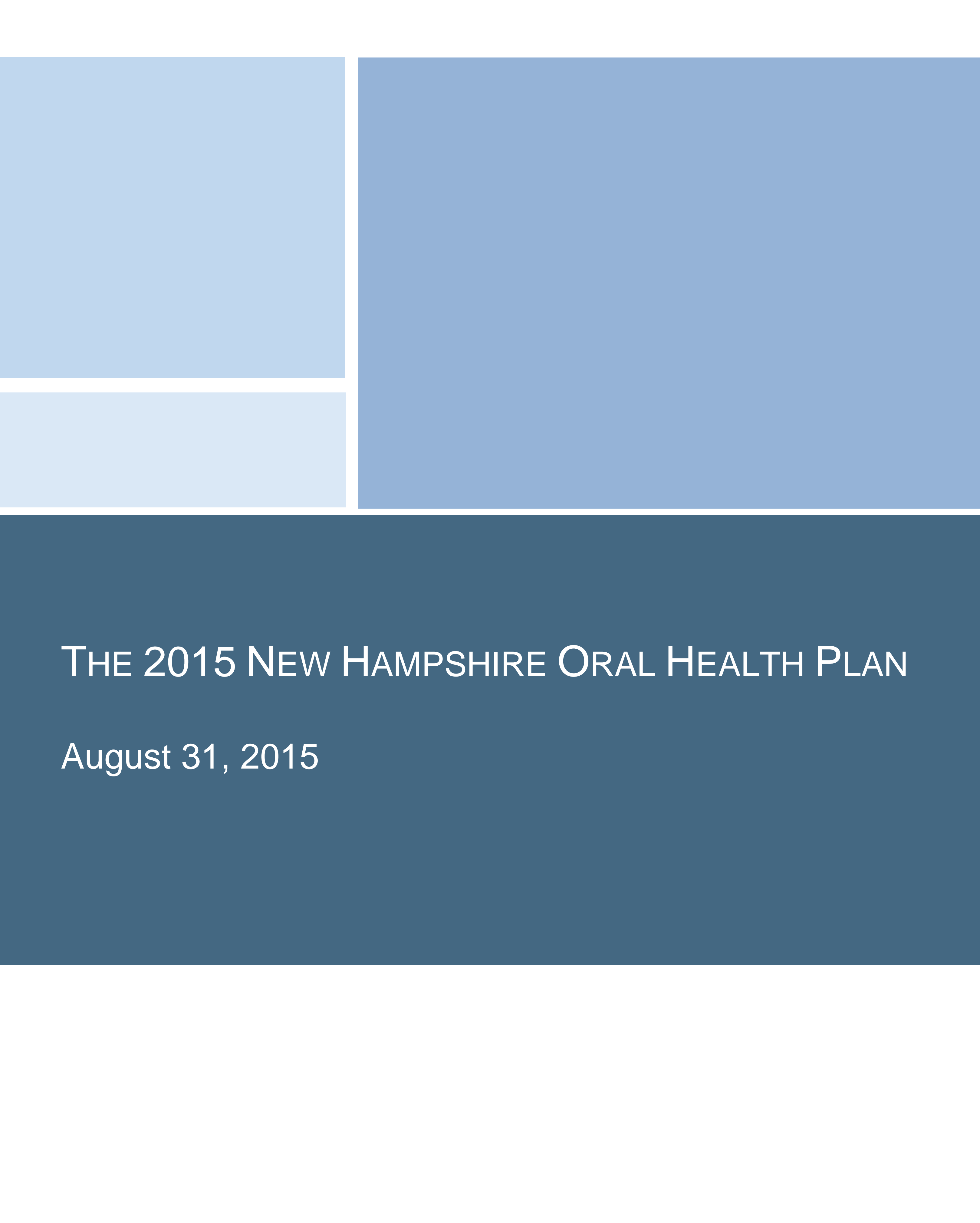

The 2015 New Hampshire Oral Health Plan

August 31, 2015

The 2015 New Hampshire Oral Health Plan

Table of Contents

LETTER OF INTRODUCTION 1

EXECUTIVE SUMMARY 2

BACKGROUND 5

Purpose of the Oral Health Plan 5

Relationship between the 2015 NH Oral Health Plan and Other Guiding Documents 6

Evaluation of the 2003 New Hampshire Oral Health Plan 6

THE BURDEN OF ORAL HEALTH IN NEW HAMPSHIRE 7

DEVELOPMENT OF THE 2015 NEW HAMPSHIRE ORAL HEALTH PLAN 10

Vision of the Statewide New Hampshire Oral Health Plan 10

Partner Engagement 11

Planning Committee 11

Document Review 11

Key Informant Interviews and Focus Groups 11

Prioritization Framework 12

Planning Session 12

Subject Matter Expert 12

THE 2015 NEW HAMPSHIRE ORAL HEALTH PLAN 14

Priority Area 1: Access to Oral Health Care 14

Priority Area 2: Oral Health Care Prevention and Timely Intervention 19

Priority Area 3: Integration of Oral Health into Health Care 25

NEXT STEPS 29

Implementation Phase 29

Sustainability Plan 29

ACKNOWLEDGEMENTS 29

AppendixA: Participants in the Development of the NH Oral Health Plan 31

Appendix B: Documents Reviewed as Part of the 2015 New Hampshire Oral Health Plan 33

ENDNOTES 34

LETTER OF INTRODUCTION

Dear Colleagues,

We are pleased to present the 2015 New Hampshire Oral Health Plan, a five-year Plan for improving and enhancing the oral health – and overall health – of everyone living in New Hampshire.

The New Hampshire Oral Health Plan is a living document that was created through extraordinary collaboration among oral health leaders and advocates. It captures the unique, thoughtful perspective of over 100 subject matter experts, dedicated representatives of community-based organizations, diverse community members, and others with a stake in the health status of New Hampshire.

This Plan embodies a set of principles and values which all of us share and support, and will guide our work over the next five years to improve the oral health of New Hampshire.

