

2018 Minnesota Oral Health Plan — Olmstead Plan Revision

ADVANCING OPTIMAL ORAL HEALTH FOR ALL MINNESOTANS

***Diverse** in this document refers to any individual, family, caregiver or community that self-identifies or represents the following population groups: children (aged 0-17), pregnant or expectant mothers, young adults (aged 18-25), older adults (aged 65+ years), the homeless, rural residents, low-income, uninsured or underinsured, people of color and American Indians, Lesbian, Gay, Bisexual or Transgender (LGBT), immigrants and refugees, people with Limited English Proficiency (LEP), people with disabilities, mental illness, chronic disease and other special health care needs. Please note that this is not an exhaustive list of diverse population groups and we acknowledge all forms of identity and lived experience.

Priority Area: Public Health Infrastructure

Goal 1. Minnesota's oral health infrastructure is stable and sustained.

Objective 1.1. Fully integrate the Oral Health Program into the Minnesota Department of Health (MDH) infrastructure.

Strategies:

- A. Increase the sustainability of the Minnesota Oral Health Program as the central state agency for oral health promotion. This includes oral health data collection and reporting, developing and promoting strategies that prevent dental disease and oral conditions (e.g. health education) and building and fostering partnerships that support these efforts.
 - i. Explore federal, state and other funding opportunities.
 - ii. Leverage existing funding, staff and resources.
 - iii. Develop a strategic planning group to work on program sustainability.
- B. Increase communication, collaboration, promotion and funding opportunities between the Minnesota Oral Health Program and related groups across MDH:
 - i. Centers for Health Equity and Community Health.
 - ii. Community and Family Health Division (Maternal and Child Health, Children and Youth with Special Health Care Needs, Supplemental Nutrition Program and Family Home Visiting).
 - iii. Health Promotion and Chronic Disease Division (Cardiovascular Health Unit, Diabetes Program, Injury and Violence Prevention Section, Comprehensive Cancer Control Program and the MN Data Access Portal).

- iv. Office of Statewide Health Improvement Initiatives (Community Initiatives Unit, Health Systems Unit, Healthy Community Unit, Tobacco Prevention and Control Planning and Administration Unit, SHIP Planning Unit and Health Equity and Tribal Grants Unit).
- v. Health Policy Division (Office of Rural Health and Primary Care, Health Economics Program, Health Care Homes and Vital Records).
- vi. Health Regulation Division.
- vii. Infectious Disease Epidemiology, Prevention and Control Division (Vaccine Preventable Disease Section, Sexually Transmitted Diseases, HIV and Tuberculosis Section and Cross-Cutting Epidemiology, Programs and Partnerships Section).
- viii. Environmental Health Division, Drinking Water Protection Section.

Objective 1.2 Support a strong Minnesota Oral Health Coalition (MOHC) that works closely with the Minnesota Department of Health (MDH).

Strategies:

- A. Support the development, maintenance and sustainability of the MOHC as a 501 (c) (3) non-profit organization.
 - i. Follow best practices guidance and assistance available from organizations such as the National Association of Oral Health Coalitions and coalition experts (e.g. “CoalitionsWork,” etc.).
 - ii. Maintain and promote an MOHC unique identity, such as a vision, mission and goals statement.
 - iii. Maintain and promote membership.
 - iv. Engage the MOHC with initiatives of the Minnesota Oral Health Program and other partners.
 - v. Summarize in-kind support from MDH, including establishment of initial development funding and planning.
 - vi. Increase communication, collaboration, promotion and funding opportunities between the MOHC and the Minnesota Oral Health Program.
- B. Use the CDC framework and other recognized coalition resources to increase the size and diversity* of coalition membership and board member diversity*.
- C. Support, maintain and promote an independent MOHC interactive web presence.

Objective 1.3 Develop and sustain collaborative partnerships to implement the Minnesota Oral Health Plan.

Suggested strategies:

- A. Establish and foster partnerships with organizations that represent or provide services to diverse* populations.
- B. Create new partnerships to ensure that diversified funding is available to implement and sustain the Minnesota Oral Health Plan.

- C. Work collaboratively with partners to develop action plans tailored to diverse* populations that focus on reducing and eliminating oral health disparities, for example Olmstead Plan partners.

