

Oral Health Advisory Committee

Report of Meeting

March 10, 2006
Medical Care Development, Augusta, Maine



Good Group Decisions

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Opening

Judy Feinstein, Director of the Oral Health Program welcomed the group. She is coordinating the development of this plan with help from a federal grant for the state of Maine, not the federal government. Judy introduced Donna Levi, with Good Group Decisions, as the facilitator in Craig's absence and as the author of the draft of the Maine Oral Health Improvement Plan.

Donna welcomed the group and provided a brief summary of her background. She explained her process in developing the draft of the plan. Donna asked each person present to introduce themselves and their organization.

Attendance

- Ann Curtis University of Maine at Augusta Dental Health Programs
- Debbie Littlefield, RDH Maine Dental Access Coalition
- Larry Jacoby, DDS Community Dental
- Peter Kraut Governor's Office of Health Policy & Finance
- Shawn Yardley City of Bangor
- Pat Jones, RDH Maine Dental Access Coalition
- Grace Morgan Maine Department of Education
- Dan Meyer ME-Dartmouth Family Practice Residency
- Linda Wacholtz Prevention Partners, Inc
- Doreen McDaniel Office of Elder Services, DHHS
- Kathleen B. Walker Northeast Delta Dental
- Bonnie W. Vaughan RDH Maine Oral Health Solutions, Inc.
- Jim Dowling Maine Primary Care Association
- Maurice Convey, DMD Maine Dental Association
- Frances Miliano Maine Dental Association
- Beryl Cole, RDH Maine Dental Hygienists Association
- Becky Whittemore Maine Public Health Association
- Linda Capone-Newton Maine Office of Child Care and Headstart
Special Projects Coordinator Oral Health
- Brenda McCormick MaineCare, DHHS
- Judith Feinstein Maine Oral Health Program, DHHS

Objectives

Donna reviewed with the group the objectives that were set for the meeting as follows:

- To review the Maine Oral Health Improvement Plan Draft
- To determine the method for formalizing commitment to the Maine Oral Health Improvement Plan

Ground Rules

The following ground rules were reviewed with and agreed to by the group:

- All views heard
 - Hands to speak
- We all help group efficiency
 - Minimize repeats
 - Raise questions and concerns in the moment
- Share ideas and information
 - No bad ideas
 - Website (www.goodgroupdecisions.com/oralhealth)
- Constituent representation and education
- Facilitator serves the group
- Smiles are good!

Agenda

Donna reviewed the Agenda with the group as follows:

11:00 Opening

Welcome and introductions
Reminder of where we are in the group's process
Objectives, agenda, and ground rules for today's meeting

- 11:10 Review of the Draft Plan**
After some introductory comments, we will review the draft report and take comments. First, we will discuss the overall organization of the report. Then we will go through it section by section.
- 12:00 Lunch**
- 12:30 Continue Review of the Draft Plan**
- 1:40 Break**
- 1:50 Principles**
Let's discuss and identify a list of principles to be included in the report: principles that will guide implementation of ALL the strategies in the Plan.
- 2:20 Buy In**
Ideally, implementation partners are fully bought in to this plan. What process should we use to formalize but-in and commitment?
- 2:45 Review Next Steps and Closing Comments**
- 3:00 Adjourn**

Maine Oral Health Improvement Plan Draft Review

General Comments

Donna asked the group to make general comments about the overall draft which follow:

- The four sections make perfect sense
- Very coherent, logical, and pertinent
- Written in good language
- Transparent and understandable
- Unusual and good, plain language
- Would like to see a broader definition of oral disease, including for example periodontal disease and relationships to systemic diseases
- Periodontal, systemic diseases

- Data and surveillance - Objective 11
- Want to see language about milestones and evaluation
- Aligning the ten steps as a strategy for being part of the State Health Plan
- Data collection - what are the intentions for usage: need, funding, staffing
- Ten essential services and the three core functions of public health should be explicit; mention or include in the introduction

Peter Kraut from the Governor's Office answered questions related to how Oral Health has been incorporated into the State Health Plan, which has been finalized and will be released publicly soon. He indicated that no further changes will be made in that plan. Peter said that the focus is on the concept of total health, which depends on health care integration.