We are excited to implement the 2015 New Hampshire Oral Health Plan and ask you to join us in this important effort to improve and sustain oral health for everyone in New Hampshire.

Sincerely,

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August 2015

Funding for this collaborative project was provided by the Endowment for Health, the Healthy New Hampshire Foundation and the Northeast Delta Dental Foundation.

EXECUTIVE SUMMARY

New Hampshire has made great strides in oral health since the release of the Surgeon General's seminal report in 2000, *Oral Health in America*. That report served to catalyze a range of stakeholders in New Hampshire who recognized the importance of optimal oral health as part of overall health, and together, they developed the state's first oral health plan in 2003, *A Framework for Action*.

Since then, untreated tooth decay and caries experience among New Hampshire students has steadily declined[i], as has tooth loss (edentulism) among New Hampshire adults 65 years or older.[ii] There are more school-based oral health programs[iii] in New Hampshire providing children with oral health screenings and sealants. While the advances have been many, huge oral health disparities continue to exist, particularly among vulnerable and hard-to-reach populations. With this in mind, and recognizing that the oral health landscape is rapidly changing both nationally and in New Hampshire, oral health stakeholders decided to revisit and revise the 2003 New Hampshire Oral Health Plan. A dedicated, experienced group of oral health stakeholders from New Hampshire comprised the Planning Committee and guided the process, and nearly 100 national and state experts and consumers participated in the development of the new oral health plan by providing subject matter expertise; participating in a facilitated all day planning session; attending a focus group; and/or being interviewed. The 10-month process, from August 2014-June 2015, purposefully engaged multiple perspectives and reflected a commitment of partners and stakeholders that collaborated in addressing oral health in a systematic and accountable way.