Objective 1.4. Seek commitment for long term data collection and monitoring (public health surveillance) of Minnesota’s oral health indicators.

Suggested strategies:

- A. Investigate the cost of and capacity to maintain versus add new data and interactive features to the Minnesota Oral Health Statistics System (MNOHSS), publicly available on an online data portal.
- B. Explore a diverse set of funding opportunities (federal, state and philanthropic/foundation) and partnerships to support the Minnesota Oral Health Statistics System, Basic Screening Surveys and other data collection and reporting activities.
- C. Integrate data collection and reporting activities of the Minnesota Oral Health Statistics System into all Oral Health Program projects, agency and state priorities.
- D. Promote the Minnesota Oral Health Statistics System with new and existing partners, funders and policy makers, including awareness of its value, benefits and use.
- E. Develop a system of data collection to include but not limited to collaborative agreements for dental hygienists, collaborative management agreements for dental therapists and school-based dental sealant programs.

Objective 1.5. Seek funding sources that support the review, professional evaluation and updates to the current Minnesota Oral Health Plan.

Suggested strategies:

- A. Oral health leaders and stakeholders seek sustainable funding and program changes to implement the plan.

Objective 1.6. Assess opportunities for policy development or change in collaboration with oral health stakeholders.

Suggested strategies:

- A. Use available resources such as the [CDC Policy Process \(https://www.cdc.gov/policy/analysis/process/index.html\)](https://www.cdc.gov/policy/analysis/process/index.html) to facilitate a prioritization process with oral health stakeholders.

Priority Area: Prevention and Education

Goal 1. Strategies are implemented that reduce oral disease and mitigate risks.

Objective 2.1. Determine a baseline number of providers who use standardized, evidence-based oral disease risk assessment tools.

Suggested strategies:

- A. Collect data on the current use of risk assessment tools (caries, periodontal disease, diabetes, tobacco use, etc.) among Minnesota health and dental providers.
- B. Investigate and assess caries and periodontal risk assessment tools for use in Minnesota health and dental practices.
- C. Promote the benefits of using evidence-based risk assessment tools (caries, periodontal disease, diabetes, tobacco use, etc.) among health and dental providers, e.g. educational campaign, website, social media.
- D. Use the Minnesota Oral Health Statistics System (MNOHSS) as a clearinghouse for sharing standardized information on caries and periodontal risk in Minnesota.

Objective 2.2. Reduce caries experience in Minnesota children.

Suggested strategies:

- A. Educate caregivers of children with disabilities, mental illness and special health care needs about oral health specific needs of the population, such as possible changes in tooth development, oral health side effects of prescription medications and oral hygiene techniques and strategies.
- B. Partner with organizations to promote oral hygiene education targeted toward pregnant women and children under the age of five. For example the [National Health and Safety Performance Standards: Guidelines for Early Care and Education Programs](https://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/caring-for-our-children-national-health-and-safety) (<https://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/caring-for-our-children-national-health-and-safety>)
- C. Partner with Early Head Start and Head Start programs on oral health activities that help meet Head Start and Child and Teen Checkups (the Minnesota version of Early Periodic Screening, Diagnosis, and Treatment) performance standards.
- D. Develop and offer culturally appropriate trainings for preschool staff, Head Start coordinators, school nurses, school social workers, home health and community health workers and others whose work focuses on children, to recognize risk factors for and signs of early childhood caries (ECC) for the purposes of ECC prevention and treatment.
- E. Promote fluoride varnish application as part of immunization and well child visits.
- F. Increase programmatic coordination between risk-reduction programs, e.g., family home visiting, preschool and Women, Infants, and Children (WIC) programs.
- G. Include oral health screening requirements in childhood screenings.
- H. Educate caregivers of infants and toddlers about appropriate amounts of topical fluoride or fluoride toothpaste to be used.
- I. Increase availability and ease of access to oral health supplies, in particular adaptive oral health care supplies for children with disabilities.

- J. Partner with organizations that represent or provide services to diverse* children.

Objective 2.3. Develop and coordinate comprehensive, statewide school-based prevention programs that target high-risk children.