The Maine Oral Health Improvement Plan will not be an attachment to the State Health Plan, but is referenced in the plan. Peter stated that the committee should continue to move forward with the oral health plan and that he saw no red flags at this point.

About the Updated Draft

The notated, updated Draft is included as an Appendix of this report.

Donna asked the group to make comments on the draft by working through each of the 4 sections of the draft. Comments that could not be heard because of lack of time could be sent via e-mail within the next two weeks, by March 27th.

Comments made via e-mail after the meeting have not been incorporated into this draft due to staffing considerations, but will be considered and incorporated going forward.

Principles

The following principles were identified by the group. It was suggested that they become part of the introduction.

- The Plan is for all Maine citizens
- Disparities can be invisible
- Good oral health is a foundation of wellness/overall health

- Prevention is more cost effective than treatment
- Access to oral health services is crucial
- Changing the perception of the value of oral health is important
- Evaluation of programs and services is necessary to provide proof of success
- Education is a key component to improving oral health
- Forming partnerships and working with collaborators is important for successful implementation
- A funding commitment is inherent in the plan

Buy In

The group discussed methods to ensure commitment from the organizations that have contributed to the development of the plan. The purpose of the commitment is to demonstrate willingness to work on the implementation of the plan.

Consensus was reached regarding the method of demonstrating commitment. All member organizations will sign a statement of support that will appear in the plan document. A draft statement will be provided to these organizations for review prior to signing.

It was agreed that there are many other groups who would be helpful to enlist to participate in the implementation phase. The plan will be presented to these groups to expand the work load to a larger stakeholder base.

Closing

Next Steps

Donna reminded the group that comments on the plan draft would be taken via e-mail until March 27th. The draft will be revised based on the comments from the meeting and e-mail as is found to be practical. The revised draft will be distributed for final comments.

The next meeting will be held on May 19th. At this meeting, the final plan will be endorsed to the extent possible and practicable, and implementation of the plan will be discussed.

A fall conference is being planned which will include presentation of the plan and a commitment “ceremony” by stakeholders to continue their work in implementing the objectives and activities stated in the plan.

Final Comments

Donna asked each person for a final comment:

- Impressed something has come out of the meeting and done well. Applaud the group.
- Agree. On time, everything was perfect.
- Meeting on a Friday is difficult, but tends to be a good surprise that so much gets accomplished and worked out.
- Good facilitation. Stay on schedule, hold group to task.
- Applaud the facilitator. Good exchange of ideas here.
- Great ideas. Size of the group and ideas are great.
- Diversity of the professions was outstanding. Good group of people knowing every avenue. Impressive.
- Appreciate the learning opportunity.
- Appreciate the progress and efficiency. Keep it up.
- Echo. Would like to see a surveillance system about how plan is used and what is implemented as a result.
- Good participation. Thanks Judy.
- Impressed by progress of the group.
- Echo. Looking forward to new partners coming on board.
- Important not to just have a plan, but to use it to address Maine’s issues.
- Underscore the leadership and progress of the group.
- Very excited about the amount of progress the group makes. Develops at a great pace. Good participation and consistency.

Appendix: Updated Draft, Maine State Oral Health Improvement Plan

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Introduction

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Introduction

Define oral health here

Many local community agencies, professional organizations and State agencies, including the Maine Legislature, have initiated activities over the past decade intended to promote and improve oral health and to increase access to oral health services. In the absence of a comprehensive plan, however, these various activities have lacked the coordinated vision of a long-term and comprehensive approach that will assure effective and lasting change.

Maine's Oral Health Improvement Plan is designed to be utilized as a working document to provide guidance to all who can have an impact on the status of oral health in Maine. An Oral Health Advisory Committee, convened by the Maine Department of Health & Human Services and comprised of a broad range of stakeholders, was charged with developing a plan that will improve oral health for people in Maine.

