

# JOINT LEGISLATIVE OVERSIGHT COMMITTEE



## **Revised Statewide Oral Health Strategic Plan: Collaboration for Integrated and Comprehensive Oral Health**

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# **Legislative Objective**

Session Law 2013-360, Section 12E.2(c) directs NC DHHS to:

- Reduce the Division of Public Health (DPH) Oral Health Section (OHS) budget by \$850,000 (including eliminating at least 15 FTEs) effective 10/1/13.
- Report to the General Assembly on a revised statewide oral health strategic plan which includes at least all of the following:
  - recommendations for reorganizing the Department's OHS;
  - strategies for reducing oral diseases through prevention, education, and health promotion services;
  - strategies for monitoring the public's oral health; and
  - strategies for increasing access to dental care.



## **Reorganization of the Division of Public Health Oral Health Section (OHS)**

- Eliminated five (5) vacant dental hygiene positions, nine (9) filled dental hygiene positions, one (1) filled administrative position and operating funds to meet the legislative budgetary requirement.
- Effective October 1, 2013, the OHS's 25 remaining public health dental hygienists were reassigned to focus efforts on providing services to 65 counties.
  - All 40 Tier 1 counties
  - 25 Tier 2 counties
- OHS staff provide services which are based on sound science and best practices to reduce tooth decay and increase access to dental care.



★ 25 State Hygienists  
 ● 2 Local Hygienists

◐ Counties with Locally Funded Community-based Dental Programs  
 ◑ Counties with No Community-based Dental Program



## **Moving Forward**

- In October 2013, DHHS convened a diverse workgroup of key stakeholders to collaborate and develop a revised statewide oral health strategic plan.
- Stakeholders included representatives from NC's dental schools, the NC Dental Board and Dental Society, private dentists, medical practitioners, local health departments, private funders interested in oral health, and internal DHHS stakeholders.
- DHHS continued to receive input from workgroup participants in the development of the strategic plan submitted to the Joint Legislative Oversight Committee in February 2014.



# **Surveillance**

- **Surveillance is used to:**
  - Gather data about and track dental disease over time
  - Compare dental disease across counties and nationally
  - Make decisions on programming and resource allocation
  - Support the need for oral health grant funding
- **OHS will no longer continue with 5<sup>th</sup> grade surveillance but will capture 3<sup>rd</sup> grade data from select schools (consistent with national surveillance systems). OHS will continue with surveillance of kindergarten students.**
- **NC does not have current data on the oral health status of its residents in assisted living facilities and nursing homes (i.e., long-term care facilities). The OHS will assess the oral health status of elderly residents with a representative sample of long-term care facilities.**



# **Community Fluoridation**

- An effective, safe and equitable way to prevent dental decay in a community.
- Every \$1 invested yields approximately \$38 savings in dental treatment costs (CDC, 2013).
- Leading health and medical organizations endorse fluoridation.
- The OHS will enlist stakeholders to support all aspects of community water fluoridation including policy development, advocacy promotion, monitoring, surveillance and reporting.
- OHS will reclassify and reassign an existing 0.25 equivalent position to establish a state fluoridation administrator.



# **Sealant Promotion and Utilization**

- **To increase access to dental sealants for children, the OHS will:**
  - **Expand their school-based dental sealant programs,**
  - **Partner with community college dental programs and both UNC School of Dentistry and ECU School of Dental Medicine,**
  - **Apply for a grant to educate North Carolina dentists on the benefits of sealants, and**
  - **Work with key stakeholders to expand the scope of North Carolina Administrative Code 16W .0101-.0103, that currently allows public health dental hygienists who have satisfied certain requirements to place sealants without a dentist being present.**
- **The Division of Medical Assistance (DMA) will explore increasing the rate for sealant reimbursement.**





# ***Into the Mouths of Babes and*** **Establishing a Dental Home**

OHS will reclassify and reassign one FTE position for a staff member who will:

- Promote medical-dental integration for children from low-income families (birth to 10 years).
- Implement a whole person approach to health by establishing relationships between primary care providers and dentists.
- Focus on expanding Carolina Dental Home statewide.



# **Oral Care for the Frail Elderly**

- **OHS will reclassify and reassign an existing 0.75 FTE to partner with the N.C. Dental Society Special Care Dentistry Task Force to:**
  - **Learn about the oral health issues affecting all special care populations.**
  - **Explore opportunities for the OHS to collaborate with the N.C. Division of Health Service Regulation on their statewide implementation for facility in-service training to improve the oral health of residents through the innovative University of North Carolina developed *Mouth Care without a Battle* module.**
  - **Obtain data on the oral health status of residents in a representative sample of NC long-term care facilities.**
- **DMA will explore the possibility of providing more equitable compensation for providers who are equipped and committed to delivering comprehensive dental services.**