

**ORAL HEALTH SERVICES IN
NEW YORK STATE'S UPPER HUDSON REGION**

**STRATEGIC PLAN
2008--2010**

DEVELOPED THROUGH THE COLLABORATIVE EFFORTS OF:

Adirondack Rural Health Network
Doral Dental
Glens Falls Hospital – Pediatric Mobile Dental Van
Greater Adirondack Perinatal Network
Hudson Falls Central School District
Hudson Headwaters Health Network
Hudson Mohawk Area Health Education Center
Inter-Lakes Health Dental Clinic
New York State Department of Health
Warren County Head Start
Warren County Health Services
Washington County Head Start/Early Head Start and Child Care Programs
Washington County Public Health
and
Local Consumer Advocates

WITH THE ASSISTANCE OF:

The Council of Community Services of New York State, Inc.

PLANNING THROUGH COLLABORATION

Poor oral health is associated with poor general health, putting individuals at greater risk for stroke, diabetes, and heart disease. The connection between oral health and general health supports the need for good oral health care as an essential component of health programs and policies. Disparities in oral health that have been documented in the national population are also apparent in New York State. Some populations face multiple barriers to acquiring good oral health, including children and the elderly, disabled populations, pregnant women, individuals living in poverty, and residents of rural communities.

A regional community health assessment of the rural upper Hudson region of New York State was completed in 2004 and 2007 under the auspices of the Adirondack Rural Health Network (ARHN). Encompassing Essex, Fulton, Hamilton, Saratoga, Warren and Washington counties, the assessment identified increasing access to oral health services as one of four priority health concerns in the area. The household phone survey of 2060 area residents conducted as part of the assessment process found that:

- 23% of households have a child who has not received an oral health exam outside of school;
- One-half of adults do not have dental insurance;
- 26% of adults are not getting the dental care they think they need; and
- 34% of adults have not seen a dentist in the past year.

In 2005, the New York State Department of Health published an Oral Health Plan for New York State that recommended the establishment of regional oral health networks to identify prevention opportunities and plan for improved access to dental care in their communities. In response to this call for action, the Adirondack Rural Health Network and the Washington County Head Start/Early Head Start and Child Care Programs announced a partnership in 2007 with the goal of developing a comprehensive strategic plan to address the oral health challenges facing individuals in the upper Hudson region.

As a first step in the planning process, a broad range of community health and dental care providers and health care planners were invited to participate in a forum to assess the current status of oral health in the region and lay the foundation for the regional oral health network. Following the forum, several participants volunteered to form a work group to develop the strategic plan. Utilizing a traditional strategic planning process, the work group partners completed the assessment of the status of the current service system, developed a vision for the future delivery of dental services in the upper Hudson region, and recommended goals and strategies for achieving that vision. Their recommendations are summarized in the following report.

CURRENT ORAL HEALTH SERVICE SYSTEM

Participants in the community forum assessed the strengths and weaknesses of the oral health services system in the upper Hudson region and identified both opportunities and challenges that may affect the region's ability to improve the oral health status of its residents.

Service System Strengths

- The region has been designated as a Dental Professional Shortage Area (DPSA), making it eligible to apply for the national dental loan repayment program.
- Pediatric dental practices that accept Medicaid are located in Glens Falls. Some of these providers are bilingual (Spanish).
- The Glens Falls Hospital sponsors a mobile dental van that serves children from low income families.
- A few dentists in the region provide charity care (non-Medicaid) for children on a case-by-case need basis.
- The Hudson Headwaters Health Network's dental clinic in Warrensburg and the Interlakes Health System's dental clinic in Ticonderoga provide services on a sliding scale fee basis in addition to accepting Medicaid and Child Health Plus insurance.
- Educational programs designed to promote and support good oral health practices are offered by several organizations throughout the region including the county Public Health Departments, Head Start programs, local schools, and the WIC program. Parents are "beginning to get the message" about the importance of proper dental care for their children.
- Head Start has dedicated funding to enhance oral health through a "whole family approach" to dental care. Head Start programs place considerable emphasis on children's oral health, helping children get connected to dental services, ensuring necessary follow-up for dental procedures, and incorporating a focus on good oral health practices in the daily curriculum.
- Some area service providers offer clients transportation to dental services.
- Sealant programs are offered in approximately 20 school districts in the region.
- Child Health Plus Facilitated Enrollment programs are increasing access to health insurance that covers dental care for low income children.
- Washington County's coalition of health care providers facilitates networking, problem identification, and collaboration.