The plan was created to be:

- practical
- easy to use and understand
- inclusive of all who provide and promote oral health
- creative in identifying strategies
- adaptable and able to incorporate new ideas
- present and future oriented
- able to be evaluated on an ongoing basis
- inclusive of general objectives and specific actions

The Oral Health Improvement Plan is based on the Surgeon General's *A National Call to Action to Promote Oral Health*, issued in May 2003. A response to *Oral Health in American: A Report of the Surgeon General*, the "Call to Action" outlines five areas for action that were identified as being key to improving the oral health of Americans. These five Actions are:

1. Change perceptions of oral health
2. Overcome barriers by replicating effective programs and proven efforts
3. Build the science base and accelerate science transfer
4. Increase oral health workforce diversity, capacity, and flexibility
5. Increase collaborations.

These Actions have been adapted to reflect the needs of the people of Maine.

The focus of Maine's Oral Health Improvement Plan is on improving state and local policies, increasing public awareness, expanding access to oral health services as well as to preventive care, improving the delivery of care, and ensuring the quality of care. Inherent in the implementation of this plan is the need for adequate funding to ensure the highest quality initiatives delivered in the most timely and effective manner.

The next component of the plan to be developed is a timeline which will be used to keep the plan active. The timeline will identify which of the strategies will involve short or long term actions, and as appropriate will identify specific activities to carry out those strategies. Ongoing monitoring will be used to ensure accountability for implementation.

This plan is not a detailed blueprint, but a flexible, working guide for those who have a role to play in improving oral health: dental and other health professionals, legislators, policy-makers, community agencies and all the people of Maine. Oral health must become an integrated component of overall health. The Maine Oral Health Improvement Plan presents a method for achieving this important goal.

It is important to state that all of the stakeholders represented on the Advisory Committee may not agree with or be prepared to endorse all of the individual strategies that follow in this document. They do, however, support the importance of the Plan as a framework for achieving improvements in oral health for the people of Maine.

Vision

The quality of life of all Mainers will be improved by including oral health as a critical and integrated component of overall health and through increasing access to quality oral health care services.

A. Change Perception and Increase Awareness

Goal A: Define and support state and local policies to increase the understanding, value, and importance of oral health to overall health and to promote optimal oral health for the people of Maine.

Background and Challenges: According to "Oral Health in America: A Report of the Surgeon General", oral health is a key component of overall health. Scientific evidence shows that poor oral health negatively affects total health. Therefore, oral health policies need to be integrated with general health policies. Developing partnerships is a key to implementing this goal.

Currently, perceptions about oral health as an integral component of overall health may be inaccurate or limited. Oral health has been set aside from general health in our culture and, for many reasons and in many ways, been less valued. Fears and misconceptions exist about oral health and treatment that create additional barriers to seeking care. Changing these perceptions is a crucial step in improving the public's oral health. The need for good oral health must be communicated to elected officials, health professionals and the general public.

Oral health has been referenced in Maine's State Health Plan for 2006/2007, The Roadmap to Better Health, released by Governor John E. Baldacci in April 2006. The State Health Plan states clearly "Oral health is an integral part of physical health" (p. 88), and notes that oral health status impacts our ability to communicate, our economic productivity and our ability to function at home, work and school. Several risk factors identified in that Plan, such as tobacco and alcohol use and nutritional choices, also contribute to oral diseases and oral health status. Similarly, oral health can be a contributing factor in other health conditions.

The State Health Plan acknowledges the development of this Oral Health Improvement Plan, and its planned release later in 2006. The Governor's Office of Health Policy and Finance along with the Governor's Advisory Council on Health Systems Development will review the completed plan at that time and will decide if it should be incorporated by reference into the State Health Plan.

Objective 1 - Inform and Educate Policy Makers and Elected Officials

Increase the awareness and knowledge of policy makers and elected officials regarding the importance of good oral health and the needs of the population in order to ensure that the oral health initiatives identified in this document are supported.

