate of early childhood caries.

- Prioritize young children into dental care.
- Use new systems and methods for delivering care that work for infants/toddlers and their families.
- Receive *Cavity Free at Three* training updates as needed.
- Educate professional associations (e.g., the American Association of Pediatricians and the American Assn. of Family Physicians) on the role of providers in providing age appropriate oral health exams.

- Work with child-serving agencies to promote oral health literacy and the importance of an age 1-year dental visit.
- Work with enrollment and referral agencies to identify dentists in each community who will provide an age 1-year dental home.

- Ensure that dental and dental hygiene students are well trained in providing appropriate care for high risk populations.
- Increase oral health literacy for new parents and caregivers.

- Collaborate with providers and the CDA to promote the age 1-year dental visit.
- Link providers and communities to services/training to help them deliver 1-year dental care.
- Collaborate with partners to conduct public service campaigns and other multi-media advertising about the importance of a dental visit.
- Work with insurance companies to cover the age 1-year dental visit and reimburse it as a diagnostic preventive visit.

Focus Area 5: Health Promotion

Activities are directed at educating the public on the relationship between oral health and general health and on individual roles and responsibilities for oral health.

Outcome Measures for This Focus Area

1. By 2017, families will have improved oral health literacy.
   - Measured by comparison of Child Health Survey data
2. By 2017, there will be increased public access of health promotion and oral health education information, tools and resources.
   - Measured by website data from OHCO, CDPHE, CDE, CDA, HCPF and Delta Dental of Colorado

Strategy 1:

Educate the public, especially families with young children, about the importance of oral health to overall wellbeing and how positive oral health care behaviors can prevent oral disease.

- Take children for an age 1-year dental visit.
- Understand the importance of water fluoridation for good oral health.
- Request sealants on childrens' permanent molars.

- Include oral health questions on health intake/history forms.
- Provide oral health assessments and apply fluoride varnish.
- Join a community oral health coalition.
- During well-baby and well-child checks, ask about a age 1-year dental visit and dental sealants for older children.
- Make referrals and link to a dental home.
- Educate patients regarding the association between oral health and chronic disease.

- Be aware of current policies related to oral health.
- Include oral screenings concurrently with school hearing and vision screenings.
- Fund oral health social marketing and awareness campaigns (e.g., "Mom Like Me," "Highlands Mommies").
- Fund evaluation and measurement of oral health awareness and social marketing campaigns.

- Educate students, families, and school staff on the importance of oral health.
- Provide oral health promotion and connections to dental providers.
- Collaborate on statewide initiatives to promote oral health and ensure consistent oral health messaging.

- Ask oral health professionals to speak to community organization members at functions/events.
- Include oral health materials at health fairs and community/neighborhood events.
- Train home visitation program staff in *Cavity Free at Three*.
- Educate families and promote the importance of oral health for adults throughout the lifespan.

- Participate in media campaigns to ensure consistent messaging.
- Include oral health information as part of school health education.
- Read story books about oral health to young children.

- Promote oral health educational resources on websites.
- Support local coalitions with technical assistance about current oral health education practices and consistent messaging.
- Promote fluoridation information for local decision makers and water engineers.
- Attend events to promote key messages about oral health and overall well-being.

Focus Area 5: Health Promotion

Strategy 2:

Support parents and caregivers in their efforts to ensure healthy hygiene practices at home, good nutrition for the prevention of caries, promotion of overall health, and prevention of the transmission of disease from caregiver to child.

- Include healthy, nutritious foods at meals at home.
- Understand the importance of oral health to overall health.
- Limit intake of sugary beverages.

- Include oral health questions on health intake/history forms.
- Join a community oral health coalition.
- Provide sound nutrition education during dental and medical visits.
- Include oral health as a routine part of prenatal care.

- Include nutrition education and promotion of overall health as a part of oral health education requirements.
- Ensure access by all to affordable and nutritious food.
- Fund oral health social marketing and awareness campaigns.
- Fund studies that assess the relationship between childhood obesity and oral health status or caries rates.
- Provide information and resources for new moms leaving the hospital that include oral hygiene information and supplies.