The 2015 New Hampshire Oral Health Plan provides a framework for achieving optimal oral health, as part of overall health, and is intended to be a roadmap for everyone who has a stake in New Hampshire's oral health. This Plan reflects a deep commitment to increasing access to oral health services; promoting prevention of oral health pain and disease; and integrating oral health with overall health to reduce significant disparities in oral health for the most vulnerable and at-risk populations.

The Plan is designed to be broad and strategic, and can be modified and adjusted as conditions, resources, and external environmental factors change. The 2015 New Hampshire Oral Health Plan honors the previous plan and builds on its success. It identifies three priorities and six cross-cutting priorities, and includes outcome measures that will allow for ongoing evaluation of progress toward reaching the goal of the plan: *A measurable, integrated oral health plan to improve the overall health of all of New Hampshire using evidence-based and/or best practices.*

	2015 New Hampshire Oral Health Plan Priorities		
	1. Access to Oral Health Care	2. Oral Health Care Prevention and Timely Intervention	3. Integration of Oral Health with Health Care
	Objectives and Strategies	Objectives and Strategies	Objectives and Strategies
Cross-Cutting Priorities			
Data, Surveillance, and Evaluation	Strategies	Strategies	Strategies
Vulnerable Populations and Health Equity	Strategies	Strategies	Strategies
Policy, Advocacy, and Planning	Strategies	Strategies	Strategies
Oral Health Literacy	Strategies	Strategies	Strategies
Workforce	Strategies	Strategies	Strategies
Funding	Strategies	Strategies	Strategies

PRIORITY AREA 1: ACCESS TO ORAL HEALTH CARE

Goal: **All NH residents will have equitable access to appropriate and affordable oral health care**

Objective 1.1: Increase the number of Medicaid enrolled patients receiving a dental service by 5% by 2020.

Objective 1.2: Identify areas of highest need to facilitate targeted dental Medicaid provider recruitment.

Objective 1.3: Increase the percent of adults living in Coos, Carroll, Sullivan and Cheshire Counties who have visited the dentist or dental clinic within the past year to at least 70%.

Objective 1.4: Increase the number of schools served by a school-based oral health program by 10 by 2020.

Objective 1.5: Increase the use and number of allied oral health professionals where there is need by 2020.

Objective 1.6: Develop and implement an advocacy strategy for the legislature to expand the Medicaid dental benefit to include adult preventative and restorative services.

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PRIORITY AREA 2: ORAL HEALTH CARE PREVENTION AND TIMELY INTERVENTION

Goal: **Promote and implement timely interventions that prevent and control dental disease and injury across the lifespan for all NH residents.**

Objective 2.1: Establish a baseline to understand the current oral health infrastructure in terms of the number of NH programs providing evidence-based and promising practices services that prevent and control dental disease.

Objective 2.2: Increase the number of medical practices providing fluoride varnish applications.

Objective 2.3: Increase the percentage of NH children living in Merrimack, Hillsborough, and Coos Counties who receive dental sealants to at least 60% by 2020.

Objective 2.4: Expand dental provider types allowed to bill Medicaid and private insurers for services; and covered services by Medicaid by 2020.

Objective 2.5: Increase the percent of NH residents served by a fluoridated public water system by at least 15% by 2020.

Objective 2.6: Develop and communicate a protocol around fluoride supplementation for oral health and primary health care providers by 2020.

Objective 2.7: Support activities to increase early detection and promote prevention of oral and pharyngeal cancer in NH by 2020.

Objective 2.8: Reduce the incidence of oral and facial injuries by 2020.

Objective 2.9: Develop and implement an oral health communication plan that addresses prevention and control of dental disease by 2020.

PRIORITY AREA 3: INTEGRATION OF ORAL HEALTH INTO HEALTH CARE

Goal: **A health care system that values and integrates oral health and overall health.**

Objective 3.1: Integrate fluoride varnish, risk assessment, anticipatory guidance, and referrals into the well-child visits at 10 primary care practices by 2020.

Objective 3.2: Create a model for an oral health and medical information sharing system by 2020.

