

## ORAL HEALTH PLANNING RETREAT FEEDBACK TO UPDATE 2015-2020 ORAL HEALTH STATE PLAN

This document includes the priorities and strategies from the 2015-2020 Oral Health State Plan and the feedback for revisions/additions, etc... from the retreat to include in the 2022-2027 State Oral Health Plan.

<b>Priority 1. Strengthening Public Health Infrastructure.</b> SC will establish and maintain the infrastructure within the public health system to encourage the use of evidence-based public health strategies to address the oral health needs of vulnerable populations of all ages throughout the state.	
<b>2015- 2020 Strategies</b>	<b>Retreat Feedback</b>
<p>1.1 By 2020, the Division of Oral Health will have a reliable funding stream to support sufficient staffing levels and contractual partners for full implementation of their legislatively authorized and extramurally funded initiatives to meet the goals and objectives of the SOHP.</p> <p>1.2 By 2020, the Division of Oral Health and the SC Oral Health Coalition will establish the SC Oral Health Institute in partnership with the SC Dental Association, SC Dental Hygienist Association and the SC Public Health Association.</p> <p>1.3 By 2020, a proactive SC Oral Health Coalition will expand with broader membership and empower its members to facilitate improvements in effective oral public health infrastructure.</p> <p>1.4 By 2020, the Division of Oral Health will be actively involved in the creation of regulatory language that directly affects the promotion and protection of the oral health for all the state's citizenry through community based health services.</p>	<p>Priority Feedback:</p> <ol style="list-style-type: none"> <li>1. Change language to mention "Maintain statewide community-based infrastructure"               <ol style="list-style-type: none"> <li>a. Could tweak language of vulnerable populations to include health disparities.</li> </ol> </li> <li>2. Would be detrimental to remove priority.               <ol style="list-style-type: none"> <li>a. Has happened in past and caused more issues for citizens.</li> </ol> </li> </ol> <p>Strategies Feedback:</p> <ol style="list-style-type: none"> <li>3. "Legislatively authorized" leads to issues</li> <li>4. Funding is a big concern for public health activities so wording should be flexible to address other concerning issues of vulnerable populations</li> <li>5. Strategy 1.1 should connect back to DHEC vision statement and use their own words to promote rationale for public oral health funding               <ol style="list-style-type: none"> <li>a. Should include "reliable multi-sourced funding streams in response to needs of the population or as population health dictates"</li> </ol> </li> <li>6. Strategy 1.2 should be rewritten to include "will work towards establishing..."</li> <li>7. Strategy 1.3 should add community members and businesses as stakeholders/members of coalition</li> </ol>

**Priority 2. Improving access to oral health services for vulnerable populations.**

We will collaborate to assure that all citizens of the state have access to affordable, timely and culturally and linguistically competent care that is appropriate.

2015- 2020 Strategies	Retreat Feedback
<p><b>2.1</b> By 2020, South Carolina will produce an Oral Health Action Plan for the Centers for Medicare and Medicaid Services (CMS) that delineates how we will achieve the CMS Oral Health Initiative performance goals.</p> <p><b>2.2</b> By 2020, South Carolina will develop and disseminate a quality improvement toolkit that facilitates the integration of sustainable culturally and linguistically competent oral health services into other health care services as appropriate to scopes of practice.</p> <p><b>2.3</b> By 2020, South Carolina will provide evidence-based oral health benefits to children and adults enrolled in Medicaid that facilitate the achievement of the Institute of Healthcare Improvement’s (IHI) Triple Aim (improved health outcomes, improved patient experience, reduced cost of care) for South Carolina.</p> <p><b>2.4</b> By 2020, South Carolina will incorporate the national quality performance measures identified by the Dental Quality Alliance into the evaluation process for the oral health status of the population.</p>	<p>Priority Feedback:</p> <ol style="list-style-type: none"> <li>1. Still important to include, but language about equity should be added to clarify what we are focusing on             <ol style="list-style-type: none"> <li>a. “Equal opportunity to achieve optimal oral health” intent</li> <li>b. “Culturally and linguistically competent care” → where equity would be added</li> </ol> </li> <li>2. “Citizens” should be removed – does not include all in the state</li> <li>3. Add language about “throughout the lifespan of care” (but not make it too wordy)</li> <li>4. Add equitable to the priority. E.g. affordable and equitable</li> <li>5. Clarify the “we” – this is a collaboration between MDs, Dental, nurses, peds, dental hygienists (all medical and dental personnel). Clarify that we mean all stakeholders?</li> <li>6. Get rid of “that is appropriate”. If it’s competent care, it is appropriate. Move to “culturally appropriate”</li> </ol> <p>Strategies Feedback:</p> <ol style="list-style-type: none"> <li>7. Great Avenue to provide things the target population needs</li> <li>8. More opportunity still to continue with this/dive in deeper – revise to make sure this is addressed throughout the lifespan.</li> <li>9. Keep, but revise to include those that are underinsured and fall through the cracks</li> <li>10. Need data to drive what we do – but more background is needed on how this data/status is determined.</li> <li>11. Define equity more throughout?</li> <li>12. By 2020, South Carolina will produce an Oral Health Action Plan for the Centers for Medicare and Medicaid Services (CMS) that delineates how we will achieve the CMS Oral Health Initiative performance goals.</li> <li>13. By 2020, South Carolina will develop and disseminate a quality improvement tool kit that facilitates the integration of sustainable culturally and linguistically competent oral health services into other health care services as appropriate to scopes of practice.</li> </ol>