Suggested strategies:

- A. Conduct the statewide third grade Basic Screening Survey at least once every five years.
- B. Convene a school-based sealant work group that includes providers, school representatives, school nurses, public health professionals, health plans, Minnesota public programs, parent-teacher associations, and organizations that represent or provide services to diverse* children.
 - i. Conduct a needs assessment and compile information on existing dental sealant activities in the state.
 - ii. Seek and acquire sustainable financial support, i.e., foundations, Title V funding, industry (3M, dental supply companies), Smiles Across Minnesota, Oral Health America, etc.).
 - iii. Create and publish a comprehensive state dental sealant plan.
 - iv. Create a variety of easily understood messages targeted to parents/caregivers about efficacy and safety of pit and fissure dental sealants, why they are needed, and the importance of dental sealants in caries prevention.
- C. Develop parameters for and post a request for proposal (RFP) for at least five school-based dental sealant mini-grants.
 - i. Plan and conduct projects that provide documentation of components of successful dental sealant programs and identify barriers to sustainability.
 - ii. Promote limited authorization/collaborative practice as a model for school-based dental programs.
- D. Convene a transdisciplinary panel for review and development of a comprehensive coordinated plan for fluoride varnish programs; and to develop quality improvement initiatives, i.e., through learning collaboratives and health care home initiatives.
- E. Create an educational campaign about how fluoride works and the importance of the appropriate use of fluoride varnish in caries prevention, particularly tailored to diverse* populations.

Objective 2.4. Ensure that at least 90 percent of the fluoridating public water systems meet the CDC's optimal requirements.

Suggested strategies:

- A. Collect community water fluoridation information and submit data to the CDC on 510 reports.
- B. Identify ways to provide support to communities to maintain or update aging fluoridation equipment.

- C. Support statewide educational campaigns that promote drinking tap water.
- D. Educate water works operators about the importance of the water fluoridation process and its link to oral health.
- E. Recognize water workers and engineers as oral health leaders on a consistent basis.

Objective 2.5. Ensure that at least 50 percent of Minnesota’s schools have achieved oral health targets.

Suggested strategies:

- A. Remove cariogenic foods and beverages from vending machines.
- B. Increase the number of non-cariogenic food items accessible outside the lunch program (vending machines, fund raisers, concessions, classroom, celebrations, and a la carte in Head Start and school menus).
- C. Increase tobacco use prevention/cessation and nutrition information in health education programs.
- D. Provide resources to strengthen curricula that emphasize how healthy eating can improve and maintain oral health.
- E. Reduce the impact of soda/beverage marketing by educating schools to resist marketing strategies.
- F. Promote the understanding of the preventive properties of xylitol gum and xylitol products and their proper use.
- G. Partner with the Minnesota School Nutrition Association and the Minnesota Department of Education to collect data on candy and soda available in schools in order to tailor oral health campaigns to school needs.

Objective 2.6. Promote awareness of the effect of diet and nutrition on oral health among school, hospital, correctional and behavioral health facility food service directors, home health and nutrition providers, and staff working in group homes, adult foster care, day treatment programs, long-term care facilities and congregate meal sites.

Suggested strategies:

- A. Partner with the Minnesota Hospital Association (MHA); school, hospital, correctional and behavioral health facility food service directors; and registered dietitians to provide information about creating tooth-healthy menus and increasing healthy snack choices for patients, visitors, staff and in vending machines.
- B. Provide educational sessions at MHA conferences about the relationship of diet and childhood obesity to dental disease.
- C. Promote partnerships with long-term care facilities and community organizations such as parish nurses to increase understanding about the impact of diet on the oral health of older adults.

- D. Partner with group homes, adult foster care homes, day treatment programs and other long-term care services and support settings serving those with disabilities, mental illness and special health care needs to increase understanding about the impact of diet on oral health.

Goal 3. Oral health literacy is increased across all ages and cultures.

Objective 3.1. Increase oral health evaluation and caregiver education in early childhood screenings, vaccination visits, episodic care visits, prenatal and Child and Teen Checkups.

Suggested strategies:

- A. Support health literacy and cultural competency training for health professionals in the community, including health care providers and public health officials.
- B. Provide technical assistance to those interested in becoming proficient in patient-centered literacy skills.
- C. Educate prenatal and maternal health care providers about the importance of increasing oral health literacy among pregnant women so they are well informed about caries etiology, caries prevention and infant oral health care.
- D. Create a campaign to increase understanding regarding the importance of tooth brushing and sponsor distribution of oral health information and materials in prenatal and maternal care programs.