Objective 3.3: Decrease ER utilization by 20% for non-traumatic dental services by 2020 and develop models for referral protocol for emergency rooms by 2018.

Objective 3.4: Increase the number of individuals from identified higher risk populations who are receiving services at FQHCs, which provide integrated dental care either directly or through paid referral by 2020. Populations include, but are not limited to, people with disabilities, homeless, those with HIV, elderly, veterans, and mentally ill.

Objective 3.5: Provide at least 20 training programs to a minimum of 100 health professionals in all NH health settings using an evidence-based oral health curriculum by 2020.

Objective 3.6: Encourage the Integration of oral health care modules into current and future health professional educational curricula in New Hampshire by 2020.

BACKGROUND

Fifteen years ago, the U.S. Surgeon General released a seminal report highlighting the integral role of oral health in overall health, and underscored the vast oral health disparities among the nation's most vulnerable due to a variety of social determinants.[iv] The report identified a number of barriers to optimal oral health, including lack of access to care due to limited finances or insurance, geographic isolation, work or family obligations, and public policies and health provider attitudes that don't value oral health.

Following this report, *A National Call to Action to Promote Oral Health* was developed, setting out a vision for ideal oral health for everyone in the United States, particularly those who are more vulnerable, hard-to-reach, and at higher risk, and a set of action steps to realize this vision for oral health stakeholders to adopt. In 2003, New Hampshire developed the first statewide oral health plan, *A Framework for Action*, establishing a roadmap for enhancing oral health and reducing oral health disparities statewide.

In the time since, there have been significant advances in oral health in New Hampshire and throughout the country. In New Hampshire, untreated tooth decay and caries experience among students has steadily declined[v], as has tooth loss (edentulism) among adults 65 years or older.[vi] There are more school-based oral health programs providing children with oral health screenings and sealants[vii]. And there have been more community health centers that have integrated oral health services with primary care. With these successes in mind, together with the vastly changed nature of the oral health landscape nationally and in New Hampshire over the past decade in workforce, financing, and access alone, oral health stakeholders in New Hampshire decided to revisit and revise the 2003 NH Oral Health Plan.

Purpose of the Oral Health Plan

The 2015 New Hampshire Oral Health Plan provides a framework for achieving optimal oral health, as part of overall health, and is intended to be a roadmap for everyone who has a stake in New Hampshire's oral health. This Plan reflects a deep commitment to increasing access to oral health services; promoting prevention of oral health pain and disease; and integrating oral health with overall health to reduce significant disparities in oral health for New Hampshire's most vulnerable populations.

The Plan is designed to be broad and strategic, and can be modified and adjusted as conditions, resources, and external environmental factors change. It is purposefully developed and written to engage multiple perspectives and reflect a commitment of partners and stakeholders to collaborate in addressing shared concerns and challenges in a systematic and accountable manner.

Additionally, the Plan seeks to increase visibility around the importance of oral health; galvanize a range of health and medical providers around the role of oral health in overall health; offer partners an opportunity to work collectively and collaboratively toward a shared vision and goals; and provide a platform for advocating on behalf of greater oral health access, programs, and funding.

The 2015 New Hampshire Oral Health Plan honors the previous Plan and builds on its success. In addition, this new Plan includes S.M.A.R.T. (Specific, Measurable, Achievable, Realistic and Timed) objectives that will allow for targeted outcome measures and more robust evaluation, and identifies potential partners to ensure ownership and accountability in executing the plan. Additionally, the plan identifies three priority areas around which Goals, Objectives and Strategies were developed, including:

- **Access**
- **Oral Health Care Prevention and Timely Intervention**
- **Integration of Oral Health with Health Care**

There are a number of priority areas that are deemed critical to all oral health improvement and sustainability, and are identified as cross-cutting to ensure they are fully accounted for in the Plan. These include:

- **Workforce**
- **Funding**
- **Data, Surveillance, and Evaluation**
- **Vulnerable Populations and Health Equity**
- **Policy, Advocacy, and Planning**
- **Oral Health Literacy**

The priorities and strategies laid out in this Plan provide the groundwork for an implementation plan that will guide oral health policies, programs, and additional efforts for the next 3-5 years.

