

Montana Oral Health Strategic Framework

Montana Oral Health Program

2018-2023



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Introduction and Context

Oral health is more than a smile. Oral health impacts the systemic health and well-being of every individual.

Oral health has been identified as one of the greatest unmet health needs, especially among those who are unable to afford or access dental care. While cost has been a reported barrier in Montana, other prevalent significant obstacles include: (1) a lack of understanding of the importance of dental health to overall health, (2) the challenge of distance, especially in isolated rural areas of Montana, and (3) the difficulty of recruiting dental and medical professionals to serve isolated communities and the seven American Indian reservations and urban Indian centers.

Specific data points help illustrate Montana's current oral health picture:

- 17 percent of older Montana adults no longer have their teeth.
- Montana children in less populated areas have more untreated decay and fewer preventive dental sealants than children who reside in more populated areas.ⁱ
- American Indian children have double the tooth decay of white children.
- 51 percent of pregnant women seek preventive dental care during pregnancy.ⁱⁱ
- Adults with diabetes report significantly more tooth loss than adults without diabetes.ⁱⁱⁱ

Dental care has historically been separated from the larger health care system, in education, practice, and payment systems. While dental care currently accounts for only 5 percent of all health care costs, it is difficult to quantify how poor oral health contributes to other health care costs such as diabetes, cardiovascular disease, poor nutrition, and poor pregnancy outcomes.



Improving Montanans' oral health is no simple task. The oral cavity is the portal to and a part of the human body. Maintaining oral health is complex and requires that allied health, education and social service professionals work collaboratively to deliver sound preventive and restorative strategies that serve their clients and communities.

The Montana Oral Health Program, located in the Department of Public Health and Human Services, convened two statewide gatherings to respond to the need for a more holistic and collaborative approach to improving the oral health of all Montanans. The gatherings, titled Dental Action Summit for Health (DASH), were held in November 2016 and May 2017. Participants included a diverse and dedicated group of health, human service and education professionals with a passion and history for improving Montanans' oral health.

The discussions at these meetings were informative, sometimes divergent, and always rich. This 50+ member network created the following Oral Health Strategic Framework. It is not a comprehensive five-year plan for oral health care in Montana, rather, it offers a structure and an agreed-upon realistic plan that the collaborative network can implement cooperatively, with support from the Montana Oral Health Program. The cost of comprehensive health care is a relevant factor and limitation; network participants sought approaches and strategies that can help reduce the burden of oral diseases through innovation, collaboration, and resource sharing.

We welcome you to review this Strategic Framework, share our vision and join our efforts.



Executive Summary



Vision Statement: Twenty Years Forward

All Montanans have an equitable opportunity to a lifetime of optimal oral health.

Core Values and Beliefs

Stakeholders in the newly formed Montana oral health network and the DPHHS Oral Health Program share core values and beliefs that underpin and elaborate upon the Vision Statement declared above.

1. Oral health is integral to a healthy life. The mouth is the portal to the body.
2. Everyone deserves quality, equitable, and culturally appropriate health care.
3. Communication and collaboration among medical, dental, mental health, social work, public health, nutrition, and education professionals foster optimal oral health.
4. Oral health begins in the womb and is a life-long practice.
5. Oral health prevention and delivery strategies and systems must be based on research or emerging, promising or best practices.
6. Public health policy, infrastructure, resources, and education must support Montana communities in their efforts to promote oral health.



Strategic Directions:

January 2018 through December 2022

Strategic Directions describe the positive movement or direction network stakeholders are working toward over the next five years. They help translate the values and vision into action.

Strategic Direction #1: Foster an integrated Montana health care system that views the oral cavity as the portal to and part of the human body.

Research and practice confirm that oral health is integral to an individual's overall health. Network partners embraced the need for a more holistic approach that requires collaboration among allied health, dental, social service, and education providers. Reconnecting the oral cavity to the delivery of other health care services is an important step in delivering effective care, and keeping health care costs down.



Strategic Direction #2: Promote oral health literacy and preventive programs, strategies, and policies that prevent and/or mitigate dental disease.

Oral health knowledge and preventive practices are essential to reduce the burden of dental disease. Preventive programs, strategies, and policies must take into consideration the behavioral, nutritional, economic, environmental, and health care system factors that impact oral health. Patient education must be culturally, socially, and environmentally specific to ensure information is relevant and meaningful. Preventive strategies are a cost-effective way to improve health.