Strategies:

Collaborate with public health stakeholder groups throughout the state, for example, the Public Health Infrastructure Work Group, to facilitate communication regarding implementation and monitoring of oral health initiatives.

Provide information and data on the burden of oral diseases on the people of Maine to policy makers and elected officials to strengthen commitment for oral health funding and resources. Develop and distribute a data report to accompany this plan, and assure that it can be updated at appropriate intervals.

Support agency actions and legislation to secure adequate funding for the Maine Oral Health Improvement Plan and to supplement the State Health Plan to ensure support for oral health programs.

Provide evidence of successful programs and services in Maine and other states.

Gather support for including oral health care in the Dirigo Health Plan.

Determine a method for demonstrating overall savings to be realized from implementing the Oral Health Improvement Plan.

Invite policy makers and elected officials to attend and to be involved in oral health conferences and events.

Key Players:

Policy makers, elected officials, health advocacy groups, public health and social services organizations, Public Health Infrastructure Work Group, Board of Dental Examiners, Maine Dental Association, Maine Dental Hygienists' Association, other health professional organizations, community and state agencies, educators, health care consumers.

Objective 2 - Increase general public awareness

Design and implement educational campaigns targeting the general public to provide oral health education, to change negative perceptions, and to increase awareness regarding the impact of good oral health on overall health throughout the life span.

Strategies:

Utilize existing programs, such as the “Watch Your Mouth” campaign that seek to improve awareness of the importance of oral health and the connection between oral health and overall health.

Collaborate with Healthy Maine Partnership organizations.

Coordinate educational activities with state and national health campaigns, such as Children's Dental Health Month, Dental Hygiene Month, Nutrition Month and others.

Design specific messages for at-risk populations.

Incorporate oral cancer prevention messages into existing cancer prevention and tobacco-use reduction efforts.

Key Players:

Media personnel, parent groups, school and community leaders, community agencies, dental and medical professionals, professional associations, state agencies

B. Expand Access and Increase Prevention

Goal B: Expand access to high quality oral health services and increase prevention and early intervention programs for Maine people throughout the life span.

Background and Challenges: A majority of regions in the state do not have adequate access to dental care services. Prevention programs are a viable way to reach underserved populations and to reduce the occurrence and prevalence of dental disease. Preventive care is inexpensive compared to the treatment costs associated with dental disease. Prevention focuses on changing personal oral health behaviors as well as community factors and environmental influences. Education and early preventive interventions for children can reduce future demands for more extensive restorative dental services.

Expansion of current dental disease prevention and oral health promotion programs is necessary. With an apparent shortage of dentists, Maine needs to consider their role and the roles of other dental and non-dental health professionals who can work together to implement these programs. These providers need training specific to preventive oral health care. Adequate and sustainable funding is critical to support the development and implementation of preventive care programs and training for professionals. Further assessment may be needed to determine the scope of resources necessary to provide preventive care, especially for underserved population groups.

Objective 3 - Expand School and Community-based Programs

Expand the use of topical fluoride rinses, dental sealants and other preventive interventions in school-based and school-linked programs and promote community fluoridation to those not currently being served.

Strategies:

Create incentives for schools to adopt fluoride mouthrinse and dental sealant programs.

Explore alternative resources and partnerships with philanthropic foundations, dental professionals, and community groups to support preventive oral health programs in schools and communities.

Establish protocols for implementation of school–based oral health programs to ensure communication and coordination among schools, dental services providers, and funding sources.

Educate school board members, administrators, nurses and school health educators regarding the efficacy of utilizing preventive services, such as fluoride rinses and sealants.

Support increased resources, financial and personnel, for administering preventive services in schools, especially those that demonstrate unmet oral health needs.

Promote water fluoridation in communities that are not already being served.

Key Players:

Legislators, school board members, oral health and other health providers, school nurses, school administrators, school health coordinators, parents, local community leaders.

Objective 4 - Ensure Early Childhood Preventive Care

Support efforts to ensure that every child receives at least one dental care visit by the first birthday, to provide a preventive screening and to educate parents and caregivers regarding the methods and importance of good oral health care.