	<ul style="list-style-type: none"><li>a. Utilizing all health care providers to the top of licensure. E.g. not all policies are written to let workers use their license to the full potential.</li></ul> <ol style="list-style-type: none"><li>14. By 2020, South Carolina will provide evidence - based oral health benefits to children and adults enrolled in Medicaid that facilitate the achievement of the Institute of Healthcare Improvement's (IHI) Triple Aim (improved health outcomes, improved patient experience, reduced cost of care) for South Carolina.</li><li>15. By 2020, South Carolina will incorporate the national quality performance measures identified by the Dental Quality Alliance into the evaluation process for the oral health status of the population.</li><li>16. Working to identify individuals needing oral health resources beyond just those with Medicaid<ul style="list-style-type: none"><li>a. Partnering with FQHCs using mobile dentistry</li><li>b. Figure out other ways to identify those falling through the cracks</li></ul></li><li>17. Using opportunities from strategy above to better identifying the landscape of what is already happening/exists and what is not</li><li>18. Increasing access to dental providers, especially in rural areas – people cannot utilize services that they don't have</li><li>19. Is there a way to leverage the public health infrastructure (Priority 1) to implement the strategies in priority 2?</li><li>20. Where to incorporate community health workers and public health workers or dental hygienists?</li></ol>
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**Priority 3. Education and Prevention.**

We will provide the citizens of South Carolina with the most up-to-date information about oral diseases and conditions across the continuum of life and the evidence-based strategies for prevention and treatment of those conditions. Improve oral health status for populations living with chronic conditions.

<b>2015- 2020 Strategies</b>	<b>Retreat Feedback</b>
<p><b>3.1</b> By 2020, South Carolina will revise and implement a comprehensive social marketing campaign for priority populations that emphasizes oral health as an essential component of integrated healthcare and predictor of overall health status.</p> <p><b>3.2</b> By 2020, South Carolina will organize a library of public health endorsed oral health education and training products and care guidelines for priority populations (e.g., pregnant women, long term care residents) to improve access to reliable and scientifically valid materials.</p> <p><b>3.3</b> By 2020, the SC Oral Health Coalition will ensure dental public health priorities include chronic disease; specifically ensuring policies and programs in the state integrate evidence-based oral health in the state’s most prevalent conditions in child, adult, and senior health.</p> <p><b>3.4</b> By 2020, South Carolina will have a statewide network of community water fluoridation advocates representing community water systems, primary care, dentistry, early childhood and school health systems integrated into an overall system for the prevention of oral diseases and assuring optimal oral health for all.</p> <p><b>3.5</b> By 2020, South Carolina will have a network of advocates with the necessary knowledge, skills and ability to lead oral health efforts to identify and prevent domestic violence, child and elder abuse through awareness and recognition of the physical and emotional signs of abuse and the appropriate reporting processes.</p>	<p>Priority Feedback:</p> <ol style="list-style-type: none"><li>1. Most up-to-date information about ‘oral health’ – more universal</li><li>2. Citizens -&gt; people of South Carolina</li><li>3. Treatment of oral diseases and conditions? Or focus on promotion vs prevention? Add promotion of health and include in priority title?</li></ol> <p>Strategies Feedback:</p> <ol style="list-style-type: none"><li>1. Keep all 5 strategies</li><li>2. 3.5 Revise grammar for clarity</li><li>3. 3.2 Add diabetes to priority populations</li><li>4. Fluid and accurate definitions for “priority” populations</li><li>5. What groups are missing from 3.4</li><li>6. Expand 3.4 to include other prevention strategies beyond fluoridation</li></ol> <p>Strategies to add for P3:</p> <ol style="list-style-type: none"><li>1. Education for other healthcare professionals/providers</li><li>2. Promote HPV vaccination (alliance responsible for implementation)</li></ol>

**Priority 4. Improve population health competencies in health profession pipeline.**

We will support the integration of public health (population health) priorities, as it relates to oral health, into all health profession education programs.