Promising models of dental care delivery demonstrate that having dental services available in community-based settings help to not only provide care to those in need, but increase the oral health awareness and knowledge among others, including educators and health care providers. Further, increased knowledge about oral health encourages sound preventive practices and can increase the demand for dental services.



Strategic Direction #3: Explore and utilize existing and new technologies and workforce models to improve oral health care access, delivery and infrastructure for Montana's underserved, marginalized, and/or geographically isolated populations.

Innovative workforce models, technology and education offer opportunities to reduce barriers to dental care through community initiative and action. Network participants recognize the difference in needs throughout Montana communities and new opportunities related to reimbursement, scope of services, and legislation. Sharing knowledge and experience that fosters collaborative models of care—particularly in underserved, marginalized or geographically isolated populations—can promote health while reducing the burden of dental diseases and cost of care.



Outcome Goals and Objectives

Outcome goals describe the desired results or changes (within 5 to 7 years) if the network is successful in following the strategic directions put forward in this Framework. The objectives articulate the major actions required to achieve the desired result or goal. Because the oral health system is large, complex, and interwoven, progress toward one goal or objective can drive change in other areas or components of the oral health system. Therefore, the following goals and objectives are not in a one-to-one correlation to each strategic direction stated above. Progress on a goal or objective could influence the desired change strategies described in two or all of the strategic directions, and most likely will.

Goal 1

A cohesive and active oral health network of stakeholders from health-related professions (e.g. dental, medical, mental-health, social work, public health, nutrition, education) communicate, work and learn together to improve oral health for Montanans. Network stakeholders support and help implement the goals and objectives of this Strategic Framework.

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| <u>Objective 1A</u> | Structure and Roles | Create a stable “hub and spoke” structure for this nascent oral health network. At the network’s hub sits a Steering Committee of 6 to 8 members who provide leadership at the organizational policy level. The Steering Committee also monitors and updates this five-year Strategic Framework. Implementation of projects discussed in this Strategic Framework rest with Work Groups, made up of network stakeholders who report to the Steering Committee. Resource development, regular communication among stakeholders, and coordination and support are provided by the Montana Oral Health Program staff and contractors. |
| <u>Objective 1B</u> | Member Engagement | The full oral health network meets in-person annually. The Steering Committee meets at least every 6 months, through webinars, conference calls or in-person. Work Groups meet as appropriate to plan and help implement the projects discussed in this Framework. |
| <u>Objective 1C</u> | Expansion | The network welcomes and integrates new stakeholders who share its vision and core values, and it works to grow the networks’ numbers, geographic spread, and provider and cultural diversity. |

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| <u>Objective 1D</u> | Knowledge Management and Dissemination | The network acts as a “community of practice” or a “learning community” to collect, manages and disseminates experiential learning, and generates new knowledge and innovative practices. Communication venues and systems will be developed for network stakeholders to share information, learning, and project models and progress. The DPHHS Oral Health Program has primary responsibility for evaluation and knowledge management and dissemination during the next five years. |
| <u>Objective 1E</u> | Build Oral Health Program Capacity | The Oral Health Program acts as a support or “backbone” agency to the network by helping to set up the network structure, nurture its development, identify resources and help facilitate the work of the network stakeholders. In partnership with the network and/or its stakeholders, the Oral Health Program applies for federal, foundation, tribal and corporate funding to help implement the goals and objectives of this Strategic Framework. Over time, the program will work with network stakeholders and policy makers to secure state funding for the Oral Health Program. |
| <u>Objective 1F</u> | Data Collection and Analysis | The Oral Health Program continues to develop and implement a surveillance plan that supports effective evaluation of the outcome goals and objectives outlined in this Strategic Framework. Key indicators of progress will be communicated to partners during regular network meetings and made available through the Oral Health Program website and other venues. |

Goal 2

Dental and health-related professionals¹ understand and employ innovative and integrated care approaches that demonstrate oral health is integral to a person’s systemic health.

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| <u>Objective 2A</u> | Educate Practicing Health Providers | By 2023, develop materials and educational programs to inform practicing health and human service professionals about the necessity of oral health care to systemic health, resulting in at least 50 non-dental providers appropriately including oral health preventive education, referrals, and/or services in their patient visits. |
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¹ Including, but not limited to, obstetrics, family practice, pediatrics, internal medicine, nurses, dietitians, health plan case managers, mental health, community health, social workers and educators.

