



2022 Oral Health Policy Conference

SHOW-ME Oral Health!

A Conversation about Oral Health in Missouri



**Guy Deyton DDS FACD, Director
Office of Dental Health**

Missouri Department of Health and Senior Services

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During This Conversation We'll Talk About:

- **Activities of the Office of Dental Health this past year.**
- **Outcomes of the oral health surveillance in Missouri**
- **Program objectives for the Office of Dental Health for the coming year.**

The goal of this conversation is to prepare us to make plans for a better future! So interrupt! Ask Questions!

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This Conversation is Dedicated to:



Dr. Walter E. Deyton

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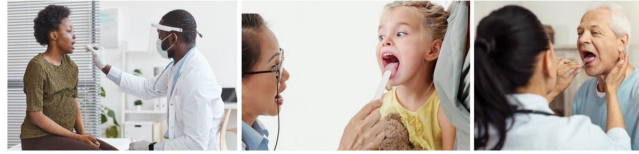


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Executive Summary

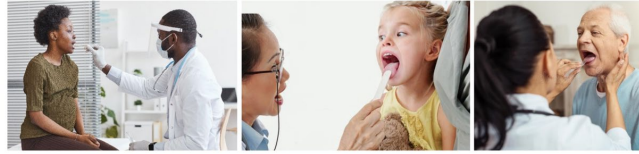
- 1. John Dane should be recognized for significantly enhancing the scope of ODH and for assembling a great team in ODH.**
- 2. Despite all the changes in the last 2 years: the incredible team in the Office of Dental Health continues accomplish amazing things for Missouri citizens and for Oral Healthcare providers!**
- 3. Successful projects like PSP and school-based sealant program continue.**



Executive Summary

4. New CWF projects will improve the lives of 130,000 people.
5. Future projects like a collaboration between ODH & MDB to evaluate using teledentistry to serve nursing home residents shows great future promise.
6. Workforce issues are currently a significant constraint to access to care and will require creative collaboration to resolve.

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**Speakers
Privilege!**

THANK LPHA'S & CARE PROVIDERS!!!!

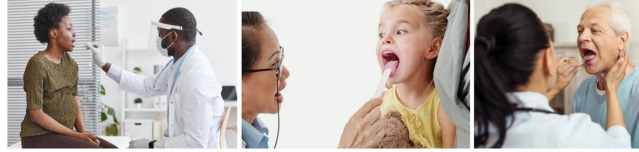
**Would everyone who works in
an LPHA (City or County Health
Department) please Stand?**

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THANK LPHA'S & CARE PROVIDERS!!!!

I read this in an article this week about the impact of serving in public health during Covid:

“More than 500 public health officials have been pushed out or have left their jobs since the early days of the pandemic.”

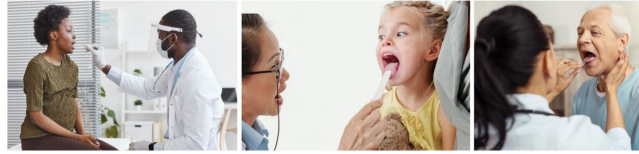
Lori Tremmel Freeman, the ED of the National Association of County and City Health Officials

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THANK LPHA'S & CARE PROVIDERS!!!!

Join Me in
Celebrating those
who were the face
of public health
during the Covid
Era!



You are
AWESOME!
(PASS IT ON!)

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THANK LPHA'S & CARE PROVIDERS!!!!

**Would everyone who has a
face-forward role helping
patients please stand?**

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THANK LPHA'S & CARE PROVIDERS!!!!

**Recognize all
those around you
who hung in there
during Covid to
help patients!**



**You are
AWESOME!
(PASS IT ON!)**

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THANK LPHA'S & CARE PROVIDERS!!!!



Don't Forget to Pass it on!

You never can tell when a kind word or gesture will make a difference!



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Speaker Disclaimer of Conflicts of Interest



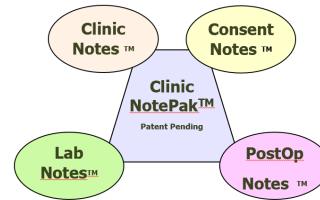
Conscious Sedation Manual

Guy S. Deyton D.D.S.



Informed Consent Manual

Guy S. Deyton D.D.S.



MDA Missouri Dental ASSOCIATION

efda

MDA Leadership Continuum



Transform. Inspire. Lead

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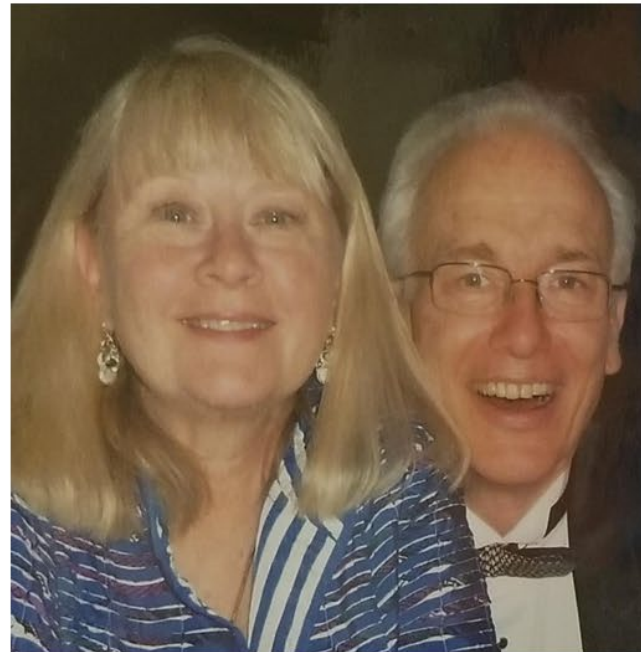


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Who the heck is guy.deyton@health.mo.gov?



**John Wesley
Deyton MD**



Family



**Practice &
Leadership**

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Agenda

- ✓ 1. Do A Good Deed!
2. Introduce Myself and ODH Staff.
3. Share ODH Strategic Objectives, give specific examples of what we've done this year to pursue them, and what we plan to do in the future.
4. Introduce or remind you of the wealth of resources on the ODH Website.
5. Highlight the Preventive Services Program that provides surveillance and sealants to more than 90,000 high-risk school children.

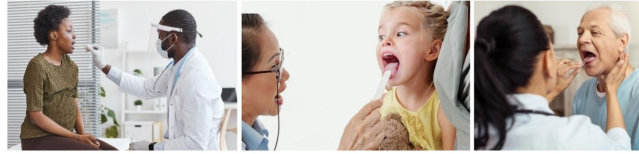


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Agenda

6. **Highlight 2 Community Water Fluoridation Projects that have the potential to impact more than 130,000 lives.**
7. **Preview our Workforce Analysis Project and discuss preliminary implications.**
8. **Provide brief reports on other ODH projects.**
9. **Preview our HRSA Workforce Grant Application and the 3 major objectives.**
10. **Allow Time for Discussion and Q & A.**

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ODH Staff



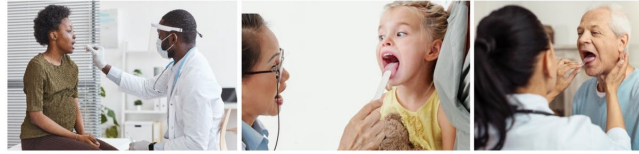
These are the real heroes. Thank them when you have a chance!

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ODH PSP Consultants



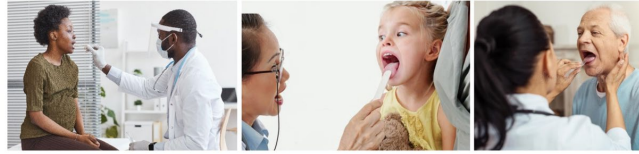
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What Has Changed in the Last Year?



**Randall
Williams**



Robert Knodell



Don Kauerauf

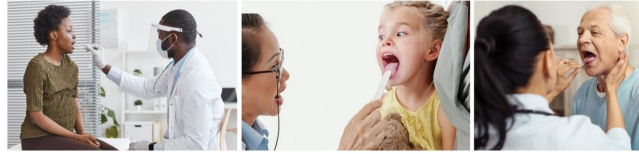


Richard Moore



Paula Nickelson

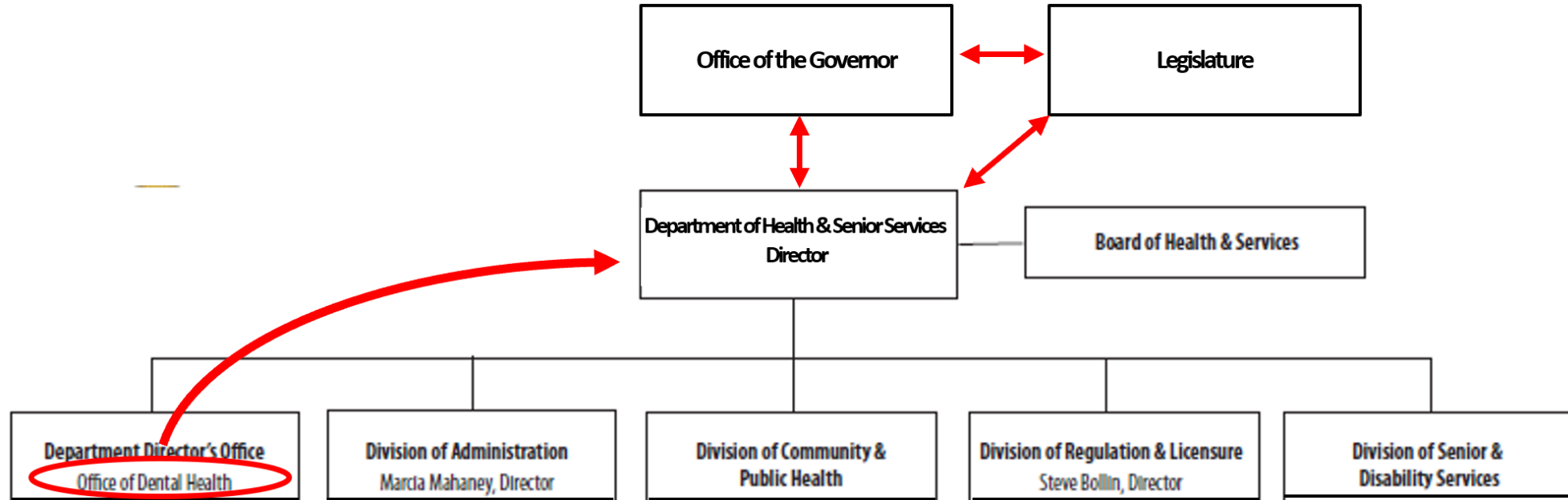
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What Has Changed?

Decision Process March 2021



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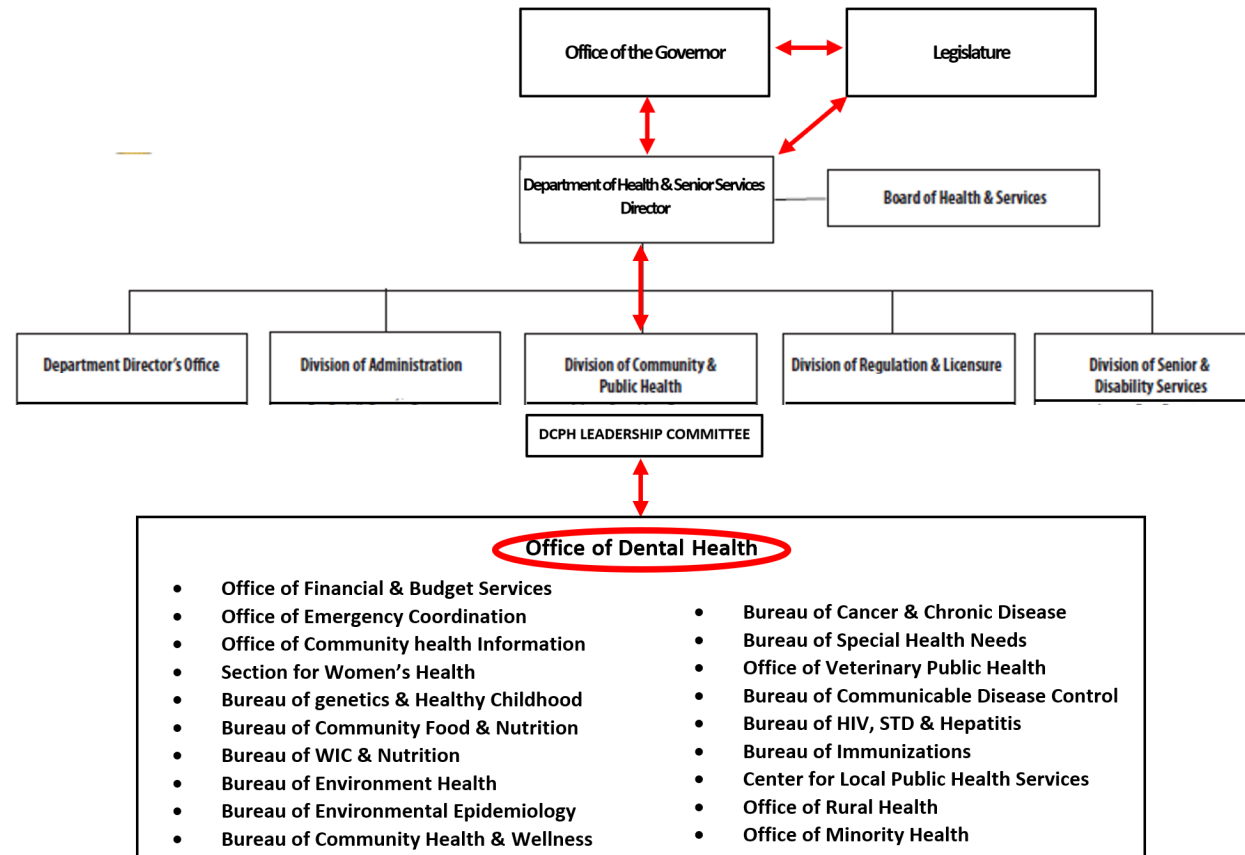
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What Has Changed? Decision Process January 2022



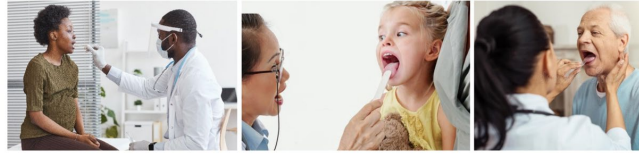
BENEFITS

- Frequent Interaction with wide array of decision makers
- Opportunity to provide oral health education for public health colleagues.
- Opportunity to participate in policy development.
- Access to be informed of new grants & project opportunities.