Service System Weaknesses

- Medicaid and low-income insurance plans are difficult for dental practices to manage. Of the 88 dentists practicing in the region, only 25 accept adult Medicaid patients, 26 accept Medicaid children, and 32 accept Child Health Plus insurance.
- Inconsistent "show-up" rates of Medicaid clients increase dentists' reluctance to treat this population.
- The recent closings of a pediatric practice in Glens Falls as well as the Fort Edward clinic have further restricted access to dental care.
- Only a limited number of dentists are willing to examine children under the age of 2.
- Lack of transportation—personal or public—limits access to dental services.
- Lack of dental insurance coverage also limits access. This is a growing concern for retired individuals who lose dental coverage when they switch from employer health plans to Medicare.
- Work and school schedules are often not compatible with dental service availability.
- Parents often have difficulty negotiating the service system (accessing Medicaid, making appointments, etc.) and HIPAA limits the ability of service providers to offer coordination assistance.

- The limited availability of bilingual services creates language barriers for immigrant and migrant populations.
- Dentists are reluctant to treat pregnant women, making it difficult to access timely services.
- Only one town in the region fluoridates its water supply.

Environmental Opportunities

- The Upper Hudson Dental Hygiene Association distributes oral health prevention pamphlets at Glens Falls and Saratoga Hospitals; there is potential for wider distribution.
- There are several promising models that promote fluoride varnish application in pediatrician's offices and the New York State Department of Health is exploring one of such models.
- The New York State Bureau of Dental Health has been awarded a grant from the March of Dimes to increase education for dental care providers. A satellite webcast focused on appropriate dental care guidelines is in development.
- Article 6 funding is available for dental prevention and potentially could be used to improve coordination of community education efforts.
- Other states are developing models that offer potential for expanding the scope of services that can be provided by mid-level (Masters Degree) dental care practitioners. (e.g. Alaska's dental therapist program)
- The Head Start approach to oral health offers a comprehensive education and services model that could be extended throughout grammar school years.
- The Oral Health Coalition of State of New York is exploring the possibility of rural rotations for dental residents in the residency programs. The efforts are going on and the status of the same will be known sometime in the near future.
- The new NYS Health Commissioner values the importance of prevention and community based services.
- ARHN, the Greater Adirondack Perinatal Network (GAPNET), and the Hudson Mohawk Areas Health Education Center (AHEC) have the capacity to sponsor interdisciplinary training programs.
- Targeting education to dental hygienists and support staff offers potential for success.
- There is some financial support from ADA for communities considering fluoridating their water supply. The time may be right to readdress this issue with local communities.

Environmental Challenges

- Dental services are isolated from the rest of the health care continuum. Pediatricians, who are poised to serve as the first point of entry into dental care, are difficult to engage in oral health initiatives.
- Pregnant women lack awareness of the importance of prenatal and perinatal care to their children's oral health.
- Fear and anxiety about dental care, combined with a perception that dental care is primarily for cosmetic purposes, is often passed down through several generations.
- Cultural changes affecting children's diets are creating worse dental problems at younger ages than in the past.
- Longstanding cultural attitudes about both dental care and nutrition create service barriers that need to be addressed through ongoing education.

