Dental Public Health Activities & Practices

Practice Number: 25003
Submitted By: Michigan Dept. of Community Health, Division of Family and Community Health
Submission Date: January 2006
Last Updated: January 2006

SECTION I: PRACTICE OVERVIEW

Name of the Practice:
Michigan's Statewide Oral Health Coalition Development

Public Health Functions:
Assessment - Acquiring Data
Assessment – Use of Data
Policy Development – Collaboration and Partnership for Planning and Integration
Policy Development – Oral Health Program Policies
Policy Development – Use of State Oral Health Plan
Policy Development – Oral Health Program Organizational Structure and Resources
Assurance – Population-based Interventions
Assurance – Oral Health Communications
Assurance – Building Linkages and Partnerships for Interventions
Assurance – Building State and Community Capacity for Interventions
Assurance – Access to Care and Health System Interventions
Assurance – Program Evaluation for Outcomes and Quality Management

Healthy People 2010 Objectives:
21-9 Increase persons on public water receiving fluoridated water
21-10 Increase utilization of oral health system
21-12 Increase preventive dental services for low-income children and adolescents
21-14 Increase preventive dental services for low-income children and adolescents
21-15 Increase the number of states with State-based surveillance system

State:	**Federal Region:**	**Key Words for Searches:**
Michigan	Midwest/Region V	Coalition, partnership, collaboration, planning

Summary:
The Michigan Oral Health Coalition represents a diverse group of private and public individuals and entities within the state dedicated to addressing oral disease, treatment and prevention. The Coalition includes primary care clinicians, oral health clinicians, advocacy and provider organizations, state and local government officials and consumers. While the Michigan Primary Care Association supports the Coalition, the Coalition's agenda and activities are owned and decided by the participants. The Coalition's kick-off was held in December 2003. At this meeting the mission of the Coalition was created "to improve oral health in Michigan by focusing on prevention, health promotion, surveillance, access, and the link between oral health and total health." The Coalition has a Steering Committee meeting at least quarterly, has workgroups meeting regularly, and has the entire Coalition membership meeting at least bi-annually. The four workgroups that comprise the Coalition include: (1) Data, (2) Prevention, Education and Awareness, (3) Funding, and (4) Workforce. The Coalition is currently seeking 501(c)(3) status for long-term sustainability. The Coalition has developed *A Plan of Action for Improving the Oral Health Status of Michigan Residents*. This plan is being adopted by Michigan as the State Oral Health Plan. The Coalition and its partners have been the backbone of the oral health infrastructure in Michigan. The Coalition's successes include increasing awareness of oral health in the state, advocating for oral health to the legislature, assisting and mentoring fellow members, developing innovative strategies to build community oral health capacity, and using a state action plan to integrate and coordinate efforts.

Contact Persons for Inquiries:
Sheila J. Semler, Ph.D., R.D.H., Oral Health Coordinator, Michigan Department of Community Health, Division of Family and Community Health, 109 W. Michigan Ave., Lansing, MI 48913, Phone: 517-335-8388, Fax: 517-335-8294, Email: semlers@michigan.gov

Dan Briske, D.D.S., Oral Health Coalition Chair, Department Head, Pediatric Dentistry, Mott Children's Health Center. 806 Tuuri Place, Flint, MI 48503, Phone: 810-768-7585, Fax: 810-767-4602, Email: briskie@mottchc.org

SECTION II: PRACTICE DESCRIPTION

History of the Practice:

In 2003, Michigan received a grant from CDC to develop and implement a five-year plan to improve the oral health of Michigan residents. Towards this effort, the Michigan Department of Community Health (MDCH) contracted with Michigan Primary Care Association (MPCA) to provide support and assistance in the development of a statewide Oral Health Coalition.

With the Oral Health Program Coordinator vacant at the time, two individuals from MDCH, the Medicaid Dental Program Specialist and the Oral Health Program Contractor, worked with the MPCA staff to determine the best method of inviting people to the Coalition kick-off on December 11, 2003. MPCA has organized and managed several Coalitions, which greatly assisted in identifying key stakeholders from other organizations that should be invited. Efforts were made to ensure that a broad representation of people would be contacted to attend. Over 200 invitations for the Michigan Oral Health Coalition kick-off were sent to associations, organizations, dental hygiene and dental schools, Community Health Centers, dental and health-related professional organizations, MDCH Bureau Advisory Committee, program coordinators within MDCH (WIC, Chronic Disease, Tobacco, HIV, Medicaid, etc.), and other advisory groups concerned with health issues.