- Expand in-school sealant programs.
- Provide fluoride varnish for young children based on risk assessment.
- Include nutrition education and obesity information as part of routine oral health care that is provided to young children and families.

- Develop in-school oral health programs.
- Provide fluoride varnish opportunities for young children.
- Partner with LiveWell
- Involve parent and teacher associations/organizations to promote oral health at home.

- Include the role nutrition plays in oral health in curricula.
- Include oral health as part of overall prenatal health and better birth outcomes.
- Observe children in the classroom for oral health issues/problems.
- Incorporate oral health as a part of Coordinated School Health.

- Include nutrition education materials and obesity prevention materials websites.
- Increase collaboration and communication between the many partners providing oral health, overall health, and nutrition services to Coloradans.

Focus Area 5: Health Promotion

Strategy 3:

Support the inclusion of optimal oral health practices within other programs that reach at-risk families and individuals (e.g. Head Start; Women, Infants and Children [WIC] programs; child care centers; prenatal and home visitation programs).

- Volunteer at a local Head Start or child care facilities to help promote good oral health practices.
- Take children for an age one dental visit.

- Include oral health questions on health intake/history forms.
- Join a community oral health coalition.
- Educate parents and caregivers about the vertical transmission of oral disease.
- Promote age 1-year oral health screenings.
- Promote drinking fluoridated tap water instead of bottled water.

- Provide opportunities for children to brush their teeth when they are in a location for four hours or more or have had a meal .
- Fund oral health social marketing and awareness campaigns.
- Expand *Cavity Free at Three* to programs serving at-risk families (e.g., childcare, WIC).

- Share oral health data about populations served.
- Provide support/training to non-health organizations for the inclusion of oral health practices.

- Conduct routine oral health screenings for children in child care centers and WIC
- Share oral health data about populations served.
- Educate families and promote oral health importance from pregnancy through lifespan.

- Train nurses to be able to conduct oral health screenings at child care centers.
- Train WIC and Head Start staff to do oral health screenings for participants in these programs.
- Promote drinking fluoridated tap water instead of bottled water.

- Work with partners to align oral health projects across the state.
- Promote oral health literacy and connect resources to at-risk, underserved populations.

Focus Area 5: Health Promotion

Strategy 4: Support the inclusion of optimal oral health practices within programs that reach at-risk elderly and their caregivers (e.g., family members, long-term care facilities).

- Assist older family members in obtaining routine oral health care.
- Offer a ride to the dentist or help make an oral health checkup appointment for older adult neighbors.
- Advocate for dental benefits within Medicare and Medicaid.

- Include oral health questions on health intake/history forms.
- Join a community oral health coalition.
- Provide oral health education sessions at long-term care and nursing home facilities, and other community focal points.
- Include fluoride varnish as a part of routine care for the prevention of root caries.
- Be aware of the oral complications of prescription medications.
- Participate in inter-professional team meetings.

- Strengthen the connections between *Older Americans Act* meal sites and oral health services.
- Provide referral and access to resources for older adults needing oral health services.
- Promote fluoride varnishes as one of the oral health benefits paid for through Title III funds throughout the *Colorado Aging Network*.
- Fund oral health social marketing and awareness campaigns.
- Fund mobile/portable outreach to homebound elderly populations.
- Fund development and/or implementation of a *Cavity Free at Three* type of education project for older adults where providers are trained.

- Collect oral health data related to elderly, at-risk populations.

- Schedule oral health speakers as part of programming at senior centers , long-term care facilities, assisted living, and other community focal points.
- Provide transportation for the older adults to reach dental appointments.
- Provide new toothbrushes on trays for Meals on Wheels every three months.

- Offer education sessions at long-term care and nursing home facilities, and community focal points (e.g., church)
- Implement a train-the-trainer model of outreach to facilities where the elderly live, work, play (e.g., RN, dietitians, CNA's, Promotoras).
- Health professional schools include an older adult outreach oral health internship or rotation.

- Work with partners to align oral health projects across the state.
- Link resources to older adult and caregiver populations.

Focus Area 6: Health Equity

Health Equity is achieving the highest level of health for all people. It entails focused efforts to address avoidable inequalities by equalizing the conditions for health for all groups.