CHALLENGES

- New organizational infrastructure to learn to navigate.
- All grant proposals must pass a DCPH approval process before pursuing application.

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Benefits of Change



Dr. Williams invited us to the discussion of federal funding opportunities



Director Knodell made us aware of ARPA Funding Opportunity for the CWF Pilot Project and listened when we discussed relationship between low Medicaid reimbursement rates and provider participation



Director Kauerauf was a big supporter of community water fluoridation and advocated in funding conferences



Director Crumbliss met regularly with us to facilitate integration in DCPH and facilitate interdepartmental communication

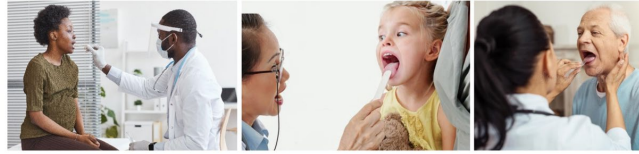
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What Has Changed

\$ \$ \$ \$ \$

- More than **\$1 Billion** of Federal Funds will be infused into Missouri's 'Covid-Era' Healthcare System over the next 4 years to make it more stable, proactive, & responsive.
- To date there are more than 50 + grant sources, each with specific scope and limitations. Most are outside the scope of ODH. A few appear to allow ODH application, and we are aggressively pursuing them.

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What Hasn't Changed



Mission: We are committed to improving the oral health of all Missourians through education, prevention and leadership.

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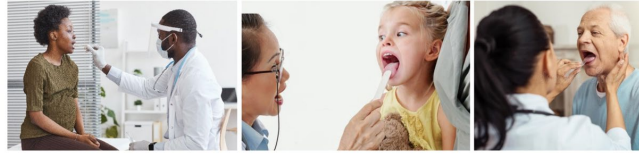
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ODH Has 12 Projects, 3 Grants, & DHSS/DCPH to Navigate.

**Thanks
Julie!**



Julie Boeckmen: Program Manager

**Thanks
Dione!**



Dione Snitker: Lead Administrator

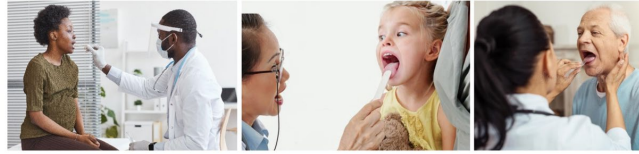
None of this happens without Julie Boeckmen and Dione Snitker.

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ODH Strategic Goals: 2020-2025

Goal 1: Surveil and report on oral health problems.

Goal 2: Develop Programs Emphasizing Disease Prevention / Mitigation

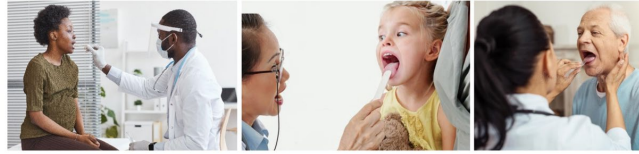
Goal 3: Enhance Access to oral health services.

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ODH Strategic Goals: 2020-2025

Goal 4: Provide current evidence-based oral health information to oral health workforce, public health colleagues, & educational and governmental decision makers.

Goal 5: Support the development of the oral health workforce.

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ODH Strategic Goals: 2020-2025

Goal 6: Participate in policy development to improve health outcomes in Missouri.

Goal 7: Collaborate with Stakeholders to revise and execute the plan.

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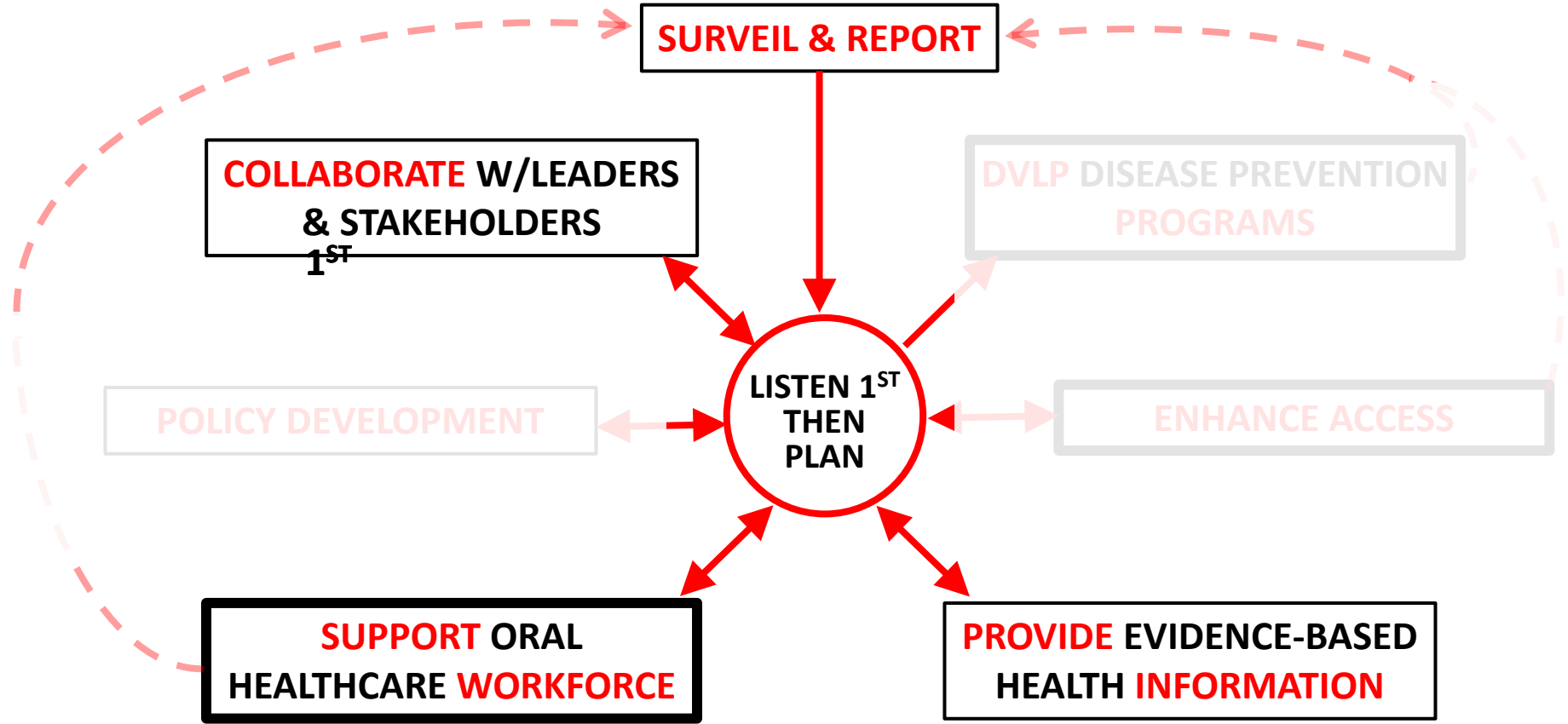
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SURVEIL & REPORT

STRATEGIC OBJECTIVES



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Goal 7: **Collaborate with Stakeholders** to revise and execute the plan.

Project #1: Listen

Loose Structure of Meetings

- **What's on your plate / What are you working on?**
- **How is it going? What's Working? What's Not Working?**
- **Is there something (I / We) can do to help? What information / action would you like?**
- **What's your vision of a better future enabling better care for more people?**

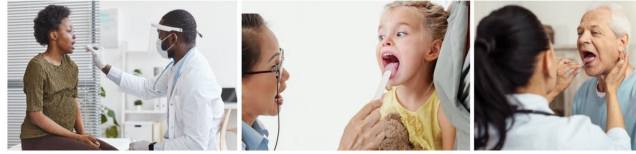
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Goal 7: **Collaborate with Stakeholders** to revise and execute the plan.

ODH Project #1: Listen 1st , Then Plan

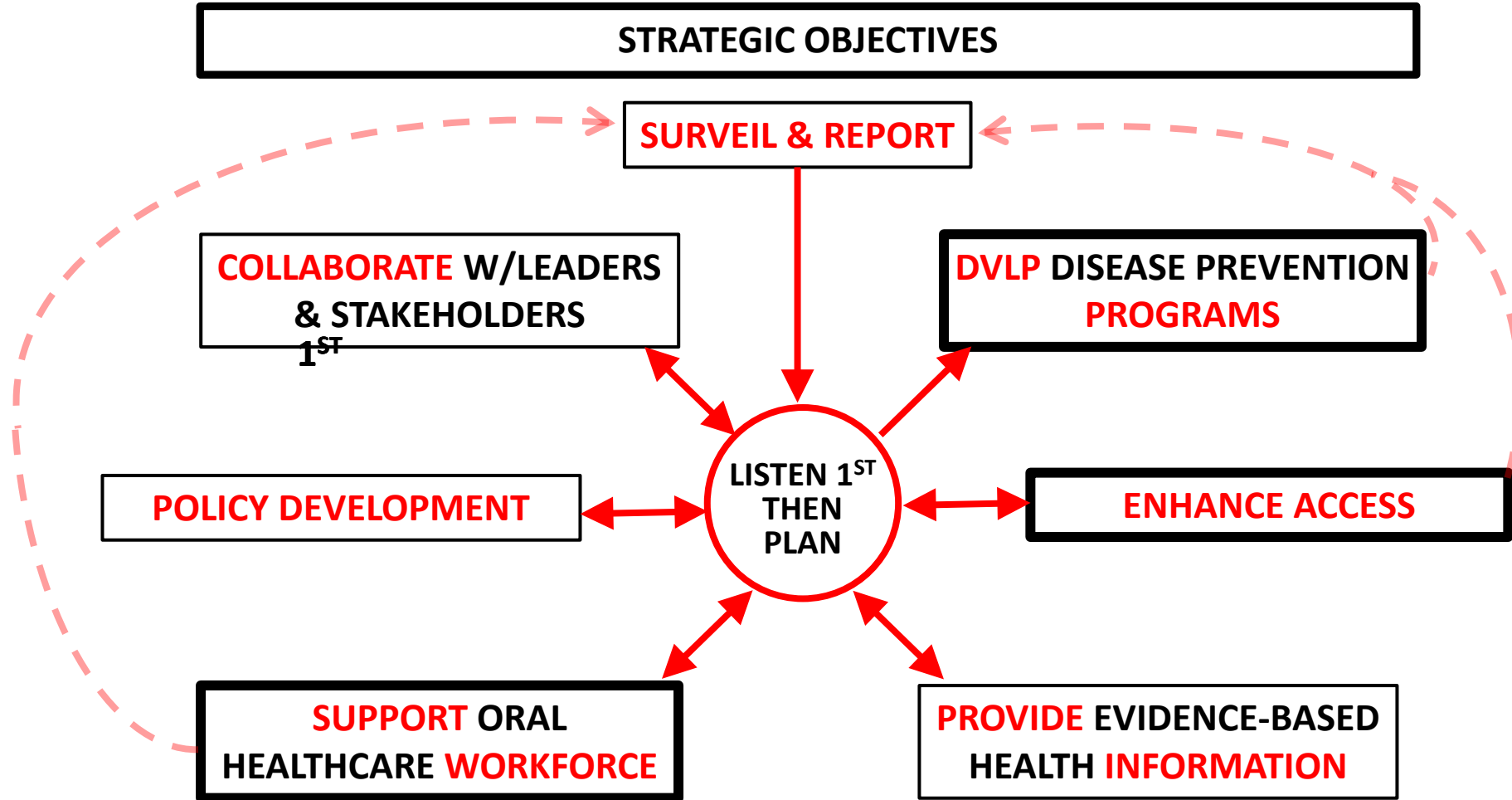
Scheduled Communication Sessions with Leadership & Stakeholders

- Meetings with ODH Staff & PSP Consultants
- Meetings with DHSS Director 2 / Month & Meetings with DCPH Director 1-2 weeks
- Visioning meetings w/3 major associations: MDA, MDHA, MPCA
- Meetings with MoHealthNet
 - Discuss reimbursement levels & scope
 - Discuss OR dental anesthesia remuneration
- Visits with LPHA's to understand healthcare from their perspective

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Goal 1: **Surveil and report** on oral health problems.