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| <u>Objective 2B</u> | Dentistry Whole Health Perspective | Continue to integrate oral health providers into the broader public health landscape to foster a whole health perspective with each patient. By 2023, 35 percent of Montana dental practices will provide preventive screening, and/or referrals for chronic medical conditions (i.e. hypertension, diabetes, tobacco cessation). |
| <u>Objective 2C</u> | Influence Education of Future Health Professionals | Collaborate with higher education institutions, including tribal colleges that train health care professionals (nurses, family physicians, dietitians, physician assistants, and other allied health professionals) to encourage the inclusion of education about the importance of oral health, the oral-systemic link to chronic disease, and the need for preventive oral healthcare. By 2023, the Montana State University College of Nursing will serve as a tangible model for integrating oral health into at least four additional nursing and/or health-oriented educational programs offered in Montana. |
| <u>Objective 2D</u> | Integrate Oral Health into State Health Planning | Advocate for including the Oral Health Strategic Framework goals and strategies into Montana’s 2018 State Health Improvement Plan (SHIP). |

Goal 3

Montanans understand the importance of oral health and use their knowledge to employ preventive and restorative oral health-related strategies and practices throughout their lives.

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| <u>Objective 3A</u> | Prenatal | Develop innovative programs that increase the number of women seeking preventive dental care during pregnancy from 51 percent to 55 percent by 2023. ² Prospective parents and health care providers (physicians, WIC counselors, breastfeeding and childbirth coaches, Part C home visitors, and more) will participate in programs that increase oral health knowledge. |
| <u>Objective 3B</u> | Infants | Educate dentists, medical providers, WIC counselors, and parents that a child’s first dental visit should occur before one year of age and include a risk assessment. By 2023, infant dental visits prior to his/her first birthday will increase by at least 2 percent. ³ |

² Data source: Pregnancy Risk Assessment Monitoring Survey (PRAMS).

³ In 2015, 3.8% of Medicaid enrolled children under 1 year of age received a dental or oral health service. Data Source: Center for Medicare and Medicaid Early and Periodic Screening, Diagnostic, and Treatment data (CMS 416).

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| <u>Objective 3C</u> | Children | Conduct an assessment to determine the number of schools and clinics that include oral exams as part of health screenings. Once a baseline has been determined, increase by 10 percent over the next five years. |
| <u>Objective 3D</u> | Children | Advocate for state-level policy that requires dental exams be part of an entering student's health examination. |
| <u>Objective 3E</u> | Children | Work closely with the Office of Public Instruction to encourage Montana school districts to include oral health strategies and education as part of their district's Wellness Policy. |
| <u>Objective 3F</u> | Special Needs | By 2023, conduct 10 oral health trainings for dental and health-related professionals, parents, caregivers, and more, regarding children and youth with special healthcare needs. |
| <u>Objective 3G</u> | Adults | By 2023, increase the percentage of Montana adults who utilize the dental care system from 64 percent ⁴ to 67 percent, using an array of communications and social media strategies and platforms. |
| <u>Objective 3H</u> | Older Adults | Increase by 25 the number of Montana licensed nursing care facilities ⁵ connected to dental practices that provide on-site dental care to older adults in long-term residential care. |
| <u>Objective 3I</u> | MT Communities | Explore the benefits and viability of water fluoridation with at least 10 Montana local governments over the next five years. |

Goal 4

Oral health care services to Montana's underserved, marginalized or geographically isolated populations is improved through dental and allied-health practitioner collaboration and education, piloting new workforce delivery models, and employing new technology that can also reduce the cost of care.

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| <u>Objective 4A</u> | Expand Practitioner Roles | Diversify the types and expand the number of dental and medical care providers who are able to conduct oral health preventive interventions, such as risk assessments and fluoride supplementations/topical applications. Incorporate HEENOT (head, eyes, ears, nose, oral, and throat) examination in health assessments to include the teeth, gums, mucosa, tongue, and palate |
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⁴ Behavioral Risk Assessment Surveillance System.

⁵ Montana had 78 licensed nursing care facilities in 2017. Oral health program staff is currently assessing the number of licensed nursing care facilities that have dental services.

