



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Office of the Secretary

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Earl Ray Tomblin
Governor

Michael J. Lewis, M.D., Ph.D.
Cabinet Secretary

December 13, 2011

The Honorable Jeffrey V. Kessler, Senate President
West Virginia Senate
Room 227M, Building 1
State Capitol Complex
Charleston, West Virginia 25305

The Honorable Richard Thompson, Speaker
West Virginia House of Delegates
Room 228M, Building 1
State Capitol Complex
Charleston, West Virginia 25305

Dear President Kessler and Speaker Thompson:

As required by West Virginia Code §16-41-6, regarding the Oral Health Improvement Act, please find enclosed the Oral Health Program Update for November 2011. This update is provided by the Office of Maternal, Child and Family Health, Oral Health Program.

If you have any questions or concerns, please feel free to write or call Dr. Jason Roush, Director, Oral Health Program, 350 Capitol Street, Room 427, Charleston, West Virginia, 25301-3714, telephone (304) 356-4353, or email Jason.M.Roush@wv.gov.

Sincerely,

A handwritten signature in blue ink that reads "M. Lewis".

Michael J. Lewis, M.D., Ph.D.
Cabinet Secretary

MJL/lf

Enclosure

Oral Health Legislative Update
December 13, 2011
Page Two

cc: The Honorable Ron Stallings
The Honorable Don Perdue
Marian Swinker, M.D., M.P.H.
Christina Mullins
Legislative Library
Anne Williams
Gregory M. Gray
Darrell Holmes

West Virginia Oral Health Program Update



November 2011



Bureau for Public Health
Office of Maternal, Child and Family Health
350 Capitol Street, Room 427
Charleston, WV 25301

Earl Ray Tomblin, Governor
Michael J. Lewis, M.D., Ph.D., Cabinet Secretary

2011 Legislative Report

Oral Health Program

Introduction

The mission of the West Virginia Department of Health and Human Resources, Office of Maternal, Child and Family Health, Oral Health Program (OHP) is to improve the oral health status of West Virginia by providing a structured approach to meeting the oral health needs of everyone in the State. The goals of the Program are to provide preventative education and improve oral health care access. Over the past year, West Virginia has made significant progress in the area of oral health, including improving the PEW Center on the States Report on Children's Dental Health grade from F to C. Accomplishments of the Program are a result of collaborative efforts with other government agencies and community partners. Activities of the OHP continue to be guided by an Oral Health Advisory Board consisting of key stakeholders. The Oral Health Advisory Board was established in 2008 and continues to meet on a routine basis to advise the OHP in addressing oral health issues of West Virginia.

Accomplishments

PEW Foundation Report - It is with great excitement that we share the improvement made upon the Oral Health Report Card. In the 2011 PEW Center on the States Report on Children's Dental Health, West Virginia received a grade of "C", up from last year's failing grade. This year's grade is based upon eight benchmarks measured in November 2010. West Virginia's improvement is credited to the collaboration and efforts of many state agencies and community organizations represented on the Oral Health Advisory Board. West Virginia is one of two states to improve its overall score from an "F" to a "C". Highlights of this year's report will reflect an increase above the national average in the high-risk schools with sealant programs and an increase in the median retail fees reimbursed by Medicaid. The official report from PEW can be viewed at http://www.pewcenteronthestates.org/news_room.aspx.

Statewide Surveillance – FY 2011 marked the first time West Virginia submitted Institutional Review Board approved, reportable baseline data to the Centers for Disease Control and Prevention (CDC). The submission of this data was a result of collaborative efforts of the OHP and its partners. The data collected will meet recommendations established by the CDC and the Association of State and Territorial Dental Directors. These standards allow the findings to be compared nationally and provide a representative snapshot of children's oral health in West Virginia. This will open the door for future funding opportunities. There were 1,093 children screened. Below is a summary of the surveillance project:

	<u>Kindergarten</u>	<u>Third Grade</u>	<u>Total Screened</u>
Untreated Decay	19.9%	17.1%	18.8%
Sealants on Permanent Molars	2.3%	29.0%	13.3%
Those with Caries Experience	23.1%	42.1%	30.7%