Goal 2: **Develop Programs Emphasizing Disease Prevention / Mitigation**

Goal 3: **Enhance Access** to oral health services.

Project #2: Preventive Service Program (PSP)

<https://health.mo.gov/living/families/oralhealth/>

Or

Search: 'Office of Dental Health Webpage'

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Preventive Service Program (PSP)

health.mo.gov/living/families/oralhealth/

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Missouri DHSS Department of Health and Senior Services

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Oral Health

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Oral health is essential for general health and well-being. Oral health problems affect not only the ability to eat and speak but are inter-connected with serious health issues like diabetes, heart disease, stroke, osteoporosis, and preterm or low birth weight. But the good news is that oral health problems are preventable. A healthy smile for life starts with healthy habits like brushing and flossing, using fluoride, making smart food choices and eating habits, and visiting the dentist at least yearly.



While the Missouri Office of Dental Health does not offer direct care such as extractions, prosthetics/dentures, composite and silver fillings, and professional cleanings, we are committed to improving the oral health of all Missourians through education, prevention and leadership.

The oral health of Missouri's children is in crisis. Find out what Missouri's Office of Dental Health and other dental health providers are doing and what the medical community can do to improve the oral health of Missouri's children. Special thanks to Carol Berger, DNP, APRN, FNP-C, BS; Scott Argus, MA, MFA; Lilli Kayes, MFA; and Carl Leta for creating and providing this documentary.

- Are you prepared for a dental emergency?
- Coronavirus (COVID-19) Information
- Dental Sealants
- Head & Neck Cancer and Human Papillomavirus (HPV)
- Information for Professionals
- Locate Low-Cost Dental Services
- Missouri Oral Health Plan 2020-2025
- Missouri Oral Health Data
- Oral Health
- Oral Health Careers
- Oral Health Education
- Pregnancy and Dental Health
- Preventive Services Program (PSP)
- Related Links
- Resources for Individuals with Developmental Disabilities
- Water Fluoridation



**Thank You
Kally Kline!**

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Preventive Service Program (PSP)

The screenshot shows the Missouri Department of Health & Senior Services website. The main navigation bar includes 'Training', 'Medical Professionals', and 'Become a Volunteer'. The 'Information about PSP' section contains an 'About Us' paragraph, a link to a 'Back to School Message' from Dr. Guy Deyton, and an email contact. Below this is a video player for 'PSP Informational Presentation' with a thumbnail showing a group of people. To the right, a 'Links' sidebar lists resources like 'Brochure', 'Become A Volunteer', 'Infant/Toddler Fluoride Varnish Application Demo', 'Locate My Oral Health Consultant', 'Oral Health Education', 'PSP Home Page', 'Screener Calibration Training For Dental Professionals', and 'Topical Fluoride Varnish Training For Volunteers'. A 'Literature Review' section lists scientific articles such as 'A Simulation Model for Designing Effective Interventions in Early Childhood Caries' and 'ADA Report-Topical Fluoride for Caries Prevention'.

Video message on ODH/DHSS safety measures



8 Minute Power Point you can use to educate school nurses



Consultant Locator



Training and Calibration Videos



Scientific literature on efficacy of fluoride varnish in preventing childhood caries





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Preventive Service Program (PSP)

Fluoride Varnish is both Effective & Cost Effective

1. **Effective:** reduces primary tooth decay by 37% and decay in permanent teeth by 43% (2 / year application).¹
2. **Cost Effective:** averted care cost savings each year is 1.5-3.5 times the cost of delivering fluoride varnish when dental professional salaries are considered and 4-6 times the cost of delivering fluoride varnish in community-based volunteer programs.^{2, 3}



1. Marinho VC, et.al.. Fluoride varnishes for preventing dental caries in children and adolescents. Cochrane Database Syst Rev. 2013 Jul 11;(7):CD002279. doi: 10.1002/14651858.CD002279.pub2. PMID: 23846772. (22 clinical trials; 9595 participants)

2. Scherrer, C. Shillpa, N. Cost-Savings of Fluoride Varnish Application in Primary Care for Medicaid-Enrolled Children. J Pediatrics. Vol 212, 201-7. Sept, 2019

3. Norrie O, Pharand L. Cost effectiveness of a fluoride varnish daycare program versus usual care in central Winnipeg, Canada. *Can J Dent Hyg.* 2020;54(2):68-74. Published 2020 Jun 1.

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Preventive Service Program (PSP)

4 Components of the PSP Program

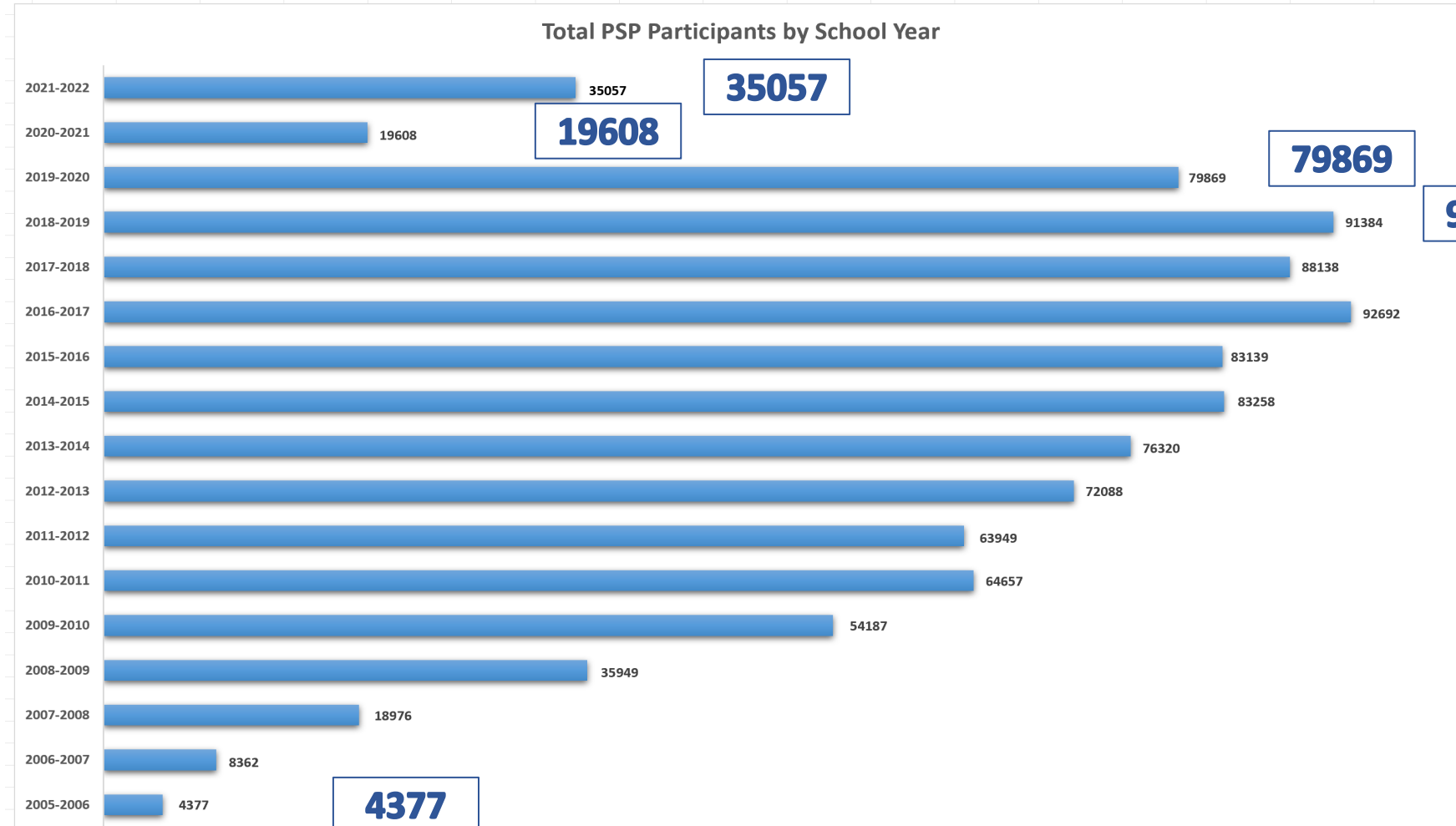
1. **Surveillance**: annual oral screening by a dentist or hygienist.
2. **Education**: video oral hygiene education for children.
3. **Prevention**: Application of fluoride varnish twice per year by volunteers after viewing a short training video.
4. **Referral**: Children needing urgent or interventional care are given information on the need for follow-up care.



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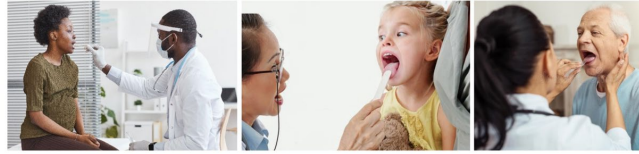


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Preventive Service Program (PSP)

Review of 2020 PSP Report Outcomes with Comments

1. **33% had untreated decay.** We're seeing an increase of decay as we get back into schools.
2. **9% had rampant decay.**
3. **25% were identified as needing early or urgent dental care**
4. **16% of children under 5 had 'white-spot' lesions** indicating early decalcification.



PSP WORKS!

- 2nd most cost-effective oral health program (CWF)
- Averts 1-2 cavities/yr/person

GOALS

- Get back to 90,000 next school year.
- Grow PSP 10%/Yr over Next 5 Years

Ask How You Can Get Involved!

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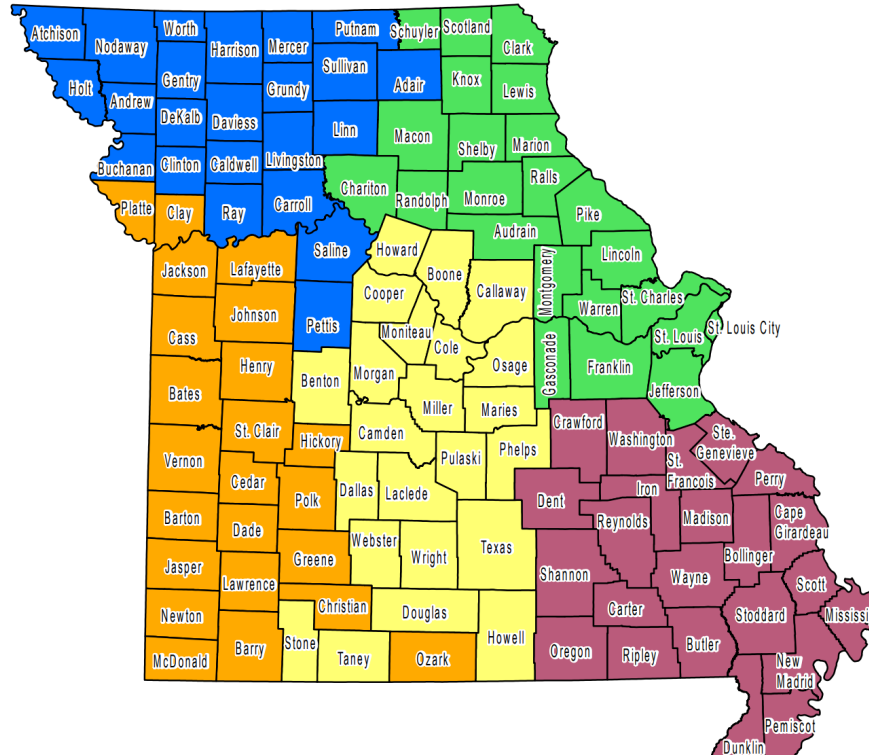


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Preventive Service Program (PSP)



Office of Dental Health
Preventive Services Program (PSP)
Regional Oral Health Consultants



PSP REGIONAL HEALTH CONSULTANTS

| | |
|--------|--|
| Blue | Jeffrey Bellamy - jeffrey.bellamy@health.mo.gov |
| Yellow | Beth Cameron - beth.cameron@health.mo.gov |
| Green | Audrey Hendee - audrey.hendee@health.mo.gov |
| Orange | Ann Hoffman - ann.hoffman@health.mo.gov |
| Purple | Molly McBride-Mooty - molly.mcbride-mooty@health.mo.gov |

