

# ORAL HEALTH PLAN FOR NEW YORK STATE

January 1, 2007

## SPECIFIC, MEASURABLE, ATTAINABLE, REALISTIC, TIMEFRAMED OBJECTIVES

The Oral Health Plan For New York State addresses the burden of oral disease in New York State and was developed by the New York State Department of Health in collaboration with the New York State Public Health Association and stakeholders from across the state.

The Plan has identified goals, objectives, and strategies covering a broad spectrum of issues related to policy, prevention, access, workforce, and surveillance and research. The guidance provided in this Plan is intended to serve as a blueprint for achieving optimal oral health for all New Yorkers.

The objectives stated in the Plan include specific, measurable, attainable, realistic, timeframed objectives as well as developmental objectives. The following selected objectives were created for developing an action plan for the immediate future.

### **Goal 1: Develop and promote policies that integrate oral health promotion, disease prevention, and oral health care into state and local health policy agendas to achieve improvements in the oral health of New Yorkers.**

Objective 1.1: By 2007, identify policy options to strengthen and improve New York's capacity to advance fluoride varnish applications in young children.

Objective 1.2: By 2007, identify changes in the laws and regulations that are required to assure all New Yorkers benefit from fluoride varnish and ensure that public resources used for this service are targeted to high risk young children (< 6 years of age).

### **Goal 2: Promote oral health as a valued and integral part of general health across the life cycle.**

Objective 2.1: By 2007, assess and address gaps in oral health educational materials related to the use of fluoride varnish and sealants, and dental care during pregnancy. Formulate and distribute culturally and linguistically appropriate materials that enhance oral health literacy to the public and providers.

Objective 2.2: By 2007, at least five Local Health Departments have incorporated dental sealant awareness activities into their existing campaigns and programs to communicate the ways of reducing caries risk in young children.

Objective 2.3: By 2007, develop at least one training program that improves the skills of primary care providers to conduct oral disease risk assessment and make appropriate referrals, and improve their ability to counsel individuals to reduce their risk for oral disease.

Objective 2.4: By 2007, at least two perinatal networks have established a system to increase referrals among oral health care providers and prenatal and child

health professionals as warranted by assessments, examinations and health history.

**Goal 3: Improve access to high quality, comprehensive, continuous oral health services for all New Yorkers and eliminate disparities for vulnerable populations.**

Objective 3.1: By 2008, increase the number of dentists actively participating in the Medicaid program from 1800 to 3600.

Objective 3.2: By 2008, conduct a study to assess the number of oral health providers needed to serve the people with special needs and develop a plan to address the needs.

Objective 3.3: By 2010, increase the number of children in Medicaid and Child Health Plus who visit a dentist annually to the Healthy People 2010 goal of 57%. (Baseline percentages: Medicaid Managed Care - 36%, Child Health Plus - 41%, Medicaid Fee For Service - 37%)

Objective 3.4: By 2008, increase the number of pregnant women in the Medicaid program who receive comprehensive dental care from 13% to 26%.

Objective 3.5: By 2010, reduce the necessity of treating children younger than 6 years in a hospital operating room from the current level of 2900 to 1500 per year by addressing caries earlier and more effectively.

Objective 3.6: By 2007, identify at least one program that has successfully reduced “no show” rates in dental offices and dental clinics and disseminate information about this program.

**Goal 4: Enhance the oral health information and knowledge-sharing infrastructure to communicate best practices, improve collaboration, and replicate effective programs and proven efforts.**

Objective 4.1: By 2007, develop a satellite broadcast to disseminate information from the Guidelines for Oral Health Care during Pregnancy and Early Childhood.

**Goal 5: Address risk factors for oral diseases by targeting population groups and utilizing proven interventions.**

Objective 5.1: By 2010, increase the proportion of the population receiving fluoridated water from the current level of 67.5% to 75% and ensure optimum level of fluoride in community water systems.

Objective 5.2: By 2010, increase the proportion of 3rd grade children who have dental sealants to at least 50%, and reduce the proportion of children with dental caries experience and untreated caries to no more than 42% and 20% respectively.

Objective 5.3: By 2010, increase the proportion of pregnant women receiving a comprehensive oral health assessment by a dental provider from 13% to 26%.

Objective 5.4: By 2010, increase the percent of adults receiving an annual examination for oral and pharyngeal cancers to 50% from about 30%.

Objective 5.5: By 2007, conduct a survey of all schools of dentistry and dental hygiene to determine if there is a program to teach their students about the United States Public Health Services Clinical Practice Guidelines for Training Tobacco Use and Dependence.

**Goal 6: Increase capacity, diversity, and flexibility of the workforce to meet the needs of all New Yorkers including underserved population groups.**

Objective 6.1: By 2010, complete re-registration surveys of all dentists and dental hygienists to identify Dental Health Professional Shortage Areas so they can access federal resources.

Objective 6.2: By 2010, generate a report that will identify areas for the development of new dental practices.

Objective 6.3: By 2010, increase the under-represented minority enrollment in schools of dentistry and dental hygiene from <1% to 5% to reflect the population of New York.

**Goal 7: Promote educational opportunities and experiences that prepare the oral health workforce to meet the treatment needs of all New Yorkers including the underserved population groups.**

Objective 7.1: By 2010, create opportunities for residents in one residency program to work in a rural dental professional shortage area for at least 4 weeks.

**Goal 8: Encourage oral health professionals to be competent in public health principles and practice. Create lifelong learning opportunities.**

Objective 8.1: By 2010, organize at least one meeting in every region of New York State to increase the opportunities for dentists and dental hygienists to participate in oral health coalitions and other community collaborations in their area.

**Goal 9: Develop a research agenda to test new and creative interventions and support evidence based dental public health practice.**

Objective 9.1: By 2007, bring together academic and research institutions and public health practitioners to develop and implement a research agenda.

**Goal 10: Maintain and enhance the existing surveillance system to adequately measure key indicators of oral health and expand the system to include other elements and address data gaps.**

Objective 10.1: By 2007, convene a workgroup to plan and implement a survey of 3rd grade children to provide updated information to NOHSS for the 2008-2010 period.