Over 130 people attended the Coalition kick-off. At this meeting, participants were welcomed by the Director of the Michigan Department of Community Health. The Director stressed to the participants the important role of the Coalition and the commitment of MDCH to assist the Coalition in the development of a five-year plan of action for submission to the State. At the kick-off, participants identified a mission, outlined important issues and described oral health assets in Michigan.

After the kick-off, a Steering Committee of key stakeholders representing broad oral health interests and backgrounds was selected to guide the work of the Coalition. The 10-member Steering Committee was comprised of the workgroup chairs and leaders within the oral health community. The workgroups meet on a regular basis and have focused on the development of goals and objectives related to their specific area of focus. In May and November 2004, the entire Michigan Oral Health Coalition reconvened to review each of the workgroups' draft work plans and oral health surveillance findings. Membership then worked together to establish the next steps for the Coalition. The work plans were then incorporated into the Plan of Action and presented to the Steering Committee, the workgroups and the full Coalition for review and approval. Following community review, the Coalition approved the draft plan and submitted *A Plan of Action for Improving the Oral Health Status of Michigan Residents* to the MDCH Bureau Advisory Board in May 2005 for their support.

The June 2005 Coalition meeting focused on the future of the Coalition. Long-term sustainability through application of 501(c)(3) status, recruiting corporations and other entities to the Coalition, drafting By-Laws, and increasing advocacy strategies for oral health are just a few examples of the continued development and dynamic ability the Coalition has to significantly make a difference in increasing oral health in Michigan.

Justification of the Practice:

While Michigan employed a state oral health coordinator for the past twenty-five years, for the last three years the position was vacant. Oral health, during this time, was more education based and focused on local or community oral health programs. With assistance of the CDC Oral Health Grant, Michigan began building an oral health infrastructure. Focus has turned toward scientific-based literature, development of a Disease Burden document that is population-based, and is involved in the expansion of oral health information, education, programming, building capacity for community-based/community-linked oral health programs, and addressing population-based, rather than community-based interventions. During this time of transition, it became imperative to enlist oral health care providers, consumers, other health care providers, professional schools, businesses and all others interested in increasing oral health in Michigan. The need for the Coalition became apparent if Michigan was to develop an oral health infrastructure that would have long-term sustainability and have a positive impact on oral health policy. With the Coalition, individuals,

communities, local health departments and all persons interested in oral health now have a forum to network, advocate, share their successes and problems, and combine resources to increase oral health for all of Michigan's citizens. This strategic relationship, composed of a diverse group of individuals, is a collaborative partnership that not only benefits all of its partners, but all communities as well.

Inputs, Activities, Outputs and Outcomes of the Practice:

Coalition Members

The Michigan Oral Health Coalition has nearly 160 individual members with a broad range of experience who are eager to begin implementation of the State Oral Health Plan. The Steering Committee, through evaluation processes has identified areas that could be strengthened, and additional members are invited to join based on their areas of expertise. The Coalition web page continues to show great activity and leads to adding an average of 3-6 members per month to the Coalition. The Chair, Co-Chair and Workgroup Chairs are all volunteers donating time and services.

Coalition Activities

The mission of the Coalition is: "To improve oral health in Michigan by focusing on prevention, health promotion, surveillance, access, and the link between oral health and total health."

The Coalition has a well-defined and diverse set of key issues that was the foundation of the State Oral Health Plan. These key issues framed the *Action Plan* of the Coalition:

1. Lack of providers willing to serve low-income people and those with special needs.
2. Lack of a State Oral Health Officer
3. Lack of public awareness of importance of oral health
4. Lack of utilization of all dental professionals
5. Lack of pediatric dental resources
6. Provider misdistribution
7. Scope of practice limitations
8. Lack of statewide data
9. Lack of affordable services for uninsured
10. Lack of Medicaid adult dental coverage
11. Lack of oral health funding, in general
12. Lack of public/private funding for prevention strategies
13. Insufficient payment reimbursement rates

The HP 2010 Objectives were incorporated in the Coalition's *A Plan of Action for Improving the Oral Health Status of Michigan Residents*. Specifically, the following objectives have been incorporated in infrastructure and capacity building for oral health improvement. Examples of the Coalition's implemented actions and planned efforts are listed for each objective:

Objective 21-9: Increase persons on public water receiving fluoridated water.