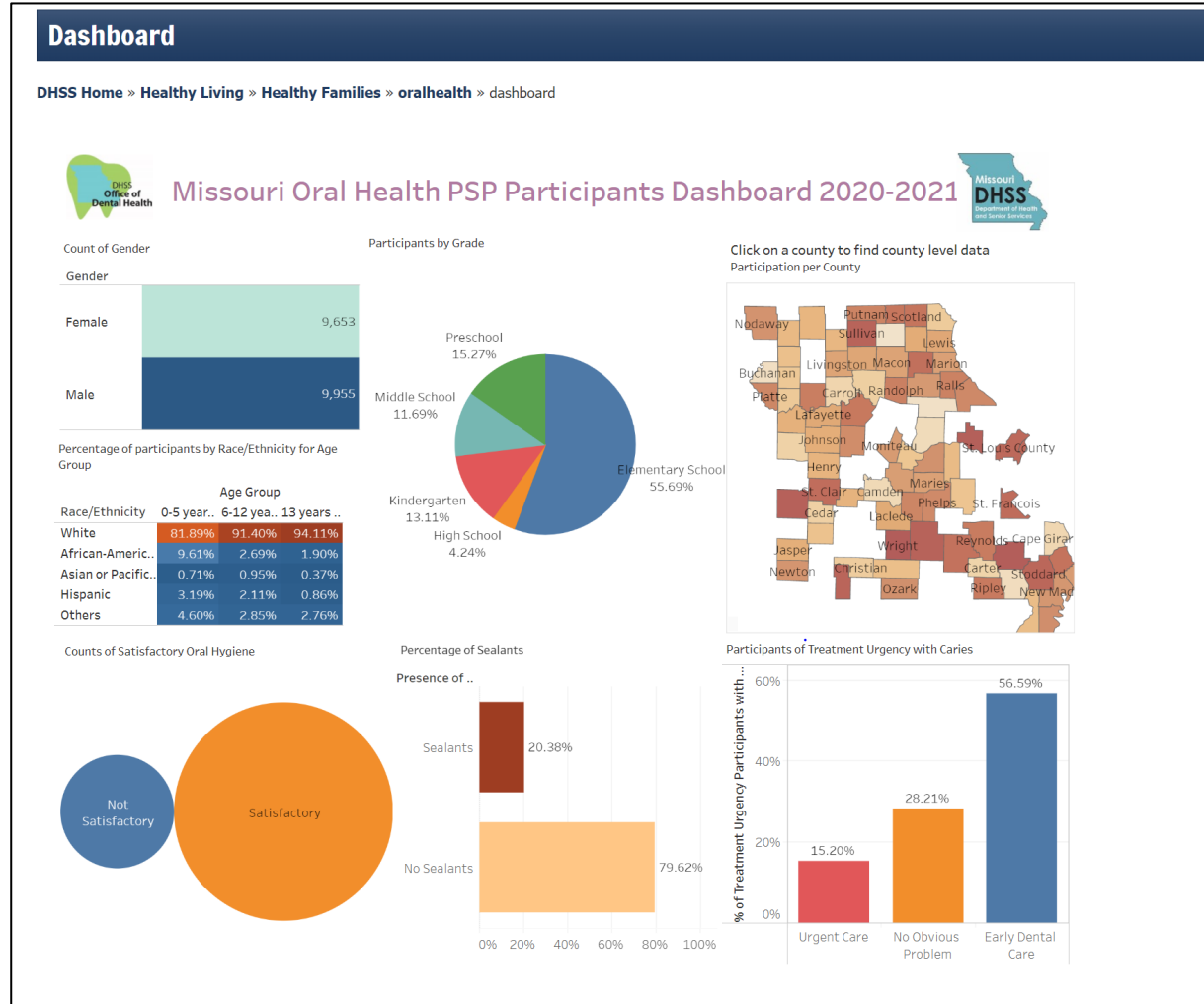


Goal 4: Provide current evidence-based oral health information to oral health workforce, public health colleagues, & educational and governmental decision makers.

**Project #3:
Conversion
of ODH Data
to Tableau.**

Allows:

- Instantaneous updating
- Custom sampling
- On demand report generation
- Simple user interface



**2020-2021
Preventive
Service
Program Data**

**Input and
Displayed
'Live' in
Tableau on
ODH Website**



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Preventive Service Program (PSP)



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Goal 4: Provide current evidence-based oral health information to oral health workforce, public health colleagues, & educational and governmental decision makers.

Goal 5: Support the development of the oral health workforce.

Project #4: WORKFORCE ANALYSIS AND FUTURE PLANNING (4 Phases)

- **Phase 1: Review 2020 & Analyze Licensure Data (Preview today)**
- **Phase 2: Survey Workforce to Determine Impact of Covid-19 (deployment started)**
- **Phase 3: Input Data into Tableau to understand geographical workforce implications**
- **Phase 4: Convene Stakeholders to Review Data and Plan with emphasis on unserved populations.**

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Goal 4: Provide current evidence-based oral health information to oral health workforce, public health colleagues, & educational and governmental decision makers.

Goal 5: Support the development of the oral health workforce.

Goal 6: Participate in policy development to improve health outcomes in Missouri.

Project #4 - WORKFORCE ANALYSIS PHASE 1

Spoiler Alert: Dental Workforce Issues are 1 of the 3 major limiting factors in attempting to serve underserved populations.

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**Brian
Barnett**



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Oral Healthcare Workforce 1990 - 2020



**Diann
Bomkamp**

| Fiscal Year | Missouri Population | General Dentists Total | General Dentists In-State | In-State General Dentist to Population Ratio | General Dentists % In-State | Specialists Total | Specialists In-State** | Specialists % In-State* | Total Licensed Dentists | Total License Dental Change from Previous Year | Dentist Total In-State* | In-State Dentist to Population | Hygienists Total | Hygienists In-State*** | Hyg % In-State | In-State Hyg Hygienist to Population Ratio |
|-------------|---------------------|------------------------|---------------------------|--|-----------------------------|-------------------|------------------------|-------------------------|-------------------------|--|-------------------------|--------------------------------|------------------|------------------------|----------------|--|
| 1990 | 5,126,000 | 3926 | 2959 | 1733 | 75.4% | 580 | 438 | 75.5% | 4506 | | 3397 | 1509 | 1932 | 1473 | 76.3% | 3479 |
| 1991 | 5,158,000 | 3838 | 2892 | 1783 | 75.4% | 591 | 446 | 75.5% | 4429 | -77 | 3339 | 1545 | 1974 | 1505 | 76.3% | 3426 |
| 1992 | 5,194,000 | 3751 | 2827 | 1837 | 75.4% | 589 | 445 | 75.5% | 4340 | -89 | 3271 | 1588 | 2013 | 1535 | 76.3% | 3383 |
| 1993 | 5,238,000 | 3721 | 2804 | 1868 | 75.4% | 598 | 451 | 75.5% | 4319 | 43 | 3256 | 1609 | 2088 | 1592 | 76.3% | 3289 |
| 1994 | 5,281,000 | 3667 | 2763 | 1911 | 75.4% | 609 | 460 | 75.5% | 4276 | 53 | 3223 | 1638 | 2150 | 1640 | 76.3% | 3221 |
| 1995 | 5,325,000 | 3600 | 2713 | 1963 | 75.4% | 623 | 470 | 75.5% | 4223 | 50 | 3183 | 1673 | 2176 | 1660 | 76.3% | 3209 |
| 1996 | 5,368,000 | 3534 | 2663 | 2016 | 75.4% | 639 | 482 | 75.5% | 4173 | 214 | 3146 | 1706 | 2168 | 1653 | 76.3% | 3247 |
| 1997 | 5,407,000 | 3339 | 2516 | 2149 | 75.4% | 620 | 468 | 75.5% | 3959 | 124 | 2984 | 1812 | 2183 | 1665 | 76.3% | 3248 |
| 1998 | 5,438,000 | 3212 | 2421 | 2247 | 75.4% | 623 | 470 | 75.5% | 3835 | 3 | 2891 | 1881 | 2200 | 1678 | 76.3% | 3241 |
| 1999 | 5,468,000 | 3214 | 2422 | 2258 | 75.4% | 618 | 467 | 75.5% | 3832 | 84 | 2889 | 1893 | 2261 | 1724 | 76.3% | 3171 |
| 2000 | 5,595,211 | 3144 | 2369 | 2362 | 75.4% | 604 | 456 | 75.5% | 3748 | -38 | 2825 | 1980 | 2301 | 1755 | 76.3% | 3188 |
| 2001 | 5,643,000 | 3180 | 2396 | 2355 | 75.4% | 606 | 460 | 75.5% | 3786 | 11 | 2856 | 1976 | 2392 | 1824 | 76.3% | 3093 |
| 2002 | 5,679,000 | 3175 | 2317 | 2451 | 73.0% | 600 | 455 | 75.8% | 3775 | 80 | 2772 | 2049 | 2419 | 1810 | 74.8% | 3138 |
| 2003 | 5,713,000 | 3092 | 2330 | 2452 | 75.4% | 603 | 455 | 75.5% | 3695 | -131 | 2785 | 2051 | 2499 | 1906 | 76.3% | 2998 |
| 2004 | 5,756,000 | 3208 | 2418 | 2381 | 75.4% | 618 | 467 | 75.5% | 3826 | -134 | 2884 | 1996 | 2657 | 2026 | 76.3% | 2841 |
| 2005 | 5,804,000 | 3325 | 2506 | 2316 | 75.4% | 635 | 479 | 75.5% | 3960 | 84 | 2985 | 1944 | 2860 | 2181 | 76.3% | 2661 |
| 2006 | 5,858,000 | 3235 | 2438 | 2403 | 75.4% | 641 | 484 | 75.5% | 3876 | 113 | 2922 | 2005 | 2858 | 2180 | 76.3% | 2688 |
| 2007 | 5,906,000 | 3118 | 2350 | 2513 | 75.4% | 645 | 487 | 75.5% | 3763 | -143 | 2837 | 2082 | 2868 | 2187 | 76.3% | 2700 |
| 2008 | 5,952,000 | 3253 | 2451 | 2428 | 75.4% | 653 | 500 | 75.5% | 3906 | 91 | 2951 | 2017 | 3031 | 2312 | 76.3% | 2575 |
| 2009 | 5,982,000 | 3171 | 2425 | 2467 | 76.5% | 644 | 493 | 76.6% | 3815 | -170 | 2918 | 2050 | 3051 | 2327 | 76.3% | 2571 |
| 2010 | 5,988,927 | 3323 | 2505 | 2391 | 75.4% | 662 | 504 | 76.1% | 3985 | 158 | 3009 | 1990 | 3251 | 2434 | 74.9% | 2461 |
| 2011 | 6,009,641 | 3183 | 2399 | 2505 | 75.4% | 644 | 486 | 75.5% | 3827 | -117 | 2885 | 2083 | 3296 | 2514 | 76.3% | 2391 |
| 2012 | 6,024,081 | 3262 | 2458 | 2451 | 75.4% | 682 | 521 | 75.5% | 3944 | 35 | 2980 | 2022 | 3576 | 2727 | 76.3% | 2209 |
| 2013 | 6,040,658 | 3251 | 2503 | 2413 | 77.0% | 658 | 503 | 76.4% | 3909 | -211 | 3006 | 2010 | 3606 | 2777 | 77.0% | 2175 |
| 2014 | 6,056,293 | 3428 | 2618 | 2313 | 76.4% | 692 | 514 | 74.3% | 4120 | 172 | 3132 | 1934 | 3894 | 2957 | 75.9% | 2048 |
| 2015 | 6,071,745 | 3274 | 2467 | 2461 | 75.4% | 674 | 509 | 75.5% | 3948 | -239 | 2976 | 2040 | 3854 | 2939 | 76.3% | 2066 |
| 2016 | 6,087,203 | 3470 | 2615 | 2328 | 75.4% | 717 | 542 | 75.5% | 4187 | 210 | 3157 | 1928 | 4166 | 3177 | 76.3% | 1916 |
| 2017 | 6,108,612 | 3288 | 2529 | 2415 | 76.9% | 689 | 521 | 75.6% | 3977 | 3977 | 3050 | 2003 | 4085 | 3190 | 78.1% | 1915 |
| 2018 | | | | | | | | | | | | | | | | |
| 2019 | | | | | | | | | | | | | | | | |
| 2020 | 6,154,913 | 3642 | 2638 | 2333 | 72.4% | 782 | 574 | 73% | 4424 | | 3212 | 1916 | 4538 | 3488 | 76.9% | 1765 |