Strategies:

Implement a promotional campaign that involves and is directed to medical and dental providers, parents, teachers and child care providers regarding the importance of preventive oral health care.

Facilitate inclusion of anticipatory guidance (child health supervision guidelines) for oral health care into primary care providers' well child visit schedules.

Explore resources to enable primary medical care providers, after certified training, to receive public and private insurance reimbursement for providing oral health preventive care.

Promote oral health training for child care providers as part of the certification process.

Encourage collaboration among educators, prenatal care providers, DHHS, and home care personnel to promote positive and preventive oral health behaviors among their clients.

Key Players:

Primary medical care providers, dental professionals, parents, child care providers, early childhood teachers, immunization educators, legislators, state agencies.

Objective 5 - Promote MaineCare Coverage for Pregnant Women

Promote MaineCare coverage of dental prevention and treatment services for all pregnant women, regardless of age, who do not have dental insurance.

Strategies:

Explore models from other states to design the most effective and accessible program for Maine.

Research national standards for dental care of pregnant women.

Determine feasibility of adding uninsured pregnant women to MaineCare priorities for dental care.

Explore new resources for funding from private insurance and public programs.

Collaborate with obstetricians, nurse midwives, and other primary care medical providers to promote dental care for pregnant women.

Key Players:

Legislators, MaineCare and other state agencies, WIC agencies, obstetricians, nurse midwives, other medical providers, dental professionals, women's and children advocacy groups

Objective 6 - Use Nontraditional Settings to Reach Underserved

Expand preventive dental care and education capabilities in nontraditional settings to reach underserved individuals.

Strategies:

Research existing models in Maine and other states of oral health services provided in settings that do not usually include dental care.

Explore models to integrate oral health and primary care health services.

Connect oral health education and screening to existing school health programs, services, and school-based health centers.

Promote oral screenings in schools and yearly oral exams in elder care facilities.

Explore current role of hygienists in schools and in facilities for the elderly.

Collaborate with workplace wellness programs to include oral health services and education.

Support inclusion of oral health in Healthy Maine Partnership priorities, as well as adequate funding and legislation as necessary.

Expand preventive dental services in all WIC clinics for women and children.

Promote training for home visitation program staff in techniques for oral health screening, preventive education, and early interventions.

Promote training for care providers in nursing homes, long-term care and hospice facilities in techniques for maintaining oral health for residents.

NOTE: Further definitions may be needed for this objective and its strategies to better describe what is meant by “non-traditional” and to clarify that different programs and interventions may be developed for different age groups and different settings.

Key Players:

Healthy Maine Partnerships, state agencies, private foundations, school boards, nursing home associations and other agencies involved with senior citizens, dental professionals, other health professionals

C. Improve Service Delivery

Goal C: Enhance oral health partnerships and infrastructure to improve delivery of services and knowledge base.

Background and Challenges: The delivery of oral health in Maine relies primarily on services delivered through the private sector by dental health professionals. There are substantial concerns about the number and distribution of dental professionals,

particularly dentists, currently practicing in Maine. The average age of Maine dentists is estimated to be about 54, and Maine, like many states, will need to compete for new dentists to replace those who will be retiring in the next five to 10 years. This workforce issue is further compounded by financial access issues, and an uneven geographic distribution of dentists throughout the state. The existing public health infrastructure, which has effectively doubled in size since 2000, is comprised of about 24 public and non-profit dental clinics, and does not meet the needs of the population unable to access the private practice system. Care available through public or private nonprofit organizations is not coordinated through a central agency, and services vary widely within geographical regions.

More may be added here.

Objective 7 - Improve Current System Infrastructure

Examine the current infrastructure to improve delivery systems, determine unmet needs, and expand public oral health services (safety net) to better serve the oral health needs of the population.

Strategies:

Analyze data regarding the distribution of dental professionals, dental centers and clinics, uninsured persons, and related demographic factors to assess the current delivery system, gaps, and unmet needs.