Objective 3.2. Build awareness of oral disease prevention strategies and increase oral health knowledge in school-based health systems.

Suggested strategies:

- A. Strengthen partnership with and provide resources to the Minnesota Department of Education, Special Education, and Minnesota School Nurses to evaluate oral health curricula (including early childhood and after school programs) on the basis of evidence-based strategies.
- B. Develop and disseminate information about the efficacy of pit and fissure dental sealants, water fluoridation, fluoride varnish, silver diamine fluoride and other strategies that prevent and reduce oral disease.
- C. Investigate programs to introduce evidence-based xylitol therapy in early childhood programs and schools.
- D. Partner with the Minnesota Department of Health Injury and Violence Prevention Section to develop promotional programs that focus on preventing and reducing oral injury related to sports, workplace injuries, violence and sexual assaults.
- E. Develop and disseminate information to parents and schools about fluoride varnish, dental sealants and having a dental home.

- F. Develop and disseminate information to parents, school personnel and students about the link between the human papilloma virus (HPV) and oral cancer, childhood obesity and dental caries.

Objective 3.3. Increase exposure to oral health knowledge through targeted and culturally sensitive campaigns that focus on prevention strategies.

Suggested strategies:

- A. Collaborate with organizations that represent or provide services to diverse* populations to develop and disseminate educational materials on dental disease, fluoridated tap water, dental sealants, fluoride varnish, oral hygiene and dental visits, and dental-systemic linkages.
- B. Develop and disseminate fluoridation messages that provide cultural and age appropriate information to diverse* populations. e.g. “safe to drink fluoridated tap water” messages.
- C. Increase oral health literacy among preteens, adolescents and young adults emphasizing healthy diet, avoidance of alcohol, tobacco and drugs, immunization against the Human Papilloma Virus (HPV), mouth jewelry, orthodontics, periodontal disease and importance of oral care.
- D. Increase oral health literacy among older adults and people with disabilities, mental illness and special health care needs and their caregivers; emphasizing medications that increase xerostomia (dry mouth), root caries etiology, periodontal disease, and oral cancer.
- E. Ensure educational materials are accessible (508 friendly), culturally and linguistically appropriate and incorporates health literacy best practices.
- F. Create electronic media and monitor hits/visits to web pages and internet sites.

Objective 3.4. Increase awareness of oral health among policy and decision makers about the benefits of preventing dental disease and oral conditions.

Suggested strategies:

- A. Engage legislators in a yearly oral health initiatives forum.
- B. Collaborate with partners to support and make recommendations on policies that promote oral health and medical-dental integration or address issues linked to poor oral health (e.g. tobacco and alcohol use, diabetes, cardiovascular disease, cancer).
- C. Identify and use oral health resources in the state to target areas of greatest need.
- D. Increase understanding of federal mandates and funding, or lack of funding.

Priority Area: Health Care Integration and Access to Oral Health Care

Goal 4. Professional integration is enhanced between oral health care providers and other providers in the broader healthcare system.

Objective 4.1. Promote the understanding and development of the health care home concept.

Suggested strategies:

- A. Create and nurture nontraditional partnerships in oral health to establish a coordinated strategic direction.
- B. Gather information and evaluate the effect of reimbursements/incentives for improving care.
- C. Increase training opportunities in oral health for non-dental professionals (i.e., health plan, social services and mental health case managers; dietitians, public health nurses, community health workers/navigators and interpreters) that build patient centered (preventive, therapeutic, and remedial) skills and provide technical assistance for working with patients, clients and the public.
- D. Promote the integration of community health workers/navigators in oral health settings.
- E. Increase the number of local public health agencies that address oral health.
- F. Increase integration activities and partnerships with nutrition, obesity, tobacco, alcohol, etc. (i.e. American Dietetic Association, American Lung Association, American Heart Association).
- G. Plan demonstration projects that create innovative health home models.

Objective 4.2. Increase the number of non-dental provider education programs (physician's assistant, nurse practitioner, dietitians, medical schools and nursing homes) that incorporate evidence-based oral health education into their curriculum.