- It is difficult to manage the variety of cultures that interact, and potentially collide, in dental offices.
- The issues related to oral health compete for attention with several other health causes.
- It is difficult to assess the impact of preventive education with regard to oral health as these are relatively recent initiatives and service access is still limited.
- Medicare does not provide coverage for dental care.
- The national and state commitment to promoting oral health has not been supported by necessary policy changes and resources.
- As yet, there is no evidence documenting the effectiveness of HPSA designations in alleviating shortages of dental practitioners in underserved areas.
- The dental work force is aging.

COLLABORATIVE VISION

The strategic planning partners developed the following vision for dental services in the upper Hudson region:

We envision a comprehensive service system that promotes and sustains the oral health of residents throughout the upper Hudson region of New York State. The system will be characterized by:

- *Dental services that are easily accessible to all individuals throughout the region;*
- *Wide scale access to research based prevention and education;*
- *Community understanding and support for the importance of oral health practices in maintaining and enhancing health;*
- *Recruitment and retention of a high quality work force through ongoing support for dental services providers and adequate reimbursement;*
- *Integration of dental services with the health care continuum throughout the life span;*
and
- *Ongoing planning to sustain the service system.*

GOALS AND STRATEGIES

Fourteen service goals were then developed to address the six key issue areas identified in the vision statement:

1. Expand the availability of clinic services throughout the region.
2. Reduce the barriers that limit access to dental services.
3. Increase access to information about dental service availability.
4. Make prevention strategies identified as best practices readily available to all segments of the population.
5. Strengthen the ability of existing personnel (e.g. WIC, Head Start, community health workers, etc.) to train high risk populations in basic oral health prevention practices.
6. Design and implement a community wide prevention campaign.
7. Increase local policy makers' support for oral health prevention measures.
8. Increase the scope of services that can be provided by mid-level oral health providers (i.e. dental hygienists).

9. Increase awareness of local youth about career opportunities in oral health.
10. Create incentives that support recruitment and retention efforts.
11. Expand the services available in regional health centers to include dental services.
12. Increase the co-location of health and dental services throughout the region.
13. Increase medical providers' understanding of the impact of oral health on overall health.
14. Sustain the operation of the oral health coalition.
15. Monitor implementation of the strategic plan and assess the impact on the region's oral health status.

The oral health partnership that developed through the preparation of the strategic plan will be renamed the "Smile Coalition" and will continue to work collectively toward the plan's implementation. Specific strategies and a 2008 work plan are contained in the following table. Progress will be monitored by the Adirondack Rural Health Network and the work plan will be updated annually.

A. Easily Accessible Dental Services Throughout The Region

| GOALS | STRATEGIES | 2008 ACTION STEPS |
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| #1: Expand the availability of clinic services throughout the region. | <ul style="list-style-type: none"> a. Seek opportunities to utilize existing facilities/space to offer dental services in remote areas of the region on a part time basis. b. Pursue funding to establish mobile services capability. c. Explore alternate service provision models (e.g. dental residencies, etc.) d. Advocate for increased state support for oral health initiatives. | <ul style="list-style-type: none"> • Appoint a Smile Coalition committee to develop a plan for increasing the availability and accessibility of children’s dental services throughout the region: <ul style="list-style-type: none"> ○ Explore feasibility of all prevention and treatment options including additional dental vans, portable sealant programs, etc. ○ Complete plan development by 9/08. • Advocate for inclusion of funding to support implementation of the planned service expansion in 2009 county budgets. |
| #2: Reduce the barriers that limit access to dental services. | <ul style="list-style-type: none"> a. Expand availability of case management services designed to coordinate and improve access to dental care. <ul style="list-style-type: none"> ○ Customize and target services to populations experiencing barriers related to income, transportation, language, etc. ○ Explore potential for replicating the Broome County service model. b. Advocate with dentists to increase the number accepting low income insurances (MA, CHP, FHP) <ul style="list-style-type: none"> ○ Recruit dentists currently serving low income clients to approach peers. | <ul style="list-style-type: none"> • Once the plan for expansion of children’s dental services has been completed, develop a plan for conducting outreach to dentists to enlist their support. |
| #3: Increase access to information about dental service availability. | <ul style="list-style-type: none"> a. Maintain updated contact information for dentists in the region on the ARHN website. b. Regularly update community based service providers about the availability of dental care resources, including providers who accept insurances, treat children, etc. | <ul style="list-style-type: none"> • ARHN will collect updated information about dental providers in the region annually and post updated information on its website. • ARHN will notify oral health planning group and inform participants when the data is initially posted on the website and each time it is updated. Availability of web site data will be promoted through the Smile Coalition’s ongoing networking activities. |