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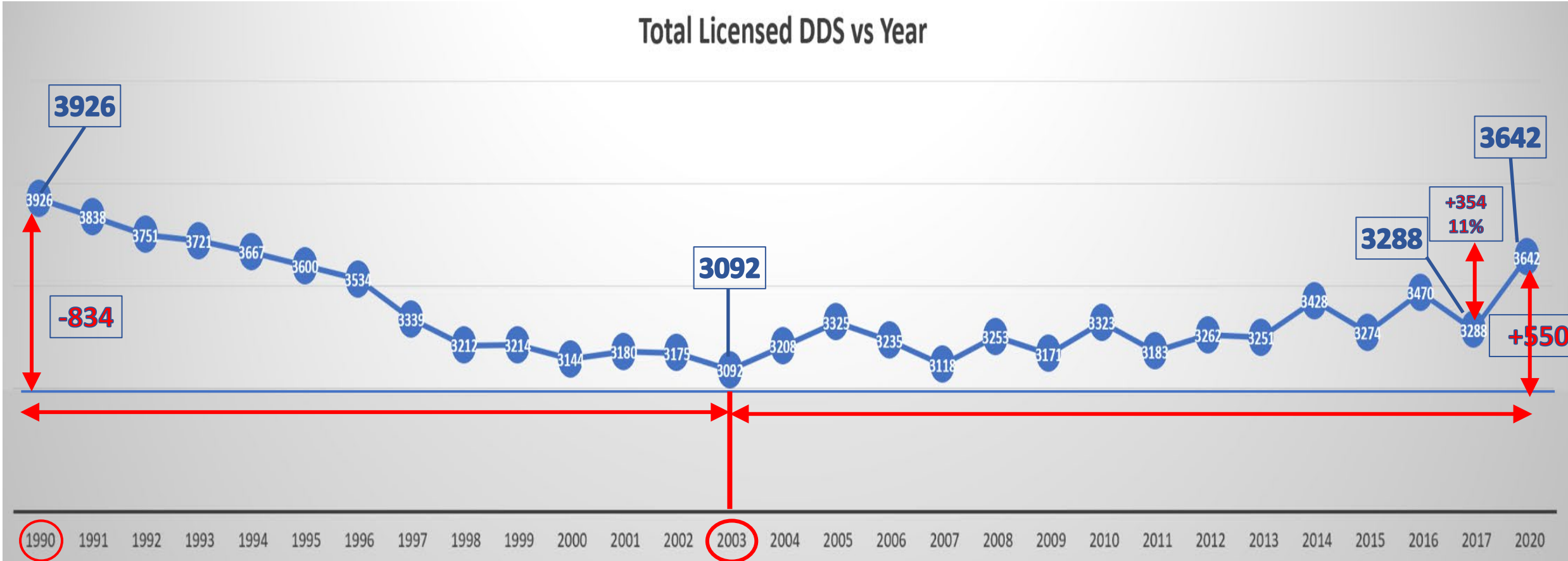


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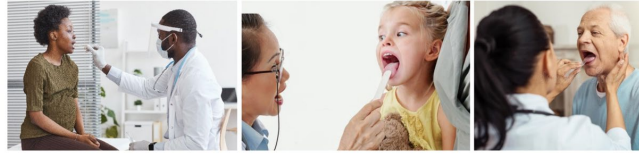
Oral Healthcare Workforce



Total Licensed DDS vs Year



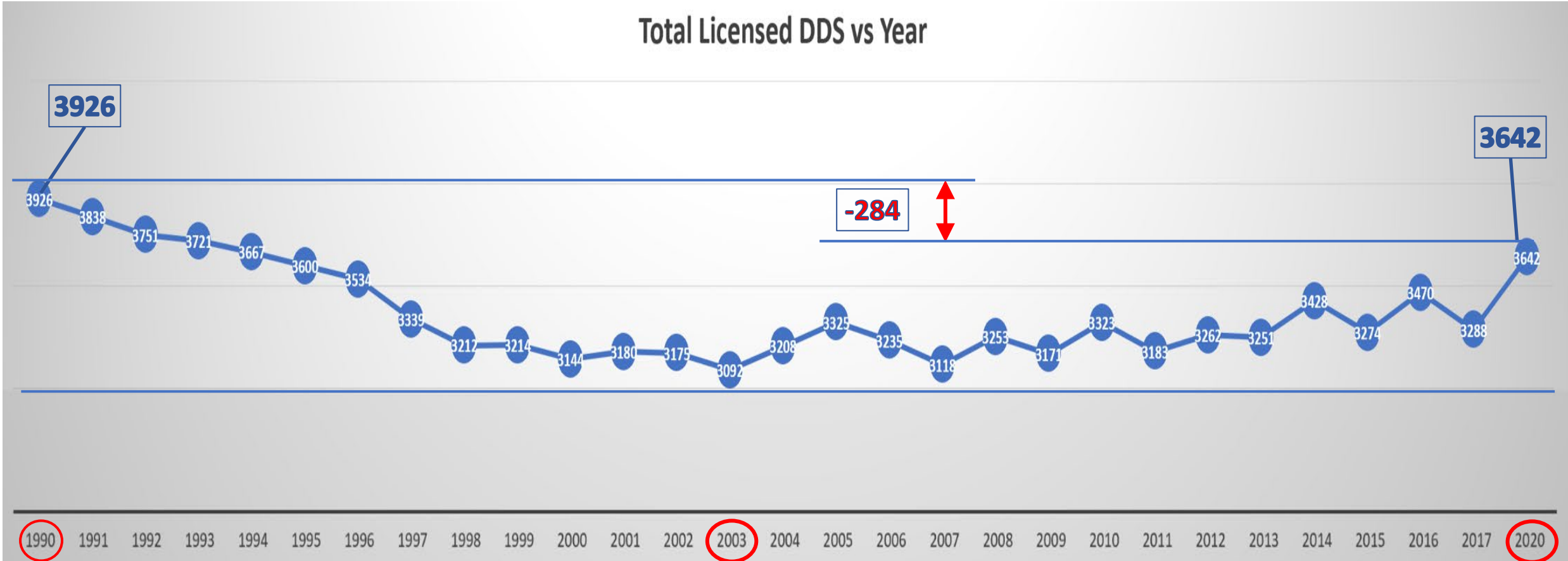
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Oral Healthcare Workforce

Total Licensed DDS vs Year





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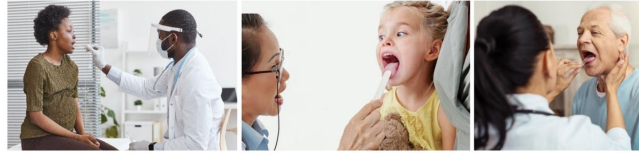
Oral Healthcare Workforce

Why the Drop in Licensed Dentists Between 1990 – 2003?

- 1960-1983 UMKC, Washington University & St Louis University produced approximately **240** dentists/year.
- Wash. U. & Stl. U. closed their DDS programs.
- 1985 UMKC cut DDS class size from 160-80 for budgetary reasons.
- Starting in late 80's there were more DDS retiring than new licensees.
- In 1998 UMKC increased class size from 80-100 after input from MDB. In 2008 UMKC increased to class size to 108.

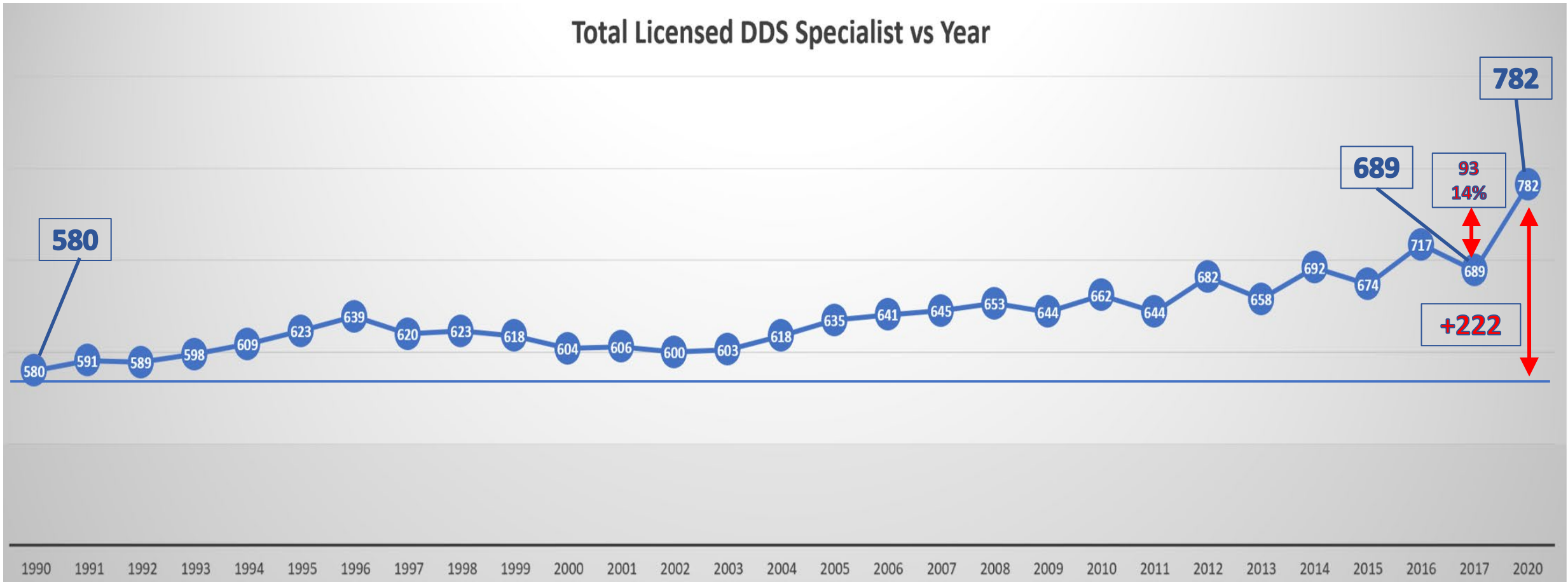
240 \neq 80

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Oral Healthcare Workforce Total Licensed DDS Specialist vs Year

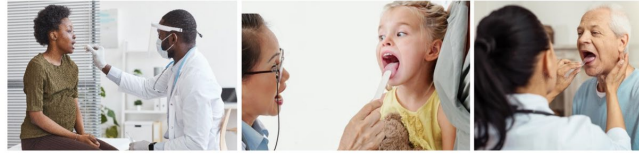


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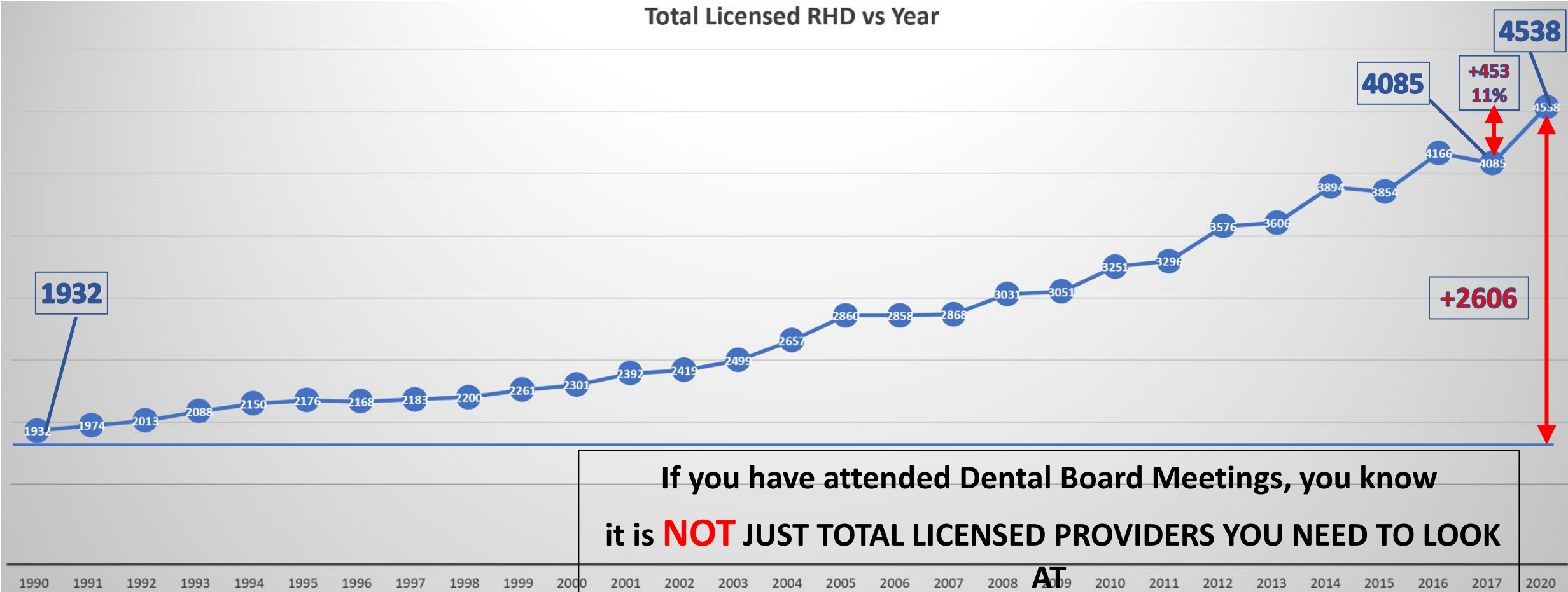
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+11%