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| <u>Objective 4B</u> | Delivery Models | Adapt and pilot 5 innovative workforce models in community-based settings, such as community clinics, older adult long-term care and assisted living facilities, school districts, county health departments, Tribal and Indian Health Service facilities, and satellite clinics, to better serve the needs and demands of isolated geographic areas and/or underserved or marginalized populations, using technologies such as tele-dentistry, mobile dentistry, and dental services that promote prevention. |
| <u>Objective 4C</u> | Provider Awareness | Develop programs that educate current and future oral health providers on the social determinants of health and cultural competency in order to improve provider understanding for underserved and/or marginalized populations. Complete five programs by 2023. |
| <u>Objective 4D</u> | Dental Education | Montana State University, WWAMI and University of Washington School of Dentistry will continue to develop a sustainable model of dental education in Montana with at least 50 University of Washington School of Dentistry students completing rotations in rural, tribal, and underserved communities by 2023 to meet the oral care needs of rural residents, and to better understand the opportunities, challenges, and promise of serving in these settings. |
| <u>Objective 4E</u> | Incentives | Innovate and pilot incentives, partnerships, and support strategies that assist dentists to open and sustain practices (or satellite clinics) in isolated rural areas. Evaluate the effectiveness of these approaches. |
| <u>Objective 4F</u> | Medicaid Access | Working closely with the Montana Dental Association, by 2023 develop strategies that will increase by 20 percent ⁶ the number of Montana private dental practices that consistently serve 20 or more Medicaid patients annually. |

⁶ Adult and child Medicaid claims data from 2017 to 2019 will be assessed to better determine accurate and realistic metrics for this objective.

Prioritize and Sequence Implementation

This Strategic Framework must be realistic and practical; the following matrix displays a logical progression of initiating and continuing the work. The first “☑” indicates the year the objective will be initiated. Most objectives will continue in subsequent years, indicated by “➤”. The network Steering Committee will review and finalize this matrix and review it annually to make decisions about how these objectives are sequenced and prioritized over the next year/s, based on a number of factors including, but not limited to:

- The excitement and drive of network stakeholders.
- Efforts currently in motion that could be leveraged and built upon.
- The immediacy of opportunities to take positive action (time-sensitive action).
- Availability of current funding or potential funding.
- The logical progression of program development.
- The importance of the issue as prioritized by the network.

| Table 1 Goals and Objectives by Year | 2018 | 2019 | 2020 | 2021 | 2022 |
|--|------|------|------|------|------|
| Outcome Goal 1: A cohesive and active oral health network | | | | | |
| 1A: Structure and Roles | ☑ | ➤ | ➤ | ➤ | ➤ |
| 1B: Member Engagement | ☑ | ➤ | ➤ | ➤ | ➤ |
| 1C: Expansion | | ☑ | ➤ | ➤ | ➤ |
| 1D: Knowledge Management and Dissemination | | ☑ | ➤ | ➤ | ➤ |
| 1E: Build Oral Health Program Capacity | ☑ | ➤ | ➤ | ➤ | ➤ |
| 1F: Data Collection and Analysis | | ☑ | ➤ | ➤ | ➤ |
| Outcome Goal 2: Oral health is integral to a person’s systemic health | | | | | |
| 2A: Educate Practicing Health Providers | | ☑ | ➤ | ➤ | ➤ |
| 2B: Dentistry Whole Health Perspective | | ☑ | ➤ | ➤ | ➤ |
| 2C: Influence Education of Future Health Professionals | ☑ | ➤ | ➤ | ➤ | ➤ |
| 2D: Integrate Oral Health into State Health Planning | ☑ | | | | |

| Table 1 (continued) Goals and Objectives by Year | 2018 | 2019 | 2020 | 2021 | 2022 |
|--|------|------|------|------|------|
| Outcome Goal 3: Montanans understand the importance of oral health | | | | | |
| 3A: Prenatal | | | ☑ | ➤ | ➤ |
| 3B: Infants | | | ☑ | ➤ | ➤ |
| 3C: Children | | ☑ | ➤ | ➤ | ➤ |
| 3D: Children | | | ☑ | | |
| 3E: Children | ☑ | | | | |
| 3F: Special Needs | | | ☑ | ➤ | ➤ |
| 3G: Adults | | | | ☑ | ➤ |
| 3H: Older Adults | | ☑ | ➤ | ➤ | |
| 3I: MT Communities | | | | ☑ | ➤ |
| Outcome Goal 4: Access is improved through collaboration, education, piloting new workforce delivery models, and employing new technology | | | | | |
| 4A: Expand Practitioner Roles | | | ☑ | ➤ | ➤ |
| 4B: Delivery Models | | | ☑ | ➤ | ➤ |
| 4C: Provider Awareness | | ☑ | | | |
| 4D: Dental Education | ☑ | ➤ | ➤ | ➤ | ➤ |
| 4E: Incentives | | ☑ | ➤ | ➤ | ➤ |
| 4F: Medicaid Access | | ☑ | ➤ | ➤ | ➤ |

Monitoring, Evaluation and Plan Renewal

Annually, the network Steering Committee will monitor the progress, setbacks, and learning for the Oral Health Strategic Framework. This group reflection process will reveal changes that invite course corrections that will help ensure that this Framework is a living document. This document reflects the network's best thinking at a specific point in time. A good monitoring and evaluation process will allow the network to continue to assess the internal and external environment, learn from its actions, discuss options, and make better decisions. The following steps suggest a process and some questions for a formal annual reflection.