Review data and relevant information from other sources, for example, the Board of Dental Examiners, reports from dental hygienists working in public health supervision status, Head Start Centers, WIC agencies, and others.

Work with the Office of MaineCare Services, the Public Health Infrastructure Work Group, and others to support improvements in processes, enhancements to, and incentives in the MaineCare Dental Program that may increase access to dental services, such as reviewing and adjusting reimbursement rates.

Explore and encourage changes in private insurance contracts in Maine, at the regulatory level, to support coverage of preventive oral health services provided by licensed providers other than dentists, outside of traditional dental office settings, for example, dental hygienists working in public health settings and health providers in other settings.

Note: The Bureau of Insurance may have the authority to require companies licensed to provide insurance in Maine to reimburse for preventive oral health services directly to a provider other than a dentist. A review of other states regulations may be helpful.

Assess the capacity and sustainability of the existing public health delivery system relative to the provision of oral health care.

Develop effective strategies for recruitment and retention of professionals who are providing public health services for dental care.

Create opportunities to provide oral health services in settings not currently providing these services, for example, hospital-based programs (such as the Maine-Dartmouth Family Medicine Institute) and volunteer/free medical clinics.

Support initiatives that maximize the ability of hygienists to provide preventive services within the public health system.

Explore models regarding ways to integrate oral health care within a hospital setting.

Investigate funding sources to support the public health system relative to oral health care.

Key Players:

Dental and medical professionals, legislators, Board of Dental Examiners, state agencies, community agencies, public health stakeholder groups, hospitals.

Objective 8 - Increase oral health knowledge base

Disseminate up-to-date and evidence-based scientific oral health information to all health professionals.

Strategies:

Provide information and training to health related associations and organizations.

Encourage inclusion of oral health in health related association and organization strategic plans, especially in physician groups.

Encourage inclusion of oral health in health related association and organization strategic plans, especially in physician groups.

Promote the use of existing early intervention curricula by all health professionals and encourage the incorporation of oral health issues into health professional training schools' curricula.

Promote the provision of continuing education credits (CEUs) for non-dental professionals to encourage training in oral health promotion and dental disease prevention interventions.

Distribute guidelines for prevention and treatment of oral diseases to primary medical care providers and encourage their use (for example, the American Academy of Pediatrics' Bright Futures guidelines).

Focus educational efforts on pediatricians and other primary care physicians to support oral health. Provide posters and written materials to physicians' offices.

Key Players:

Physicians, physician's assistants, nurse practitioners, nurses, health associations and organizations, dental professionals, school boards, educational institutions and organizations, professional medical organizations

Objective 9 - Provide Evidence-Based Evaluation

(an explanation of what "evidence-based" means will appear earlier in this document)

Evaluate oral health services in Maine regarding access, application of best practices, and health outcomes to define future statewide oral health needs.

Strategies:

Develop and maintain a comprehensive oral health surveillance system to identify and monitor oral health status and access to oral health services.

Determine data collection tools to standardize measurement of outcomes.

Examine best and "promising" practices in Maine and in other states for models that can be replicated and/or adapted for use.

Disseminate best practice methods in clinical practice and policy.

Implement ongoing monitoring and analysis of impact of oral health initiatives on health status.

Key Players: Maine CDC and other state agencies, dental professional associations, Board of Dental Examiners, Maine Health Data Organization, Maine Health Information Center, educational institutions, public health stakeholder groups.

Objective 10 - Increase Partnerships

Collaborate with State departments and agencies to facilitate integration of oral health with other health initiatives and cultivate public-private partnerships to support oral health improvements for all residents of Maine.

Strategies:

Explore methods to enable successful partnerships that promote oral health services and awareness.

Identify state-funded programs for possible collaboration, such as Head Start and WIC.

Utilize existing tools, programs (e.g., tobacco reduction, cancer control), and policies that support the integration of oral health with general health programs.

Identify links to the business community to support oral health initiatives.

Waiting for rewritten strategy from Advisory Committee member for the following strategy:

Provide guidance and support for the implementation of oral health promotion and education within the Maine Learning Results.