| B. Wide Scale Access To Research Based Prevention And Education | | |
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| GOALS | STRATEGIES | 2008 ACTION STEPS |
| #1: Make prevention strategies identified as best practices readily available to all segments of the population. | a. Seek funding to expand school based dental sealant programs. | <ul style="list-style-type: none"> Evaluate feasibility of including expansion of dental sealants and fluoride swish programs in children's services plan. (See Goal A.1.) |
| | b. Advocate with local municipalities to fluoridate public water supplies. <ul style="list-style-type: none"> Partner with others promoting water fluoridation Utilize NYS Department of Health fluoridation start-up resources | <ul style="list-style-type: none"> Explore status of Warren County's fluoridation initiative and offer the assistance of the Smile Coalition in addressing identified barriers, as necessary. |
| | c. Identify and promote best practices targeted to specific age groups. | |
| #2: Strengthen the ability of existing personnel (e.g. WIC, Head Start, community health workers, etc.) to train high risk populations in basic oral health prevention practices. | a. Develop a standardized oral health curriculum that addresses high risk activities as well as cultural variations within the region. | |
| | b. Conduct outreach to engage pediatricians in prevention efforts. | |
| #3: Design and implement a community wide prevention campaign. | a. Utilize resources available through the NYS Oral Health Coalition as they become available. | |
| | b. Develop local partnerships to assist in production and dissemination of oral health prevention messages (e.g. cable TV, local college theater departments, corporate sponsors, etc.) | |
| | c. Recruit and promote community based (peer) role models. | |

| C. Community Understanding Of The Importance Of Oral Health | | |
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| GOALS | STRATEGIES | 2008 ACTION STEPS |
| #1: Increase local policy makers' support for oral health prevention measures. | a. Develop a community oral health "report card." | |
| | b. Document potential Medicaid cost savings related to good oral health prevention practices. | |
| | c. Develop a broad based community partnership to spearhead oral health advocacy efforts. | <ul style="list-style-type: none"> • Conduct annual visits with local legislative representatives in conjunction with NYS Oral Health Coalition. • Conduct periodic visits with local legislators to promote the oral health strategic plan and report progress in goal achievement. |

| D. Recruitment And Retention Of A High Quality Work Force | | |
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| GOALS | STRATEGIES | 2008 ACTION STEPS |
| #1: Increase the scope of services that can be provided by mid-level oral health providers (i.e. dental hygienists). | a. Support the work of state and national organizations advocating for legislative action to broaden the work scope of dental hygienists. | <ul style="list-style-type: none"> • AHEC will collect information about current state and national advocacy efforts and keep the Smile Coalition apprised accordingly. |
| | b. Align local advocacy efforts with the national message. | |
| | c. Promote the potential for mid-level providers to increase the productivity of dental practices. | |
| | d. Solicit the endorsement of supportive dentists in the region. | |
| #2: Increase awareness of local youth about career opportunities in oral health. | a. Increase AHEC's focus on oral health in outreach efforts at school career days, job fairs, etc. | <ul style="list-style-type: none"> • AHEC's outreach efforts will include an increased focus on oral health careers in 2008. |
| | b. Create opportunities for youth to observe oral health providers in practice through programs such as New Visions. | <ul style="list-style-type: none"> • AHEC will explore the feasibility of providing youth with opportunities to "shadow" dental care providers. |