Relationship between the 2015 NH Oral Health Plan and Other Guiding Documents

The 2015 New Hampshire Oral Health Plan is designed to complement and build upon other guiding documents, plans, initiatives, and coalitions already in place to improve the oral health, and overall health, of the people of New Hampshire. Rather than conflicting with or duplicating the recommendations and actions of existing frameworks and coalitions, the participants in the NH Oral Health Plan development process identify potential partners and existing networks and resources wherever possible. Those engaged in this process recognize that it is critical to identify partners, resources, and initiatives to ensure successful implementation and sustainability of the Plan.

The 2015 New Hampshire Oral Health Plan also includes *Healthy People 2020*[viii] oral health objectives that are relevant to, or coincide with, the strategies and activities identified in the Plan. *Healthy People 2020* provides a set of science-based, national objectives for improving the health of the entire country, and was developed by the Centers for Disease Control and Prevention and the Health Resources and Service Administration. A number of new national and state initiatives and policies have also emerged that impact oral health and thus inform the Plan's objectives and strategies. These include the U.S. National Oral Health Alliance *Framework for Action*[ix]*,* the Patient Protection and Affordable Care Act (ACA), and the New Hampshire Oral Health Coalition (which was borne out of the 2003 oral health plan).

Evaluation of the 2003 New Hampshire Oral Health Plan

A retrospective evaluation[x] of the *New Hampshire Oral Health Plan: A Framework for Action* conducted in August 2014 through the NH Department of Health and Human Services found, in general, improved oral status and indicators of oral health status for school-aged children and adults ages 45+; a greater number of oral health programs (e.g., hospital and community-based clinics, school-based dental sealant programs, Care Coordination); and, increased access to oral health care for all people in New Hampshire. The evaluation also revealed that the 2003 Plan was comprehensive and *reflected the oral health environment and context of the time*. Qualitative data collected and evaluated as part of the evaluation informed recommendations for the next oral health plan. These included greater emphasis on:

- Integration of oral health and primary care
- Increased availability of data on minority populations
- Assurance of culturally competent information and care
- Increased focus on adults
- Increased attention on oral health education and self-care
- Enhanced participation by a greater range of stakeholders in the plan development process.

These recommendations are reflected throughout the 2015 Plan.

THE BURDEN OF ORAL HEALTH IN NEW HAMPSHIRE

At the time of development of the 2015 NH Oral Health Plan, the 2015 New Hampshire Oral Health Burden Report was in process. Upon completion, the final report may be used to supplement the burden data detailed below to give a more complete picture of the current challenges faced by New Hampshire. In order to obtain the most recent data available regarding the status of oral health in NH, a variety of sources were reviewed, including: the Center for Disease Control's Behavioral Risk Factor Surveillance System (BRFSS); various publications of the State's Oral Health Program; data reported directly to the State's Oral Health Program by funded and unfunded programs; and, hospital discharge data. Each measure or component detailed below provides a segmented view of oral health status and the programs available to impact the status. In combination, these elements provide a more robust view of oral health in New Hampshire. While New Hampshire has a history of proven success in addressing oral health, disparities remain. Where the availability of data allows, details are provided regarding achieving health equity and reducing disparities across socio-economic and geographic lines.

Dental Visits. According to the CDC BRFSS, in 2012, 73.1% of adults in New Hampshire had visited a dentist or dental clinic during the past year, a decrease from the 2010 figure of 76.7%. There were positive associations between visiting a dentist and income and education level; as a person's income and/or educational attainment increased, they became more likely to have seen a dentist or visited a dental clinic in the past year. For example, the percentage of adults who had a dental visit was lowest among those making less than $15,000 per year, at 39.8%. By contrast, among those who made $50,000 or more per year, 85.9% had visited a dentist or dental clinic. Variances also existed when looking at the population by educational attainment. Among those who had not earned a high school degree, 46.0% had visited a dentist or dental clinic, compared to 85.9% among those who had earned a college degree.