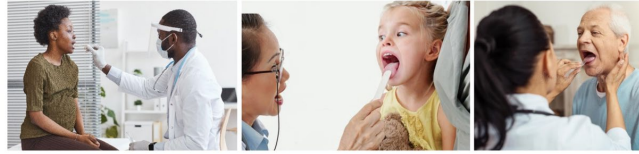
Oral Healthcare Workforce Total Licensed RHD vs Year



If you have attended Dental Board Meetings, you know
it is **NOT** JUST TOTAL LICENSED PROVIDERS YOU NEED TO LOOK

AT

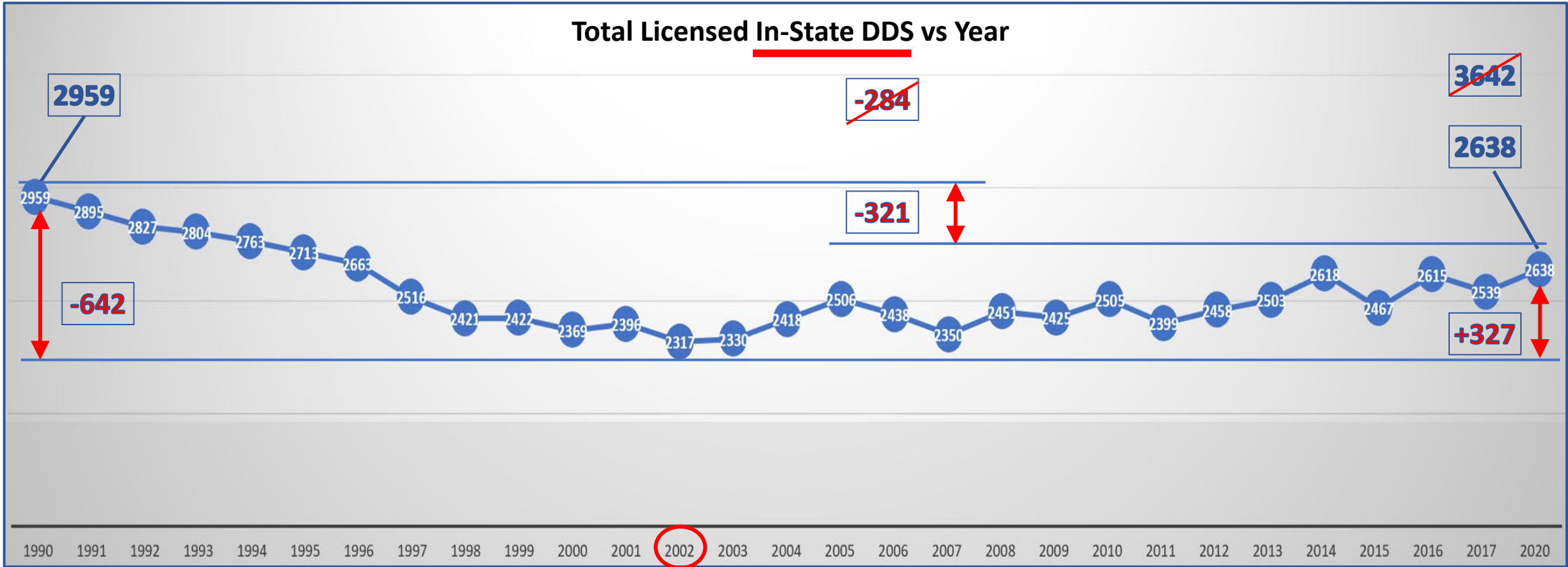
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Oral Healthcare Workforce

Total Licensed In-State DDS vs Year



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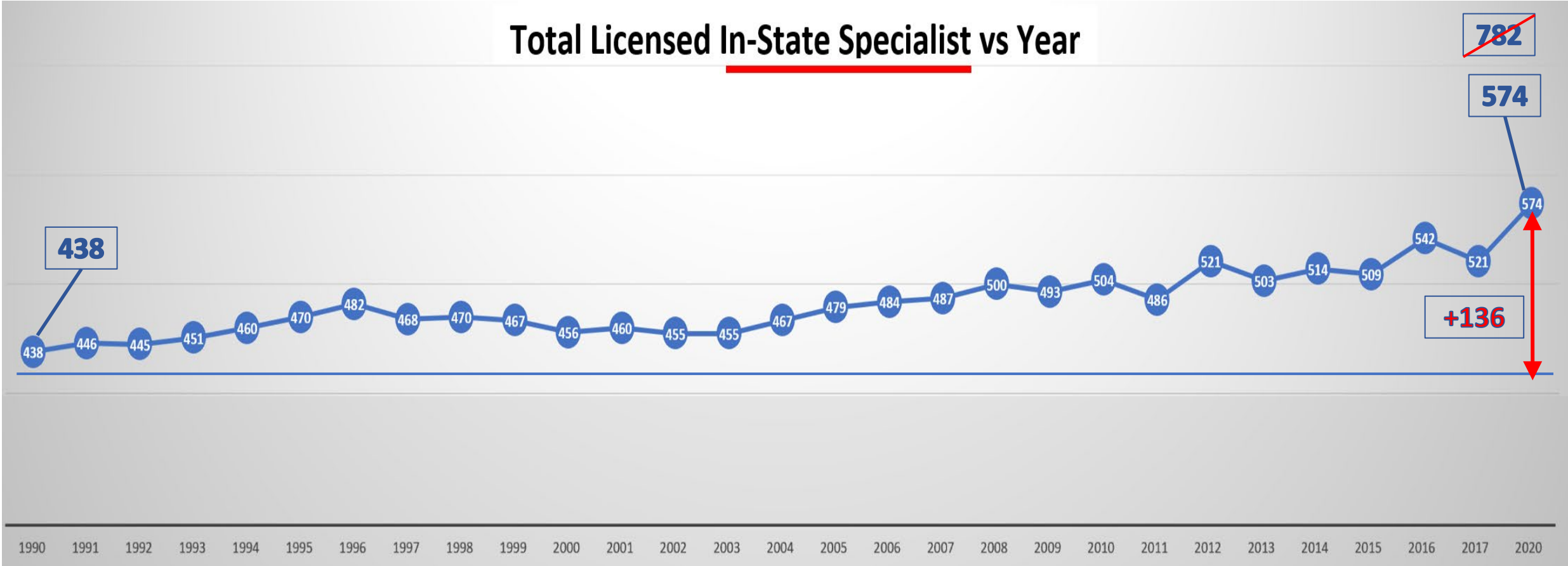
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Oral Healthcare Workforce

Total Licensed In-State Specialist vs Year



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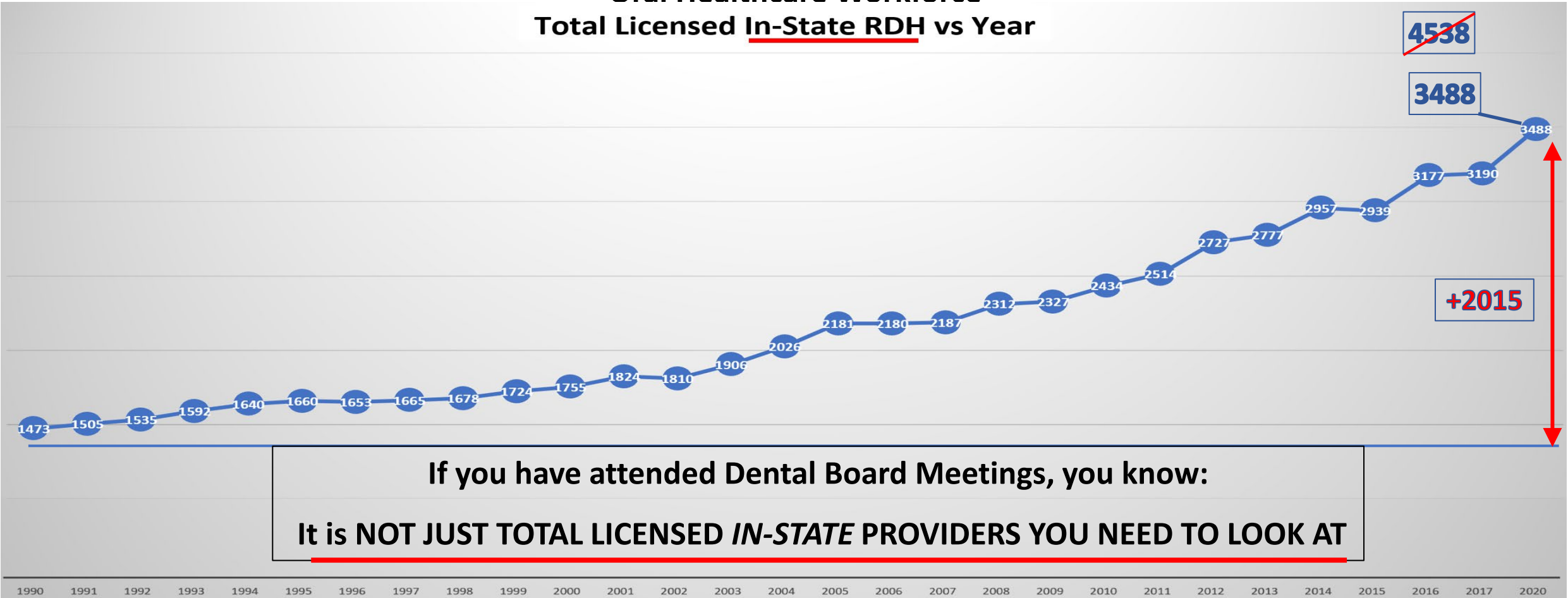
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Oral Healthcare Workforce Total Licensed In-State RDH vs Year



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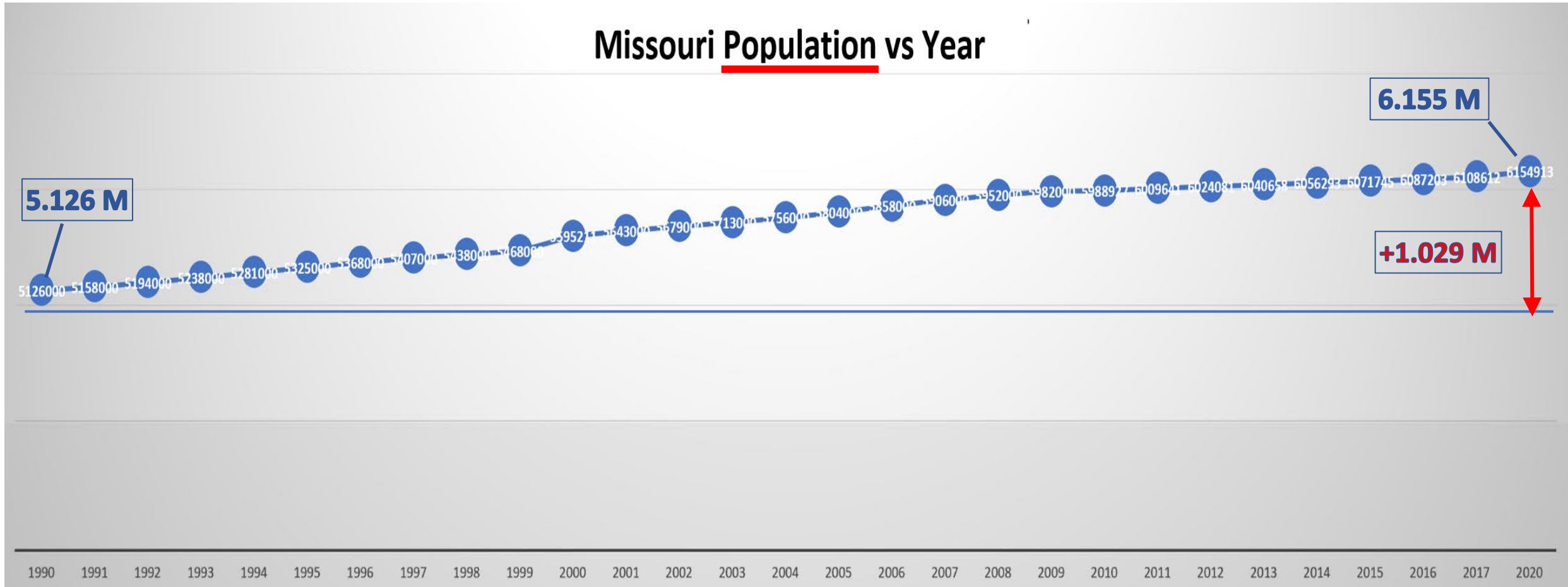
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Oral Healthcare Workforce