<b>2015- 2020 Strategies</b>	<b>Retreat Feedback</b>
<p><b>4.1</b> By 2020, DHEC and the James B. Edwards College of Dental Medicine at MUSC will support the expansion of population health knowledge to all health profession students, residents and faculty.</p> <p><b>4.2</b> By 2020, DHEC and the James B. Edwards College of Dental Medicine at MUSC will collaborate with the Coalition to establish “a network of partners to enhance community access to oral healthcare and the students’ competence to serve vulnerable communities.”</p> <p><b>4.3</b> By 2020, DHEC and the James B. Edwards College of Dental Medicine will partner with dental hygiene programs to review and recommend joint public health curriculum enhancements to ensure future graduates and oral health team members share core public health principles and as such are equipped to make public health contributions in the future.</p>	<p>Priority Feedback: What does “population health competencies” mean- may be beneficial to be more specific- one example was to say “such as....(list the competencies) like, # dentist who understand the HPV association w oral cancer and prevention using vaccine.” List the competencies so they are explicit.</p> <p>Strategies Feedback:</p> <ol style="list-style-type: none"><li>1. By 2020, DHEC and the James B. Edwards College of Dental Medicine at MUSC will support the expansion of population health knowledge to all health profession students, residents and faculty.</li><li>2. By 2020, DHEC and the James B. Edwards College of Dental Medicine at MUSC will collaborate with the Coalition to establish “a network of partners to enhance community access to oral health care and the students’ competence to serve vulnerable communities.”</li><li>3. By 2020, DHEC and the James B. Edwards College of Dental Medicine will partner with dental hygiene programs to review and recommend joint public health curriculum enhancements to ensure future graduates and oral health team members share core public health principles and as such are equipped to make public health contributions in the future.</li></ol> <p>Strategies to add for P4</p> <ol style="list-style-type: none"><li>1. By 2020, DHEC and (the broad oral health community to include MUSC dental college and hygiene program and all medical, nursing, hygienist students in SC) will support the expansion of population health knowledge to all health profession students, residents and faculty.</li><li>2. This will be similar for 4.2 and 4.3 - more inclusive of the oral health community.</li><li>3. To what extent have these strategies been evaluated? Which would be helpful to understand the progress that’s been made)</li></ol>

**Priority 5. Policy and Outreach.**

We will collaborate to identify and advocate for appropriate policies that improve the health of the population.

<b>2015- 2020 Strategies</b>	<b>Retreat Feedback</b>
<p><b>5.1</b> By 2020, the SC Oral Health Advisory Council and Coalition will develop an advocacy agenda that supports public and private insurance for oral health services in alignment with the goals of the Triple Aim (ref Recommendation 2.3) so that the health care system provides optimal oral health for all its citizens especially children, low-income adults, persons with special health care needs and chronic or acute diseases, and pregnant women.</p> <p><b>5.2</b> By 2020, the availability of dental providers in rural SC communities will improve due to enhanced incentive programs.</p> <p><b>5.3</b> By 2020 integrated practice and inter-professional behaviors will be evident throughout the healthcare system to include, but not limited to, integration of oral health concepts into primary health care, chronic disease management, public health, early childhood and school health systems, pharmacy services, long-term care and perinatal health care.</p> <p><b>5.4</b> By 2020, South Carolina will engage an outside facilitator to update the policy agenda to create a model for sustainable dental public health infrastructure that institutionalizes leadership for community based oral health in our state and assures optimal oral health for all.</p>	<p>Priority Feedback: Change ending to Improve with all Scinians with specific focus on vulnerable pops. Add "OH"</p> <p>Strategies Feedback:</p> <ol style="list-style-type: none"><li>1. Take out Advisory Council</li><li>2. 5.1 expand Policy agenda, to other policies not just insurance coverage.</li><li>3. Question: where we are on those 5 priority policies</li><li>4. 5.2 not just about repayment program but also increase in reimbursement and additional codes for reimbursement; expand incentives for other programs in rural areas (vans, rural access program to offer dental services; portable programs, telehealth)</li><li>5. Add: promote policy change in private sector</li><li>6. Reframe 5.4 Engage policy experts in OH to create a model for sustainable ph infrastructure... (have someone come in to help)</li><li>7. 5.3 Ensure OH policies and outreach activities are integrated into [list of setting] (intent of strategy is on OH policies integrated in diff areas)</li></ol>