Promote the inclusion of oral health activities in school and worksite wellness programs.

Increase awareness of the importance of oral health through education and collaboration with the Coordinated School Health Program.

Collaborate with home health agencies and Area Agencies on Aging to ensure inclusion of dental care and oral health services for the homebound and elderly.

Encourage employers with employee dental plans to promote oral health initiatives.

Key Players:

State departments, state agencies, community organizations, home health agencies, Area Agencies on Aging, school professionals, insurance companies, private foundations, health professional associations, Chamber of Commerce

D. Expand Dental Workforce

Goal D: Expand the capacity and ability of the dental workforce to provide cost-effective, high quality oral health services for all Mainers.

Background and Challenges: The availability of an adequate number of dental health professionals is necessary to meet the oral health needs throughout the state. Many areas of our state have a shortage of dentists and dental hygienists. Attracting practitioners to dentistry and utilizing current professionals in new ways will increase access to dental care and will enable expansion of services currently available. Maintaining a focus on prevention will maximize cost-effectiveness.

Distribution of dental professionals is a problem for our state with small population centers and geographic distances. The cost of attracting, training, and retaining health professionals in Maine is a challenge, particularly dental professionals.

More to be added here.

Objective 11 - Shift Roles to Improve Capacity and Productivity

Increase capacity and productivity of the dental workforce by shifting and expanding roles within the dental and medical professions, within and according to their respective scopes of practice.

Strategies:

Support the implementation of the Expanded Function Dental Assistants (EFDA) legislation that passed in 2005. *[Will add statutory citation here.]*

Review the national model for an Advanced Dental Hygiene Practitioner (ADHP) for possible implementation in Maine.

Assess and evaluate the impact of public health supervision status for hygienists on access to preventive services for underserved populations, and explore the development of models based on the current programs and initiatives.

Explore development of appropriate certifications and/or quality assurance mechanisms that expand the impact of public health supervision status, improve overall workforce capacity and productivity, and facilitate interdisciplinary approaches to improving oral health in Maine.

Integrate oral care with well baby, well child and adult annual physician visits.

Encourage education in oral health promotion and dental disease prevention by physicians and their staff.

Explore ways to promote the study and practice of pediatric dentistry.

Key Players:

Oral health professionals, Board of Dental Examiners other health professionals and their regulatory boards, educators (secondary and university level), FAME

Objective 12 - Better Recruit and Retain Dental Professionals

Recruit and retain an adequate number of qualified dental professionals to meet the oral health needs of the people of Maine.

Strategies:

Support initiatives at secondary schools and colleges to interest students in oral health care careers.

Consult research regarding the retention of medical students and physicians serving externships and internships to determine feasibility of replication with dental professionals.

Support collaboration to establish a dental residency program in Maine.

Expand the number of externship programs for dental students to encourage relocation to Maine.

Encourage the expansion of loan forgiveness programs, especially for those serving at-risk and underserved populations.

Ensure the increase of dental professionals by recruiting from the military and out-of-state.

Determine a method to assure that retiring dentists' practices are transferred to a new dental professional to provide continuity of access to care.

Key Players:

Oral health professionals, oral health educators, private foundations, legislators, retiring dentists, FAME, professional associations, public health stakeholder groups, Dental Practice Brokers

Objective 13 - Expand Education of Oral Health Professionals

Promote educational opportunities and experiences to enable oral health professionals to expand services to at-risk and under-served populations.

Strategies:

Identify and publicize skill development training programs that focus on working with children, individuals with behavioral health concerns, older adults and the elderly, and children and adults with developmental disabilities.

Explore the use of financial incentives for professionals to serve at-risk and under-served populations.

Support the collaboration of cross-training health professionals. For example: the Maine Dental Association and the American College of Gynecologists (ACOG) to offer a CEU course on oral health during pregnancy.

Key Players:

Maine Dental Association, ACOG, MDHA, Maine CDC, other state, community and voluntary agencies.