Suggested strategies:

- A. Partner with the Minnesota and American Pediatric Association and the American Medical Association (AMA) to determine current continuing medical education curriculum that encompasses an oral health component.
- B. Work with Minnesota's dental education institutions to create and/or provide continuing education curriculum focused on oral health for healthcare professionals and students.
- C. Use evidence-based strategies to develop core competencies in oral health within educational settings.

- D. Present at or develop conferences and symposiums on the topic of oral and systemic interrelatedness and caries and periodontal disease risk assessment.
 - i. Participate in national and state conferences attended by health and dental professionals, e.g. Accountable Care Symposium and Many Faces Conferences.
 - ii. Participate in conferences targeted to social services, care coordinators, allied health professionals, behavioral/mental health specialists, and organizations that represent or provide services to diverse* populations.

Objective 4.3. Develop collaborative opportunities throughout the health care community by educating and training physicians, nurses, nurse and physician assistants and specialists; dentists, dental therapists, dental hygienists and dental assistants; behavioral health professionals and social workers to work as a collaborative team addressing oral health disparities and unmet dental needs of the underserved.

Suggested strategies:

- A. Promote research on the impact of oral health on overall health.
- B. Support development and evaluation of programs that promote disease prevention and increase collaborative health care.
- C. Provide incentives for allied dental personnel to work in healthcare settings under collaborative supervision by a licensed dentist.
- D. Reduce barriers to dental hygienists and dental therapists working in public health agencies and other settings.
- E. Move primary oral health care into every obstetrics, primary care, family practice, pediatrics, and internal medicine practice in Minnesota by incorporating “The mouth is part of the body” concept.
- F. Promote collaborative practice in non-dental settings (e.g. local public health, schools, shelters, community centers, assisted living facilities, nursing home facilities, residential treatment centers, corporate foster care, adult day health care facilities and adult foster care homes).

Objective 4.4. Promote collaboration among dental providers and healthcare providers that increase information sharing, understanding of eligibility requirements and access to and use of oral health care benefits.

Suggested strategies:

- A. Create demonstration projects that gather and analyze preventive service use data and propose new models that coordinate collaboration between dental and healthcare providers and eliminate disparities.

Objective 4.5. Promote the adoption and meaningful use of the electronic dental record.

Suggested strategies:

- A. Disseminate information about the Office of the National Coordinator efforts to create standardized guidelines for the use of Health Information Technology and reporting.
- B. Improve collaboration and follow up by aligning with at least two objectives of the local and national Office of the National Coordinator for Health Information Technology.
- C. Seek funding to create incentives for private and public health dental and healthcare systems to create and adopt centralized network tools.

Objective 4.6. Call for the development and promotion of clinical preventive oral health guidelines for use in settings outside the dental office such as medical and long-term care, group homes, adult foster care, prison, juvenile, mental and behavioral health and hospital settings.

Suggested strategies:

- A. Support and promote the development and use of dental diagnostic codes.
- B. Develop partnerships that integrate oral health into the current case management system.
- C. Promote public health research, standardized protocols for care, and use of evidence-based practices.
- D. Promote inclusion of oral evaluation in care guidelines for the aging and persons with disabilities, mental illness, chronic disease and other special health care needs.
- E. Create a web-based tracking and referral mechanism for oral health information and treatment.
- F. Promote Health Insurance Portability and Accountability Act compliant communications between dental providers and primary care providers (family medicine, obstetrics, pediatrics, internal medicine, etc.) and allied health professionals, (dietitians, pharmacists, etc.) when assessing and referring for medical conditions and non-dental issues.

Objective 4.7. Increase the number of primary care providers who integrate dental disease and oral conditions prevention as part of overall health by 10-percent for patients of all ages.

Suggested strategies:

- A. Create a recognizable symbol and/or standardized message that captures the concept of the interrelatedness of oral health and overall health.

- B. Develop a marketing campaign targeted to healthcare providers that promotes oral health as integral to overall health.
- C. Determine a baseline number (early adopters) and evaluate barriers to use of dental disease prevention strategies by healthcare providers.
- D. Develop an integrated approach among healthcare and dental providers that promotes oral exams/evaluation, referral, and access to oral health care by age one.
- E. Promote treatment information sharing between pediatricians, physicians, specialists and dentists.