Step 1: (Upon formation of the Steering Committee) At the first in-person meeting of the Steering Committee, review the Strategic Framework and agree to the first-year plan of action pulled from the Sequencing Matrix.

Step 2: (First annual in-person meeting of network) The Steering Committee shares their thinking and changes to the Framework and what they see as priorities for the first year.

Step 3: The Steering Committee reflects on the year's progress toward metrics stated in the Framework, based on data that was gathered and summarized by the Oral Health Program.

Questions to reflect upon may include:

- 1) Which of our objectives and major activities, scheduled for implementation this year, are we accomplishing adequately?
- 2) Which of our objectives are we not getting to or making headway on? What are the gaps? Why? Is it important to continue in this direction?
- 3) How has our external environment changed over the course of this year?
- 4) How has our internal environment changed over the course of this year?
- 5) What new opportunities or threats have been presented and how should we respond to them?
- 6) What are we learning from doing our work?
- 7) What changes, additions, postponements or course corrections do we need to make to the Strategic Framework for future years? What do we need to consider for our next annual plan? Why?

Step 4: The Steering Committee shares their assessment and recommendations for change to the network at its annual in-person meeting. Network stakeholder discussion results in suggestions that are incorporated into the Framework and implemented by Work Groups for the coming year/s.



Appendices

Appendix 1: *Key organizations and agencies that participated in the network Strategic Framework.*

| | |
|---|---|
| AWARE/ Early Head Start Butte, Bozeman and Helena | Montana Health Care Foundation |
| Big Horn Valley Health Center | Montana Head Start State Dental Hygienist Liaison |
| Billings Region Indian Health Service | Montana Hospital Association |
| Billings Region Ombudsman | Montana Office of Public Instruction, School Health |
| Blackfeet Indian Health Service | Montana Primary Care Association |
| Delta Dental | Montana State University College of Nursing |
| Denta Quest Foundation | Montana State University Dental Assisting Program |
| Flathead County Health Center Dental Clinic | Montana State University Great Falls Dental Hygiene Program |
| Medical Doctor, Rural and Tribal Officer | Montana State University Health Sciences |
| Montana Area Health Education Center | Montana State University WWAMI Medical Education Program |
| Montana Dental Association | Montana Dental Hygienists' Association |
| Montana Dental Hygienists' Association | Park County Health Department |
| Montana DPHHS, Public Health and Safety Division | Polson Health Center Dental Clinic |
| Montana DPHHS, Head Start Coordination Office | Pondera County Health Department |
| Montana DPHHS, Medicaid | University of Washington School of Dentistry |
| Montana DPHHS, Office of Indian Health | |
| Montana DPHHS, State Ombudsman | |

Appendix 2: Links to additional resources

The State of the State's Oral Health

http://dphhs.mt.gov/Portals/85/publichealth/documents/OralHealth/Oral_Health_Burden_%202017.pdf

Healthy People 2020: Oral Health Objectives

<https://www.healthypeople.gov/2020/topics-objectives/topic/oral-health>

Health Resources and Services Administration Oral Health

<https://www.hrsa.gov/oral-health/index.html>

Health Resources and Services Administration Integration

<https://bphc.hrsa.gov/qualityimprovement/clinicalquality/oralhealth/>

Centers for Disease Control and Prevention Oral Health

<https://www.cdc.gov/oralhealth/index.html>

Association of Oral Health Coalitions

<http://www.anohc.org/>

Montana Department of Public Health and Human Services Oral Health webpage

<http://dphhs.mt.gov/publichealth/oralhealth>

ⁱ Montana Department of Public Health and Human Services. Basic Screening Survey data among third grade and Head Start children. <http://dphhs.mt.gov/publichealth/oralhealth/OHData>

ⁱⁱ Montana Department of Public Health and Human Services. Health Survey of Montana's Mothers and Babies.

ⁱⁱⁱ Montana Department of Public Health and Human Services. Office of Epidemiology and Scientific Support: Behavioral Risk Factor Surveillance Survey.