<u>Treatment Urgency</u>	<u>Kindergarten</u>	<u>Third Grade</u>	<u>Total</u>
No Obvious Problems	80.4%	82.6%	81.3%
Early Dental Treatment Needed	17.2%	14.5%	16.1%
Urgent Immediate Care Needed	2.3%	2.9%	2.6%

Statewide Oral Health Coalition - The Oral Health Program was influential in the formation of a statewide Oral Health Coalition (OHC) which was recommended in the State Oral Health Plan. The Coalition is defined as any individual or group with an interest in oral health. The creation of the statewide OHC allows non-traditional oral health stakeholders such as faith-based organizations, primary medical care providers, social service organizations, community programs and consumer advocacy groups to have a voice in implementing policy change.

Since June 2011, there have been two OHC meetings. The inaugural meeting was held on June 3, 2011 in Flatwoods, West Virginia. More than 70 people attended the meeting representing state agencies, medical, dental, universities, advocates, community agencies, primary care, free clinics, schools, foundations and early childhood programs. By-laws were adopted and an Executive Committee was elected for leadership. The second Coalition meeting was held on September 9, 2011 in Charleston, West Virginia. The OHC established a workgroup to develop a workforce dental census and collaborated with the Board of Dental Examiners to include the census as part of re-licensure for 2011. The purpose of the census is to match graduates with dental practitioners that are actively seeking associates or dental hygienists and to gather information on clinically active dental providers. A second workgroup was formed to review policy issues.

The OHC also plans to study the financial impact of payers with regard to the current cost of emergency room visits incurred for dental problems to see if expanded coverage could reduce expenses. The OHP continues to provide the OHC with support in the form of logistical planning and clerical needs, as well as representation on the Executive Committee.

Oral Health 2014 DentaQuest Grant – The OHP and the OHC submitted and received approval for a grant from DentaQuest titled, “West Virginia-Champions for Oral Health.” The

OHP and OHC will focus on two priorities: Prevention and Public Health Infrastructure and Medical and Dental Collaboration. This grant will build on existing efforts to establish and enhance the infrastructure and capacity to plan, implement, and evaluate population-based prevention and promotion programs. Second, the OHP and OHC will partner with West Virginia University School of Dentistry to develop and implement an educational curriculum for non-dental health care providers in order to expand the number and types of health care professionals providing preventative oral health services.

Medical Infant and Child Oral Health Training Program – The West Virginia Department of Health and Human Resources OHP and Bureau for Medical Services worked with the West Virginia University School of Dentistry and their partners to develop a training program for medical personnel and their ancillaries to apply fluoride varnish as a preventative oral health measure.

The goals of the program are to: 1) improve the oral health of children less than three years old covered by Medicaid or CHIP; 2) ensure these children establish a dental home; and 3) engage the medical community in improving oral health. This new Program will establish medical/dental collaboration and is in alignment with the Institute of Medicine's (IOM) recently released report "Improving Access to Oral Health Care for Vulnerable and Underserved Populations." The IOM report indicates an evidence-based oral health care system will prioritize disease prevention and health promotion by relying on a diverse and expanded array of providers who are competent, compensated and authorized to provide evidence-based care.

Once properly trained, primary care physicians and their ancillaries will complete oral health evaluations for children three years old and under using the caries risk assessment tool. In addition, the providers will give anticipatory guidance, provide fluoride varnish application twice annually and make dental referrals at age one or within six months of eruption of the first tooth.

Smiles for Life – In 2010, the Mid-Ohio Valley Health Department (MOVHD) secured funding to implement an adult pilot project to provide oral health services to the underinsured. The MOVHD has access to over 50 dental providers to assist in this project. Smiles for Life provides individuals with quality dental care to treat dental pain and infection. The OHP is currently working with the DHHR Cabinet Secretary to develop a similar program in Logan County, West Virginia.

Children's Dentistry Project

The Children's Dentistry Project provided \$205,000 to support oral health education activities around the State. Below is a summary of those activities:

Fluoride Water Testing - The Children's Dentistry Project provides water test kits to families for testing fluoride levels of private water systems. This component of the OHP helped 488 families test for elevated fluoride levels during the FY 2011.