Outcome Measures for This Focus Area

By 2017, Colorado will develop a comprehensive oral health surveillance system that can be used for strategic planning and evaluation of efforts to improve health equity.

Strategy 1:

Achieve health equity among all residents by identifying and reducing oral health disparities found among low-income and minority populations.

- Call, write or speak to local policy makers about oral health issues.
- Partner with local oral health coalitions to collect data establishing where oral health disparities exist.
- Identify and utilize local media sources to publicize health disparities.

- Strategize with local groups and component dental societies to positively affect health equity issues.
- Participate in school screenings to identify and refer those at risk for significant dental disease.
- Make education and treatment visits to assisted living or long-term care facilities, and to community focal points serving older adults, especially those serving low-income, minority, and older adults living in rural areas.

- Strengthen the connections between *Older Americans Act* meal sites and oral health services. Provide referral and access to resources for older adults needing oral health services.
- Promote fluoride varnishes as one of the oral health services available through *Older Americans Act* Title III services and State Funds for Senior Services throughout the Colorado Aging Network.
- Establish a Medicaid benefit for adults, with priority given to pregnant women.
- Require an oral screening in public schools similar to what is currently done for vision and hearing.
- Support legislation that increases public water fluoridation.
- Develop and support policies that ensure access to oral health services.
- Consider increasing reimbursement rates for provision of evidence-based care.

- Establish local data collection standards related to health equity to be shared with the state.
- Develop ongoing staff training modules that address cultural competency and health equity.

- Develop local oral health coalitions.

- Highlight social responsibility and develop business models that encourage serving the underserved (e.g., at health professional schools).
- Participate in Coordinated School Health efforts and teams (e.g., at public and private k-12 schools).

- Support and encourage local data collection.
- Develop a web portal that allows easy access to oral health data and information.
- Develop communications tools that can be used in all communities to identify health disparities and promote health equity.

Focus Area 6: Health Equity

Strategy 2: Standardize and combine data currently being collected on oral health in the state.

- Support the establishment of an extensive oral health surveillance system.
- Ensure that oral health is a part of the all-payer data base.
- Ensure collection of ER and OR data that is related to oral health.

- Share and use existing data (collecting standard set of demographic data, e.g.: race, ethnicity, SES, LGBT)
- Participate in identifying the gaps in the existing data and create a plan to fill the gaps.

- Require hospitals to share their data on the number of individuals and the costs associated with oral health related use of general anesthesia in operating rooms.

- Share anecdotes and stories on frequency of children being sent to the school nurse or home or unable to learn due to oral pain and swelling.
- Share all relevant data and facts relating to the negative effects of oral problems on students' success in school.

- Partner with organizations (such as CORHIO) in order to ensure oral health data becomes part of the Electronic Health Record and can be shared with primary care providers.
- Share oral health and other relevant health data on the OHCO web page.
- Use data to enhance oral health lobbying efforts.

Strategy 3: Schools become the entry points for oral health screening, preventative treatment and referral, leading to a dental home.

- Promote in-school screenings and school- based clinics with school principals, at PTA meetings and with local school boards.

- Partner with local schools to assist with in-school screenings, school-based/school linked oral health services and clinics.
- Adopt a local school and provide oral health care both within the school and in your private practice.

- Encourage the use of an oral health screening as a school readiness indicator.
- Support increased health infrastructure in schools (eg. nurses, health aides, dental hygienists)
- Ensure healthy and nutritious school menus and vending machine selections

- Support local efforts of dentists and dental hygienists who provide oral health education, screening or evaluation for children while they are in school.
- Advocate for oral health care being provided in schools.

- Meet with school administrators.
- Advocate for an oral health presence in the schools.

- Cooperate with local oral health advocates.
- Support the inclusion of oral health services and education in schools.
- Enforce tobacco-free policies

- Develop a toolkit that will provide assistance to communities wanting in establishing oral health programs in schools.
- Share information on successes and challenges in implementing in-school oral health care
- Collaborate with stakeholders to ensure that sustainable models of care are implemented in community schools.

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