Goal 5. Access is increased to preventive, restorative and emergency oral health care services.

Objective 5.1. The legislative intent to increase the supply and distribution of dental services through creation of new dental providers and appropriate use of the entire dental team is achieved.

Suggested strategies:

- A. Maximize the opportunity that Minnesota has to provide positive leadership in creating new oral health care providers and innovative workforce models.
- B. Support and engage with other agencies to research the impact of new and existing oral health care providers on improved access to services by collecting and analyzing outcomes data.
- C. Increase the number of dentists, health care facilities, programs, or nonprofit organizations that employ dental hygienists with limited authorization/collaborative agreement.
- D. Develop relationships with providers in long-term care and other older adult service settings to connect providers with older adults aged 65 and older.

Objective 5.2. Increase by 10-percent the number of underserved Minnesotans who receive evidence-based preventive dental care, with emphasis on diverse* populations.

Suggested strategies:

- a. Use oral health data from the Minnesota Oral Health Statistics System such as the Basic Screening Survey (Head Start/Kindergarten, Third Grade and Older Adults) to inform dental disease and oral conditions prevention initiatives.
- b. Educate general dentists to be more comfortable caring for diverse* populations, in particular infants and toddlers (aged 0-3), older adults (aged 65+) and individuals with disabilities, mental illness, chronic disease and other special health care needs, making appropriate referrals and using best practices in data collection and oral health care delivery.

- c. Work with state, local and tribal agencies, community partners, professional associations and state legislative bodies to analyze barriers to dental care for diverse* populations and participate in developing policy recommendations.
- d. Encourage local and county public health agencies to use dental hygienists in prevention programs.
- e. Identify and work with agencies engaged in dental programs to explore alternative delivery systems that improve communication with local dentists, improve sustainability and increase continuity of care.
- f. Partner with agencies on a centralized website or helpline for the public to increase access to referral information and information on current systems in place for Minnesota Healthcare Programs and the uninsured.
- g. Work with the Minnesota Department of Human Services, state legislative bodies and commissions to recommend and support compliance initiatives that increase comprehensiveness of oral health programs for children under age one, uninsured adults, Individuals with disabilities, mental illness, chronic disease and other special health care needs and individuals in long-term care facilities.

Objective 5.3. Reduce the proportion of Minnesotans who experience difficulties, delays or barriers to restorative oral health care service by 20-percent.

Suggested strategies:

- A. Partner with state agencies that have been mandated to document the impact of existing and new Minnesota oral health care workforce models on improved access to restorative services using outcome data.
- B. Establish baseline information on barriers to oral health care involving target populations by conducting a state-wide survey and adding questions to both Basic Screening Survey and Behavioral Risk Factor Surveillance System regarding Minnesota's accessibility to dental care.
- C. Investigate best practices for sustainability of public health and safety net clinics.
- D. Convene a stakeholder group to explore barriers and solutions to increasing dental services provided to Minnesota Health Care Program enrollees.

Objective 5.4. Reduce the number of emergency room visits for dental related reasons by 15-percent.

Suggested strategies:

- A. Develop and disseminate materials that educate caregivers about traumatic and non-traumatic dental conditions and the appropriate response.
- B. Collaborate with hospitals and providers in long-term care facilities, group homes and foster care settings to provide information on local public health dental

- programs so that patients presenting in the emergency departments are provided with appropriate referral, resource follow-up and preventive education information.
- C. Develop a campaign to educate the public about seeking professional dental care and guidance after an oral injury has occurred.
 - D. Develop a campaign focused on oral injury prevention and promoting the appropriate use of mouth-protecting equipment in sports, e.g. mouth guards.
 - E. Collaborate with hospital staff to assure that diagnostic codes are used for non-traumatic dental related emergency department visits and are coded correctly in order to establish baseline data.

Objective 5.5. Increase the number of individuals who receive oral and pharyngeal cancer screenings by 10-percent.