- The Coalition partners of the State, Michigan Dental Association and local Communities have combined resources to stop anti-fluoridation campaigns and restore fluoridation in communities that have discontinued fluoridation.
- Strategies of the Action Plan recommended by the Data Workgroup:
  - Measure the proportion of the Michigan population served by community waters systems with optimally fluoridated water.

Objective 21-20: Increase utilization of oral health system

- The expansion of Healthy Kids Dental Program into more counties has been a platform for advocacy from the Coalition. The Program is a model dental insurance plan managed through Delta Dental for children entitled to Medicaid.
- Coalition Members provides model programs for community dental clinics and community-based sealant programs.
- Strategies of the Action Plan recommended by the Prevention, Education & Awareness Workgroup:
  - Assure the availability of comprehensive oral health education resources for all ages.
  - Increase access to evidence based prevention practices that maintain optimal health.
- Strategies of the Action Plan recommended by Workforce Workgroup:

- Increase access to oral health services in medically underserved communities and to medically underserved populations by allowing the provision of high-quality dental care thorough qualified health care providers.

- Strategies of the Action Plan recommended by Funding Workgroup:
  - Support efforts to roll out Health Kids Dental as the preferred model with the gradual expansion to additional counties based on those counties with greatest need and funding availability.

Objective 21-14: Increase preventive dental services for low-income children and adolescents

- The Coalition members have been collaborative with each other in sharing ideas and concepts to improve preventive dental services for low-income children and adolescents.
- The Coalition has been supportive of the expansion of dental hygiene prevention duties with minimal supervision as outlined by PA-58. The legislation has been approved by the House and will be reviewed by the Senate in Fall 2005 for adoption.
- Strategies of the Action Plan recommended by the Prevention, Education & Awareness Workgroup:
  - Increase access to evidenced based prevention practices that maintain optimal health.
  - Assure the availability of comprehensive oral health education resources for all ages.
  - Encourage health care providers to discuss with patients the oral effects of tobacco use (cigarettes, cigars, pipes and spit tobacco).
- Strategies of the Action Plan recommended by Workforce Workgroup:
  - Increase access to oral health services in medically underserved communities and to medically underserved populations by allowing the provision of high-quality dental care thorough qualified health care providers.

Objective 21-15: Increase the number of states with State-based surveillance system

- The Michigan Disease Burden Document was completed June 2005.
- The Basic Screening Survey will be implemented in Fall 2005.
- Periodontal questions, for the first time, will be added to the BRFSS for 2006.
- Strategies of the Action Plan recommended by the Data Workgroup:
  - Develop a statewide oral health surveillance system to provide a routine source of actionable data.
  - Increase the sustainability of the statewide oral health surveillance system.

The Coalition's workgroups continue to identify best practices that can be replicated throughout Michigan and share practices that may be helpful to other states thorough continued collaboration with the Association of State and Territorial dental Directors (ASTDD) and CDC. Workgroups have identified best practices that they will implement in their work plans. For example, the Workforce work plan proposed and conducted research approaches used by other states to address access issues with the current workforce. This has led to a legislative proposal for expansion of PA-58, a bill that permits dental hygienists associated with public health clinics, to perform prevention-related dental care with minimal supervision.

Leveraging Resources

Many of the Coalition partners have committed local resources to implement various components of the action plan. For example, the Michigan Dental Association (MDA) has volunteered to spearhead the statewide oral health campaign each February. MDA and MDCH have partnered with local community dentists and leaders to increase fluoridation and participated in campaigns to continue water fluoridation in communities considering non-fluoridation. The Oral Health Coalition continues to examine resources at the state and local level that may be leveraged in order to complete the outlined objectives.