Missouri Population vs Year



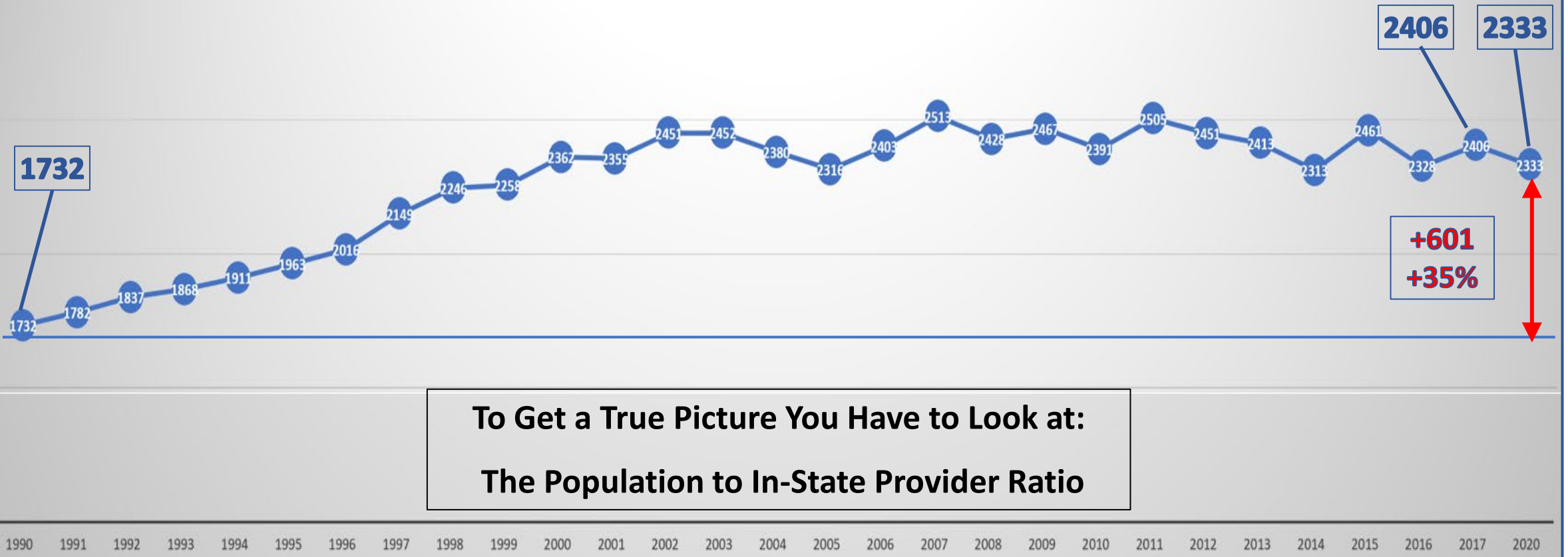
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Oral Healthcare Workforce

Patients per In-State DDS vs Year



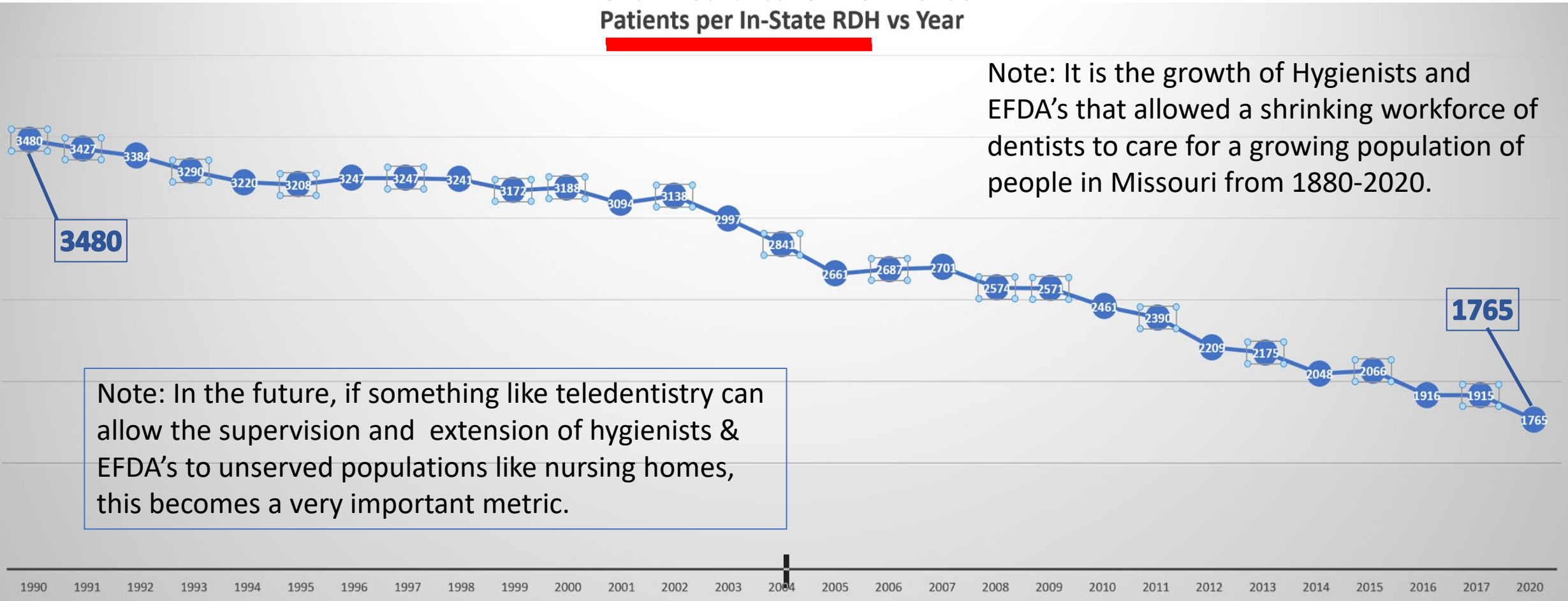
To Get a True Picture You Have to Look at:
The Population to In-State Provider Ratio

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Oral Healthcare Workforce Patients per In-State RDH vs Year



Note: It is the growth of Hygienists and EFDA's that allowed a shrinking workforce of dentists to care for a growing population of people in Missouri from 1880-2020.

Note: In the future, if something like teledentistry can allow the supervision and extension of hygienists & EFDA's to unserved populations like nursing homes, this becomes a very important metric.

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Oral Healthcare Workforce

What about EFDA's and Unlicensed Dental Healthcare Workers?

- From reports, currently it is difficult to fill openings for all categories of oral healthcare workers.
- In 2020, the number of active EFDA permits issued were:
 - Restorative 1 – 1883
 - Restorative 2 – 440
 - Removable Prosthetics – 1618
 - Fixed Prosthetics – 1596
 - Orthodontics - 1229
- We currently don't track dental administrators or unpermitted dental assistants.

Since many EFDA's hold multiple permits, a conservative estimate is we have 2500 – 3500 EFDA's in Missouri.

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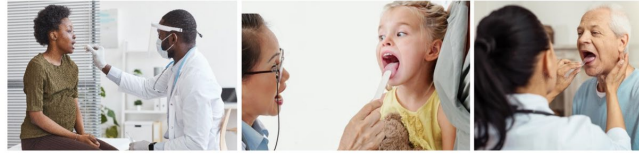


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Oral Healthcare Workforce Initial Observations & Comments

1. **COVID-19 EFFECT ISN'T INCLUDED:** This data does not reflect changes to the workforce caused by the Covid-19 Epidemic. Preliminary data published by the ADA and the ADHA indicates that approximately 7.9% of the dental hygiene workforce stopped actively practicing and 1.6% have indicated they will not return. Phase 2 workforce surveys are being deployed in Missouri to assess this dynamic for all categories of DHCW's.
2. **↓ DENTISTS : POPULATION:** Missouri's dentist workforce did not keep pace with population growth. Growth of hygienists & EFDA's prevented severe access problems. Unserved populations are still mostly unserved
3. **COLLABORATIVE PLANNING IS NEEDED:** Population increase, broader access expectations (ie Medicaid expansion, non-mobile residents of LTCF), and of our educational institution budget constraints means we need to have serious discussions about how to serve the increased numbers that need care.
4. **DHCW ENTRY LEVEL STRATEGIES AND DEPLOYMENT FLEXIBILITY ARE NECESSARY:** Given changes in the workforce, we may need to be more creative about how we 'on-board' entry level workers to help them be successful /productive. We may need to be more flexible in how we deploy our workers.

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Oral Healthcare Workforce What is the Plan?

4 PHASES

Ask How
You Can Get
Involved!

1. **Complete & Evaluate Covid-Era Workforce Surveys.**
2. **Input Data into Tableau to Understand Geographic Implications of Workforce.**
3. **Present Information to Stakeholders Independently.**
4. **Convene a Workforce Planning Group if all parties think it beneficial.***

* Workforce issues can be a sensitive subject. Interdisciplinary discussions would require a commitment to look for common ground and common projects.

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Project #5: New Wave Community Water Fluoridation Pilot Project

Goal 2: Develop Programs Emphasizing Disease Prevention / Mitigation

Goal 4: Provide current evidence-based oral health information to oral health workforce, public health colleagues, & educational and governmental decision makers.

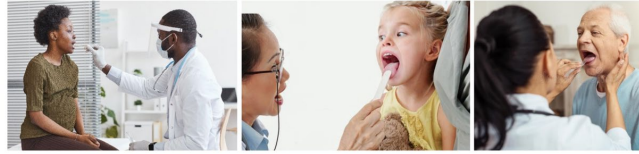
Goal 6: Participate in policy development to improve health outcomes in Missouri.

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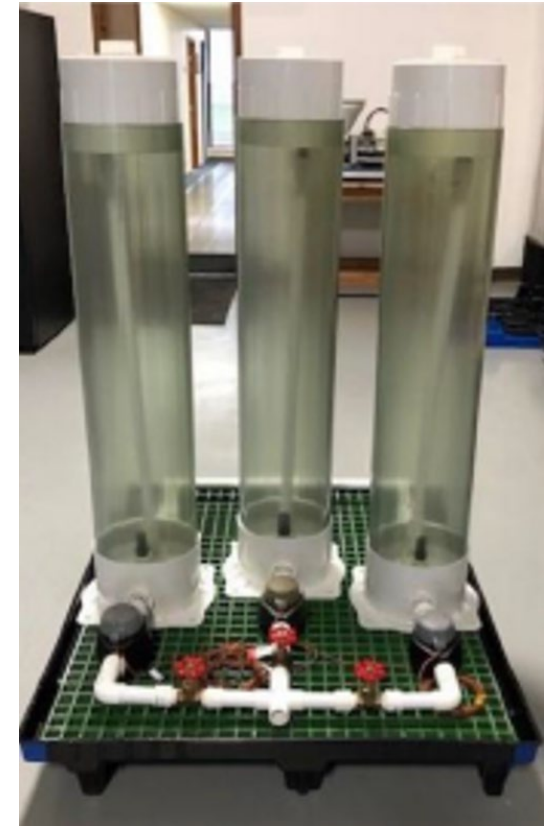
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Project 4: New Wave Community Water Fluoridation Pilot Project



What is Community Water Fluoridation?

The adjustment of fluoride concentration in water supply to a level (.7ppm) known to reduce tooth decay without adverse side effects.



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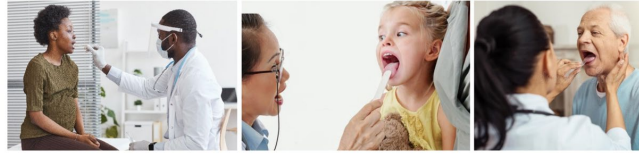
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Project 4: New Wave Community Water Fluoridation Pilot Project



What is the New Wave Water Fluoridation Project?

- ODH has been approved for an \$825K grant for piloting this project.
- 1st new CWF technology in 40 years. Uses F^- pellets
- Intended for small, rural water districts (<8000)



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New Wave Community Water Fluoridation Pilot Project



What is the New Wave Water Fluoridation Project?

- Safer, easier to maintain, cheaper to run.
- Most un-fluoridated areas in Missouri are rural.
- 1317 water districts in Mo. eligible to use this system.



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New Wave Community Water Fluoridation Pilot Project



New Wave Pilot Project Plan

- DNR considers NW ‘Innovative Technology’ requiring pilots w/monitoring & reporting.
- Install 1st unit in SE Mo in next 2 months. Run 3 months & report to DNR.
- Install 3-5 additional pilots (w/DNR approval). Run 3-6 months. Request DNR approval of methodology.

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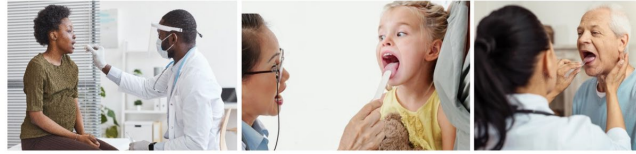
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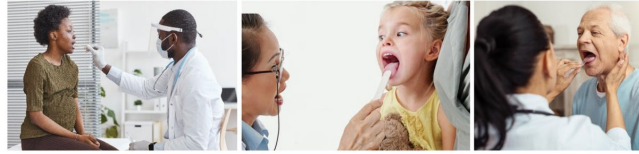
New Wave Community Water Fluoridation Pilot Project

Quick Community Water Fluoridation Facts

- CDC identified CWF as 1 of the top 10 public health initiatives of the 20th century
- Achieves 25% decay reduction in all citizens regardless of income or other socio-economic factor
- Very Low Cost: \$.005 - \$.05/day/person
- For \$1 CWF, Returns \$25 in averted care.
- Dir. Knodell → Dir. Keaurauf → Governor Parsons
Dir. Crumbliss



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Goal 2: Develop Programs Emphasizing Disease Prevention / Mitigation

Goal 4: Provide current evidence-based oral health information to oral health workforce, public health colleagues, & educational and governmental decision makers.