Suggested strategies:

- A. Determine a baseline number of dental and healthcare professionals that currently integrate visual oral and pharyngeal cancer screenings into comprehensive exams.
- B. Emphasize the importance of screening for oral and pharyngeal cancer and how it can affect critical functions, such as speaking, swallowing, and eating.
- C. Increase the number of healthcare providers who deliver consistent and appropriate messages to help people quit smoking.
- D. Partner with the National Cancer Institute, American Cancer Society, MDH Comprehensive Cancer Control Program, American Indian Cancer Foundation and other stakeholders to develop health care provider competencies in prevention, diagnosis and management of oral and pharyngeal cancers.
- E. Aid the American Cancer Society to incorporate oral and pharyngeal cancer screenings in the “Welcome to Medicare” physical examination.
- F. Promote the development of a community-based oral cancer prevention and early detection program.

Objective 5.6. Increase the proportion of local health departments that have an oral health program focused on prevention.

Suggested strategies:

- A. Build capacity in local health departments by providing technical expertise and evidence- based oral health information.
- B. Determine a baseline number of local health departments that currently have an oral health care program.
- C. In collaboration with existing local oral health care program personnel, identify local health departments that do not have an oral health program and offer resources and guidance in creating and structuring their own oral health component.
- D. Partner with the Local Public Health Association of Minnesota to convene a conference on integrating oral health into local public health systems.

Objective 5.7. Promote policies and programs that ensure that 95-percent of Minnesotans have access to a dental care provider within a 90-minute drive or by public transportation from their place of residence.

Suggested strategies:

- A. Conduct at least one public health/nonprofit clinic pilot project to investigate and gather data on current equitable distribution of services.
- B. Promote school based dental programs and dental programs in group homes, adult foster care and long-term care settings.
- C. Determine existing provider capacity and transportation services available to patients, including the uninsured and individuals enrolled in public programs.
- D. Collaborate with local safety net programs to create and support existing volunteer programs that provide patient transportation to and from dental and health appointments.
- E. Convene a conference focused on policy tools that will help achieve equity in population health, featuring best practices and expert panel presentations, moderated discussions, as well as working groups.
- F. Reduce dental supervision barriers and increase use of collaborative agreements.

Objective 5.8. Increase partnerships that explore effective policy initiatives to stabilize the availability of oral health care services to the most vulnerable populations.

Suggested strategies:

- A. Develop a planning checklist to move forward strategically once consensus about priorities is achieved.
- B. Increase data and information gathering efforts that support policy decisions among stakeholders, oral health care providers and primary care providers.
- C. Promote philanthropic programs among specialty dental organizations.

Goal 6. Promote innovative and effective oral health care delivery practice models for rural populations.

Objective 6.1. Promote innovative and effective oral health care delivery practice models for rural populations.

Suggested strategies:

- A. Continue to work with Area Health Education Centers to explore and strengthen strategies that will achieve better retention and distribution of oral health care providers graduating from state supported institutions.
- B. Develop mentoring programs for the dental workforce, including programs that focus on the unique needs of older adults and individuals with disabilities, mental illness, chronic disease and other special health care needs.
- C. Investigate the role of teledentistry.

Objective 6.2. Promote broader discussion of ways the social compact between dentistry and society can be reinforced.

Suggested strategies:

- A. Develop a Patient Centered Principles document.
 - i. Create a document that states principles and objectives that are patient centered.
 - ii. Develop bullet points about the special oral care needs of patient population groups as part of general health care.
 - iii. Create a list of evidence-based studies that support oral health effects on general health.
- B. Convene workshops with healthcare providers.
- C. Promote continuing education programs.
- D. Encourage the creation of at least one internship opportunity for students and one work experience for professionals.

Objective 6.3. Collaborate with agencies and educational institutions to gather and disseminate information on practice models, collaborative agreement dental hygiene practice and dental therapist/advanced dental therapist management agreement.

Suggested strategies:

- A. Maximize use of tools available: support infrastructure for collaborative agreement hygienists and restorative function allied personnel, dental therapist and advanced dental therapist.
 - i. Develop a checklist on payment protocols and credentialing.
 - ii. Develop a fact sheet/resource sheet describing definition of, roles of, and scope of practice levels of all oral health professionals to be used by the profession, payers, and the public to understand the current state of oral health care delivery.
- B. Convene an educational forum or summit of collaborative practice hygienists and dentists to promote collaborative practice.
- C. Develop a conference on advancing the implementation of workforce models.