The Coalition, through sharing "best practice" models with the State Oral Health Program and with other Coalition members, is increasing capacity for delivering oral health care. For example, Cherry Street Dental Clinics shared their increased accessed model with Dental Clinics North, which has developed a very successful dental plan for persons below the 200% poverty level who would normally have no access to care. The Detroit Children's Hospital is beginning a pilot project with Webber school for a school-based oral health center, which may become a state model. The Coalition partners from Wayne County, Ottawa County and Dental Clinics North are sharing "best practice" models with the state to assist in MDCH's infrastructure development for community-based sealant programs. The Coalition has been invaluable in being a networking resource for sharing of ideas, providing technical assistance, and advocating for priority populations.

Evaluation

The Coalition has begun formal evaluation to determine if the objectives are being achieved, improve Coalition interventions, and to monitor if the Coalition is effective.

Achievements and Outcomes

The evidence demonstrating the success of the Michigan Oral Health Coalition includes:

- The continued growth of the Coalition membership.
- The continued motivation of the members.
- The development of *A Plan of Action for Improving the Oral Health Status of Michigan Residents* which is the basis for the State Oral Health Plan.
- The development of By-Laws.
- The application for 501(c)(3) status for long-term sustainability.

Budget Estimates and Formulas of the Practice:

At the current time, MDCH funds the Coalition as part of the CDC oral health grant to support capacity building, program planning, development, evaluation, and surveillance for current and emerging oral health disease conditions. The $56,000 annually allocated to the Michigan Primary Care Association (MPCA) provides support staff for Coalition activities. Activities include workgroup meetings and conference calls, a web-site for Coalition information and membership application, preparation and distribution of printed materials, town meetings to review and discuss the Plan of Action, facility planning and associated costs for full-Coalition meetings, a resource for data needed by Coalition members, planning of interventions, and assistance to build capacity to assess oral health and engage stakeholders. The Coalition is applying for 501(c)(3) status for long-term sustainability of the Coalition.

Lessons Learned and/or Plans for Improvement:

The Michigan Oral Health Coalition provided leadership during the time when the position of the state Oral Health Program Coordinator was vacant. The current program director was hired in September 2004. The dissemination of oral health program coordinator's duties to various individuals resulted in an evident lack of continuity and direction, and a considerable gap in population-based oral health intervention was apparent.

For the first two years of the CDC grant, over 50% of the CDC funding for oral health infrastructure development was allocated to Michigan Primary Care Association (MPCA) to develop and facilitate the activities of the Coalition. MPCA provided strong leadership in developing the Coalition, which has become a great strength for the State. The Coalition keeps members engaged and moving forward to improve oral health.

Funding has now been scaled back to MPCA as the Coalition has effective leadership (a Steering Committee and workgroups) and the state infrastructure is taking shape. MPCA now assumes its intended role of support for the Coalition. The continued Coalition development and accomplishments during these past few years is a testimony to the determination of individuals with an unending desire to improve oral health in Michigan.

Available Information Resources:

- Coalition Logic Model (See Attachment.)
- Coalition Minutes (Refer to the following website: http://www.mpca.net/files/oral%20health%20coalition/meeting%20summaries/Full%20Coalition%20mtg%206%2008%2005.pdf)
- *A Plan of Action for Improving the Oral Health Status of Michigan Residents* (Refer to the following website: http://www.mpca.net/oralhealthcoalition/oralhealthplan.htm)

SECTION III: PRACTICE EVALUATION INFORMATION

Impact/Effectiveness

How has the practice demonstrated impact, applicability, and benefits to the oral health care and well being of certain populations or communities (i.e., reference scientific evidence, outcomes of the practice and/or evaluation results)?

The Michigan Oral Health Coalition has been the foundation of the state oral health infrastructure. When the state oral health program struggled without a program director and oral health program duties were spread among various and changing personnel within MDCH, it was the Coalition that maintained the charge to create an oral health plan that would shape oral health improvement in Michigan. The Coalition has continued to attract leadership and a diverse membership that have proven effective in identifying key oral health issues and strategies.

Through the Coalition workgroups, community input and membership participation, the Coalition has developed a dynamic *Plan of Action for Improving the Oral Health Status of Michigan Residents,* which is beginning to show impact.