Goal 7: Collaborate with Stakeholders to revise and execute the plan.

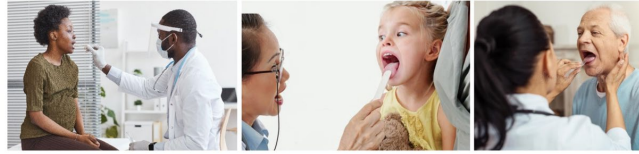
Project #6: Clarence Canon Wholesale Water Commission Water Fluoridation Project

The largest CWF Project in Missouri's History!

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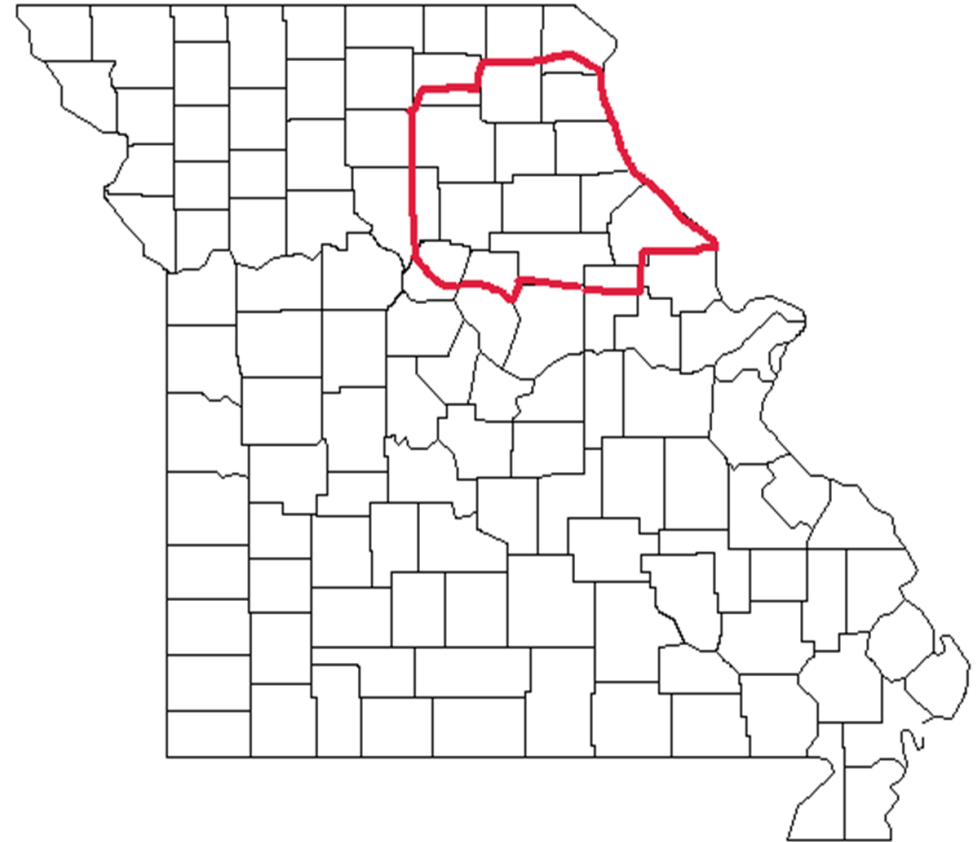


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Project 6: Clarence Canon Wholesale Water Commission Water Fluoridation Project

What is CCWWC?

- A 10 million gallon / day water treatment plant in northeast Missouri
- Provides water to 16 counties and 27 water districts.
- Serves over 75,000 people
- Governed by a Board with representatives from each water district





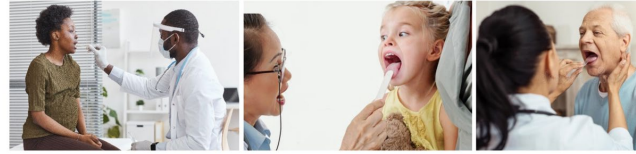
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Project 6: Clarence Canon Wholesale Water Commission Water Fluoridation Project

Project History

Project Coordinators: Gwen Sullentrup & Dr. Lisa Bosch

- Geographically, CCWWC project is the largest water fluoridation project ever!
- Dr. Bosch started it with a called ODH to inquire what would be involved with fluoridating the city of Edina.
- Edina is part of CCWWC.
- Gwen and Dr. Bosch started attending director's meetings and educating directors.
- Once interest was expressed, 27 individualized info-graphic packets were prepared for each district outlining community specific benefits of CWF.



Project 6: Clarence Canon Whosale Water Commission Water Fluoridation Project

Missouri Regional Data Snapshot

How Community Water Fluoridation Can Help Your Community

Overall Population Data

1 POPULATION SERVED: 74,136

2 SAVINGS BASED ON POPULATION: \$2,372,352/year

Individuals in communities that fluoridate water save an average of \$32 per person per year in avoided dental care for cavities.

3 POVERTY RATE: 21.55%

- Children lose over 51 million school hours annually due to dental related illness.
- Children living in poverty are twice as likely to have cavities, compared with children from higher income households.
- Approximately 29% of people (children and adults) have unmet dental care needs due to the low number of providers in Dental Care Health Professional Shortage Areas (HPSAs).
- All of CCWWC's geographic area is included in Missouri's HPSA areas.

Missouri Regional Data Snapshot

How Community Water Fluoridation Can Help Your Community

Thomas Hill PWSD #1

1 POPULATION SERVED: 10,315

2 SAVINGS BASED ON POPULATION: \$330,080.00/year

Individuals in communities that fluoridate water save an average of \$32 per person per year in avoided dental care for cavities.

3 POVERTY RATE: 12.90%

- Children lose over 51 million school hours annually due to dental related illness.
- Children living in poverty are twice as likely to have cavities, compared with children from higher income households.
- Approximately 29% of people (children and adults) have unmet dental care needs due to the low number of providers in Dental Care Health Professional Shortage Areas (HPSAs).
- All of CCWWC's geographic area is included in Missouri's HPSA areas.

Missouri Regional Data Snapshot

Randolph County (Thomas Hill PWSD #1) - Comparison of Treatment Urgency (Urgent Care), Rampant Caries, and Untreated Decay for North Park Elementary School, South Park Elementary School, and Gratz Brown Elementary School.

| | |
|---------------------------|--------|
| Treatment Urgency | 5.13% |
| Untreated Decay | 21.30% |
| History of Rampant Caries | 2.56% |

Key Terms:

- Urgent Care:** A child who needs care within the next 24-48 hours due to pain or an infection.
- Untreated Decay:** Defined as having dental cavities/tooth decay that have not received appropriate treatment.
- History of Rampant Caries:** Suddenly appearing, widespread, rapid burrowing types of decay that result in early nerve involvement in 7 or more teeth.



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Project 6: Clarence Canon Wholesale Water Commission Water Fluoridation Project

Project History

- Letters of support were solicited from over 200 health providers in the CCWWC area.
- Over 100 questions were answered from the directors.
- The Board was educated on the 90-day notice provision for change in fluoridation.
- The Board voted to post the 90-day notice.
- Gwen personally insured 90-day postings.
- Gwen & Dr. Bosch volunteered to attend governing meetings of the 27 districts to answer questions.
- The vote to fluoridate will take place at the CCWWC Board meeting in May
- It appears there is a firm majority in favor of CWF!

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Project 6: Clarence Canon Wholesale Water Commission Water Fluoridation Project

Project History

A MASSIVE TASK WITH A SUCCESSFUL OUTCOME!

75,000 PEOPLE WILL HAVE BETTER LIVES!

GWEN



LISA



THANK YOU GWEN AND LISA!

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Miscellaneous Project Reports

Discussions with MoHealthNet

Medicaid Remuneration – Governor’s FY23 Budget (from Olivia Wilson)

MO HEALTHNET

Dental

FY21 Expenditure: \$1,065,233

FY22 Appropriation: \$3,496,687

FY23 Governor Recommendation: \$8,794,645 (Guy’s comment: +\$5,249,766 over FY22)

Notes: 1. Some of this is to cover the new expanded population, some of it is a rate increase. We don’t know that exact rate increase yet.

2. The Dental line item is a part of a larger request on behalf of the Governor of \$89,248,472 to increase MO HealthNet provider rates to 75 percent of Medicare rates

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Discussions with MoHealthNet

Medicaid Remuneration –FY23

- Because John Dane chaired a Medicaid Remuneration Committee we were prepared to make recommendations.
- We were asked if we had recommendations (next slide)

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Miscellaneous Project Reports

Discussions with MoHealthNet

Medicaid Remuneration Recommendations (Listing indicates priority)

- Increase remuneration rate: $\leq 60\%$ UCR to \uparrow provider participation.
- D1354 for all ages (SDF)
- Cover Post-partum mothers for 1 yr
- D2931 (SS crn) for adults
- Then endo, crowns, alveoplasty, and removable in that priority

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Miscellaneous Project Reports

Older Adult Basic Screening Survey

- Screens Oral Health Metrics in Nursing Homes and Congregate Care Facilities
- Interrupted in early 2020. Screened 472 patients to date.
- We have active screening in 13 sites
- We hope to complete project in 2-3 months.

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Miscellaneous Project Reports

Individuals with Developmental Disabilities Screening Survey

- Contracted with Truman Medical Center and Elks Mobile Dental Van.
- Screened 1519 people to date.
- First screening and data collection of this population in US.
- Report on Website.

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Miscellaneous Project Reports

Teledentistry In Nursing Homes

- Interrupted during covid
- 4 contractors
 - We Care – St. Louis
 - Missouri Southern State University - Joplin
 - Truman Medical Ctr - KC
 - Big Springs Medical – SE Mo
- 343 Nursing Home Residents have received care.

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Miscellaneous Project Reports

Teledentistry & Sealants In Schools

- 4 current contractors
 - Lincoln County HD – Troy
 - Missouri Southern State University - Joplin
 - Jefferson County – E Mo
 - UMKC SOD – KC Mo
- Each contractor committed to provide care for 200 students.

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Miscellaneous Project Reports

Ask How
You Can Get
Involved!

WIC Fluoride Varnish

- 10 current contractors that provide varnish at their health departments
- Treats Medicaid eligible Mothers and Children
- Treated 392 WIC patients
- Medicaid Reimbursed
- Averts 1-2 cavities / year / patient

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Miscellaneous Project Reports

Teledentistry In Schools

- 2 current contractors
 - Cass Count Dental Clinic
 - Missouri Southern State University
- Each contractor commits to serve approximately 200 students.



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Future Project: HRSA Workforce Grant

ODH has applied for a 1.6 M grant over 4 years

3 Primary Objectives

1. Implement and analyze Covid-Era Oral Healthcare Workforce Survey
2. Execute a pilot project with the MDB to study extending EFDA's & dental hygienists into nursing homes using teledentistry for collaboration and supervision with distant dentists.
3. Deliver Oral Health Care to Uninsured Veterans.



Future Project: HRSA Workforce Grant ODH Pilot Project with MDB Nursing Home Graduated Objectives

1. Can teledentistry gathered data yield accurate comprehensive tx plans?
2. Can hygienists deliver interventional periodontal care using teledentistry supervision and collaboration? Impact on patient overall health metrics?
3. Can hygienists and EFDA's deliver Level 1 interventional care to LTCF residents using teledentistry supervision and collaboration to stabilize patients prior to definitive care by a dentist?



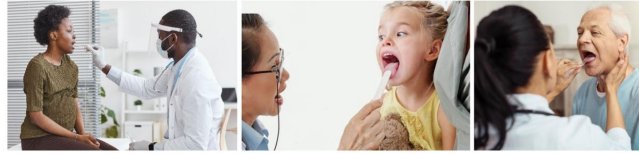
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Future Project: HRSA Workforce Grant ODH Pilot Project with MDB

Pilot Project Limitations

1. Protocols written by ODH. Performance execution monitored by ODH.
2. Study metrics & outcome analysis defined by committee of stakeholders.
3. Phased reporting to MDB.
4. MDB will consider implications of outcomes.

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Summary

ODH has programs in place or planned to touch over 200,000 people in the next year.

We have exciting programs to test expanded use of Teledentistry.

We'll keep listening. We'll keep educating. We'll keep supporting. We'll keep leading!

These are the real heros. Thank them when you have a chance!

Office of

Dental Health



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All this is possible because of these people and this man.



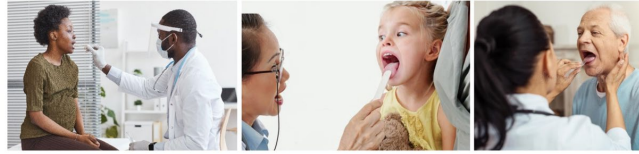
Photo of ODH Staff



John Dane

Thank them when you have a chance!

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Thank You! & Q & A / Discussion

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New Wave Community Water Fluoridation Pilot Project

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