- D. Identify and develop a method for tracking current collaborative practice agreements and collaborative management agreements in order to increase networking and information sharing among collaborative providers.

Objective 6.4. Ensure that at least 90-percent of oral health education programs incorporate concepts in health equity, health literacy and cultural competency into curriculum and continuing education.

Suggested strategies:

- A. Promote the CDC health literacy online trainings.
- B. Disseminate information on health equity, health literacy and cultural competency.
- C. Promote use of health literacy assessment tools for designing educational materials and forms.
- D. Partner with professional associations to create continuing education courses for oral health professionals focused on concepts in health equity, health literacy and cultural competency.
- E. Seek ways to enhance or support opportunities for community health workers to promote culturally sensitive oral disease prevention strategies in their communities.

Objective 6.5. Increase cultural competency training related to oral health in professional education programs.

Suggested strategies:

- A. In collaboration with existing local cultural organizations, develop and disseminate cultural competency educational materials for health professionals.
- B. Encourage the Board of Dentistry to focus a self-assessment on the subject of cultural competency.
- C. Partner with Minnesota State supported higher education institutions to provide community outreach and cultural center personnel with a basic oral health education course.

Objective 6.6. Encourage all oral health provider education programs to focus on recruiting perspective students that reflect the state's population diversity*.

Suggested strategies:

- A. Develop and strengthen existing outreach programs that recruit perspective dental and oral health professionals from *diverse backgrounds.
- B. Seek funding for the expansion of dental education scholarships and loan repayment efforts.

Priority Area: Surveillance

Goal 7. Population-level oral health statistics, key indicators and performance measures are publicly available.

Objective 7.1. Collaborate with data stewards, data users and other key stakeholders to identify and prioritize oral health indicators.

Suggested strategies:

- A. Maintain the Minnesota Oral Health Statistics System Advisory Group composed of data stewards, data users, organizations that represent or provide services to diverse* populations and other key stakeholders.
- B. Convene the Minnesota Oral Health Statistics System Advisory Group annually.
- C. Develop and maintain data sharing agreements with data stewards.
- D. When feasible collect, analyze and disseminate oral health data from diverse* populations.
- E. Acquire, analyze and report data findings in collaboration with data stewards and other key stakeholders.
- F. Plan and prepare scheduled updates of the Minnesota Oral Health Statistics System Plan, the Burden of Oral Disease in Minnesota Report, the MDH Chronic Disease Dashboard and other data-related communication materials.
- G. Evaluate progress, trends, and direction.
- H. Publish data-related communication materials on the Minnesota Department of Health website and the publicly accessible online data portal housing the Minnesota Oral Health Statistics System.

Objective 7.2. Develop and maintain a secure data system that identifies and tracks key oral health indicators and has the capacity to provide specific data affecting policy and existing programs upon request.

Suggested strategies:

- A. Develop quality assurance measures to ensure accuracy.
- B. Develop and maintain the Minnesota Oral Health Statistics System (MNOHSS).
- C. Share summarized oral health surveillance information with state, local, and tribal government agencies, educational institutions, insurers, social services, policy makers, community-based organizations, community health clinics, and other partners as appropriate.
- D. Increase the capacity of the Minnesota Oral Health Program to serve as a primary resource for oral health information by providing links to educational materials, oral health initiative information and oral health curriculum.
- E. Monitor and respond to data requests.
- F. Ensure data security/confidentiality.

- G. Explore use of (or develop) a secure web-based data entry portal (i.e., a web page for sealant grantees to enter data).

Objective 7.3. Increase capacity of the Minnesota Oral Health Program to collect data and conduct surveillance activities.

Suggested strategies:

- A. Investigate ways to sustain and increase staff capacity and resources to maintain and add new data to the Minnesota Oral Health Statistics System.
- B. Provide staff and stakeholder training opportunities that increase ability of the program to manage large data projects.
- C. Evaluate the Minnesota Oral Health Statistics System as a public health surveillance system, state oral health outcome data and data related communications.
- D. Increase support for acquiring data and increase demand for oral health data, including data from diverse* populations, spatial data, data that identifies health disparities and data useful for program and policy purposes.