Fluoride Rinse Project - The Project provides a fluoride rinse program in schools. A permission form is provided to the schools for parental consent. This mouth rinsing project is offered in the first through sixth grades. Kindergarten students may participate, if adequate supervision is available to make sure the rinse is not swallowed. All materials and supplies are provided to the schools free of charge. Fluoride is the most cost effective means of prevention in oral health care. During the FY 2011, 11,168 children participated.

Oral Health Educators - Oral Health Educators provide oral health education to children and families in all 55 counties through schools, early childhood programs and community health fairs. The curriculum teaches prevention through proper oral hygiene, including instructions on brushing; flossing; choosing healthy foods; tobacco and drug prevention; and the importance of establishing a dental home. During the FY 2011, 95,152 children received these educational services.

Donated Denture Program

The Office of Maternal, Child, and Family Health administers the Donated Denture Program in which dentists donate their time to make dentures/partials for low income senior citizens and adults with disabilities deemed eligible under the Program's guidelines. The Program has 70 participating dentists throughout the State. Unfortunately, recruitment of dentists is difficult and the waiting list for eligible individuals per county remains long. State funding is limited to \$40,000 yearly which generally covers 100 to 125 eligible persons being placed for services. In FY 2011, the Donated Denture Program received extra funding from expiring grant monies, therefore, 325 individuals received services.

Pre-Employment Program

The Office of Maternal, Child, and Family Health administers the Bureau for Children and Families' Pre-Employment Dental/Vision Program which supports services to assist adults transitioning from "Welfare to Work." In FY 2011, \$3,000,000 funded by Temporary Assistance for Needy Families (TANF), helped approximately 3,200 dental and vision referrals by county DHHR offices to assist eligible individuals. This is an increase of almost 20% from the previous year. Dental services include exams, cleanings, fillings, extractions, dentures/partials, root canals and crowns; vision services include an eye examination and glasses, if needed. These services assist clients in becoming "employable." Throughout West Virginia, 375 dentists and 175 vision providers participate in the Pre-Employment Program.

Dental Equipment for Community Health Centers

During FY 2009-2010, the Governor and State Legislature invested \$1,000,000 for the purchase of dental equipment in nine community health centers. This equipment was intended to better position centers to recruit dentists in economically challenged, underserved areas and enhance their ability to provide quality services. Funding was awarded through a competitive grant process. Grant applications were reviewed by a committee using an established criteria developed to assure expansion of services, increased ability to recruit dental professionals and adherence to the federal guidelines regarding sliding fees. The 18 new dental operatories and 17 existing dental operatories are expected to serve 9,542 additional patients. Currently, data from the Community Health Centers is still being compiled. This information will be available in 2012.

The following Federally Qualified Health Centers were funded to support dental services:

- Bluestone Health Center
- Cabin Creek Health Systems
- Clay-Battelle Health Services
- Lincoln Primary Care Center
- Minnie Hamilton Health System
- New River Health Association
- Tri-County Health System
- Valley Health Systems
- WomenCare

Support for Free Clinic Services

In 2009, the State Attorney General procured \$1,000,000 in vitamin settlement funds. The State is providing \$333,333 per year for three years to the West Virginia Association of Free Clinics to compensate for providing services to low-income persons lacking dental insurance needing to attain or maintain employment. These funds are designed to reimburse eligible free clinics for materials, supplies and lab services. This project is scheduled to end December 31, 2012.

There are ten free clinics throughout West Virginia whose mission is to serve the uninsured and underinsured populations. Three of West Virginia's free clinics cover in-house dental services, while the other seven are working to build a referral network of community dentists. These ten clinics served 798 oral health patients from January 2010 to December 2010.

Future Plans

The OHP, along with the Oral Health Advisory Board, will continue to:

- Strengthen surveillance systems to become “Go Ready” for future funding;
- Build on existing programs;
- Strengthen partnerships;
- Support the Oral Health Coalition;
- Restructure the Oral Health Educator System;
- Monitor and address the Dental Workforce; and
- Build capacity for future efforts.