The Coalition has been a resource for networking among oral health and health care providers. The networking has led to development of new community strategies and new programs such as community-based sealant programs. The effectiveness of the Coalition as a resource clearinghouse for ideas and to share best practices has reduced barriers to accessing dental care. In addition, networking has identified experts who have been invaluable in building Michigan's oral health infrastructure.

The Coalition has been successful advocating for oral health. Coalition advocacy has helped established the Dental Treatment Fund to cover emergency and preventive services for residents of mental health facilities and expanded the Healthy Kids Dental Program into more counties (a model dental insurance plan managed through Delta Dental for Medicaid enrolled children).

The Coalition is just beginning to utilize evaluation strategies to determine its ongoing impact and effectiveness. A recent Coalition meeting evaluation demonstrated that members have a high level of satisfaction with the direction of the Coalition.

Efficiency

How has the practice demonstrated cost and resource efficiency where expenses are appropriate to benefits? How has the practice demonstrated realistic and reasonable staffing and time requirements? Provide unit cost analysis or cost-benefit analysis if appropriate.

Michigan has been on a fast track in building the Coalition. Comprised of members who volunteer their services and support staff, the Coalition is an efficient, powerful advocate for oral health. As the leadership and members of the Coalition have stepped up and taken a more proactive role, the need for MPCA financial support has been reduced. The Coalition has taken ownership of its progress. The networking provided by the Coalition adds a new dimension of efficiency. For example, sharing road blocks or successful strategies among communities saves time and money, avoiding the need to "reinvent the wheel" and having costly errors.

Demonstrated Sustainability

How has the practice showed sustainable benefits and/or how has the practice been sustainable within populations/communities and between states/territories? What mechanisms have been built into the practice to assure sustainability?

The Coalition is seeking 501(c)(3) status for long-term sustainability. Corporations, philanthropic organizations, and other partners that could bring additional resources are being invited to join the Coalition. The Coalition is attracting many new members without extensive recruitment efforts. Long-term plans are being made to sustain membership and to seek diverse membership. Evaluation of the Coalition has begun and will continue to ensure that the Coalition is meeting the needs of the members. The CDC evaluation site-visit was very informative in demonstrating gaps in

the Coalition's membership. Evaluation will be used to sustain the momentum of the Coalition to achieve its goals.

Collaboration / Integration

How has the practice built effective partnerships/collaborations among various organizations and integrated oral health with other health projects and issues? What are the traditional, non-traditional, public and private partnerships/collaborations established by the practice for integration, effectiveness, efficiency and sustainability?

A real strength of the Coalition is the development of collaborations and partnerships across the state:

- The Coalition membership is extensive and diverse. Members include professional organizations, corporations, schools, community and state leaders and service organizations. A CDC evaluation site visit showed gaps in the Coalition membership. For example, many of Michigan's large corporations, such as Kellogg and GM, were not been being pursued as collaborative partners. Efforts are now being made to identify and recruit key partners.
- One of the key issues identified by the Coalition was the integration of oral health with physical health. The Coalition has collaborated with County Health Departments, nurses, physicians and other health care providers to integrate and advocate for oral health as part of total body health.
- The Coalition, Oral Health Program, Michigan Dental Association and local communities have combined resources to stop anti-fluoridation campaigns and restore fluoridation in communities that have discontinued fluoridation.

Objectives / Rationale

How has the practice addressed HP 2010 objectives, met the call to action by the Surgeon General's Report on Oral Health, and/or built basic infrastructure and capacity for state/territorial oral health programs?

The Michigan Oral Health Coalition continues to build capacity to address HP 2010 oral health objectives 21-1 through 21-17. All objectives are part of the Coalition's Action Plan, which has developed Action Steps, Resources/Contributions Needed, Responsible Individuals/Organizations, Monitoring Mechanism/Evaluation, and a Completion Date(s)/Frequency. The Coalition has met its targets to date and will continue to work on the strategies outlined in the Action Plan.

Extent of Use Among States

Describe the extent of the practice or aspects of the practice used in other states?

As the Michigan Oral Health Coalition is relatively new, information concerning this Coalition has not been fully disseminated. Michigan can assist other states in developing or sustaining their coalition. Michigan has utilized the Illinois IFloss Coalition and other state coalitions as models for the Michigan Coalition.

Michigan Oral Health Coalition Logic Model