| D. Recruitment And Retention Of A High Quality Work Force, continued | | |
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| #3: Create incentives that support recruitment and retention efforts. | a. Establish a fund to provide economic support for local youth interested in attending dental school, dentists requiring assistance in establishing a practice, etc. | |
| | b. Seek the support of local businesses in creating incentive packages for dental professionals relocating to the region (e.g. mortgage opportunities, reduced rates for services, etc.) | |
| | c. Explore the potential for municipal sponsorship of dental practices comparable to the Vermont model. | <ul style="list-style-type: none"> • AHEC will explore the Vermont model and report to the Smile Coalition. |
| | d. Explore the potential for locating a dental residency program in the region. | <ul style="list-style-type: none"> • AHEC will explore feasibility and report to the Smile Coalition. |

| E. Integration Of Dental Services With The Health Care Continuum Throughout The Life Span | | |
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| GOALS | STRATEGIES | 2008 ACTION STEPS |
| #1: Expand the services available in regional health centers to include dental services. | a. Encourage health centers to include questions about oral health practices and concerns as a component of routine intake processes. | <ul style="list-style-type: none"> • Personnel affiliated with Hudson Headwaters Health Network and Glens Falls Hospital will explore current primary care intake practices in their facilities and report to the Smile Coalition at the March meeting. |
| | b. Advocate with health centers to add oral health educators and/or dental hygienists to their staff. | <ul style="list-style-type: none"> • Evaluate feasibility of including this as a component in children's services plan. (See Goal A.1.) |
| | c. Establish peer based Community Health Worker programs focused on oral health. | <ul style="list-style-type: none"> • Evaluate feasibility of including this as a component in children's services plan. (See Goal A.1.) |
| #2: Increase the co-location of health and dental services throughout the region. | a. Target efforts to expand the availability of dental clinics to facilities shared with other health care providers. | |
| #3: Increase medical providers' understanding of the impact of oral health on overall health. | a. Include a focus on oral health in CME training. | <ul style="list-style-type: none"> • AHEC will try to include a focus on optimal dental practices and guidelines in 2008 CME programs. |

| F. Ongoing Planning To Sustain The Service System | | |
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| GOALS | STRATEGIES | 2008 ACTION STEPS |
| #1: Sustain the operation of the oral health coalition. | a. As funding becomes available, pursue opportunities to establish a regional oral health center. | |
| | b. At present, continue to operate under the auspices of the Adirondack Rural Health Network with Department of Health funding support. | <ul style="list-style-type: none"> • The Smile Coalition will continue to operate under the auspices of ARHN in 2008. |
| | c. Rename the coalition “The Smile Coalition” and develop a marketing approach. | <ul style="list-style-type: none"> • Recruit student assistance in creating a logo for the Smile Coalition. • Utilize the March coalition meeting to plan marketing efforts. • Explore opportunities for networking at the annual Saratoga Dental Congress. |
| | d. Seek the support of local government and political leaders as well as dental care providers. <ul style="list-style-type: none"> ○ Visit local representatives in conjunction with statewide Oral Health Coalition lobbying days. ○ Reach out to local politicians and dentists on an individual basis with specific requests for support and/or assistance. | <ul style="list-style-type: none"> • See Goals A.1., A.2., and C.1 |
| #2: Monitor implementation of the strategic plan and assess the impact on the region’s oral health status. | a. Establish a process for the coalition to monitor progress in achieving its strategic plan goals. | <ul style="list-style-type: none"> • Include in ARHN 2008 work plan. |
| | b. Use the Community Health Assessment to collect data about oral health practices with guidance from the Smile Coalition. | <ul style="list-style-type: none"> • Include in ARHN 2008 work plan. |