Tooth Loss. According to the CDC BRFSS, 13.1% of NH adults ages 65 and older reported having had all of their teeth extracted, an improvement from the rate of 17.2% reported in 2010. Consistent with the data for dental visits, rates of edentulism (tooth loss) varied greatly depending on socio-economic status. Those whose income was less than $15,000 experienced edentulism at a rate of 35.2% compared to a rate of 3.4% for those whose income was $50,000 or higher. The data was very similar when grouped by educational attainment, with the rate decreasing as educational attainment increases. A closer look at the experience of tooth loss by geography on NH Health WISDOM indicates that disparities exist across regions, with Coos County experiencing a disproportionately high rate of edentulism (nearly double that of the State rate).

Community-Based Dental Programs. According to the *Oral Health Program Activities in New Hampshire 2014 Update*, at the time of the report, there were 16 community-based dental programs, nine of which received funding from the NH Division of Public Health Services. During 2012-2013, these nine community-based dental programs reported that they treated over 11,000 children and adults. Of those seen, 59% received preventive services, 40% received treatment services, and 19% of the children served received sealants.

Head Start Program. Assessments that took place in 27 randomly selected New Hampshire Head Start sites during the 2007-2008 school year indicated that approximately 30.6% of children attending these sites had untreated decay, 40.2% showed a history of decay, 23.4% needed dental care, and 0.8% needed urgent care due to pain or swelling. *The Head Start Healthy Smiles-Healthy Growth Survey* is scheduled to be repeated in 2016, funding dependent.

School-Based Dental Programs. During the 2013-2014 school year, there were 18 school-based dental programs. Seventeen of these programs reported data to the NH Oral Health Program, representing 173 New Hampshire schools. These programs provided screening to a total of 13,572 students ranging from pre-school to 5th grade. Of those screened, 24% received preventive care through the program, and 11.1% received dental sealants. Looking more closely at the population of students in grades 2 and 3, the programs screened a total of 6,761 students. Among the students screened, 12.7% had untreated decay, 40.3% had a history of decay (i.e., either untreated or treated decay), and 49.5% had dental sealants.

Untreated Decay and Sealants among Children. Results of a *Healthy Smiles-Healthy Growth Third Grade Survey* during the 2013-2014 school year indicated that, among students screened, 8.2% had untreated decay, and 35.4% had decay experience (either current or previously treated). Review of the data based on the proportion of students who are eligible for free and reduced lunch (FRL) indicates that disparities exist. Among those schools where 50% or more of the students are eligible for FRL, 15.8% had untreated decay, and 53.4% had decay experience; compared to 4.8% with untreated decay and 22.6% with decay experience at schools where less than 25% of the students were eligible for FRL. The overall reported rate of sealants among students was 60.9%.

Oral Cancer. Based on the *2006-2010 NH Cancer Report*, for residents diagnosed between 2006 and 2010, the age adjusted incidence rate of oral and pharyngeal cancer was 10.7 per 100,000, with men experiencing cancer at a higher rate (15.9) compared to women (5.9). The age adjusted mortality rate for the same period was 2.5 per 100,000; again, with men experiencing a higher rate (3.9) as compared to women (1.3). It is important to note that the oral cavity and pharynx have been identified as the 9th leading invasive cancer sites by incidence rate among NH males. While the average annual percent change of overall cancer incidence for NH residents has decreased by 1.5%, the incidence rate for oral and pharyngeal cancer has increased by 2.9%.

Fluoridation. There are currently 10 communities in New Hampshire that fluoridate their public water supply. It is estimated that approximately 43% of New Hampshire residents served by community water systems receives fluoridated water.

Dental Health Professional Shortage Areas. Approximately 41,690 residents (3.2% of New Hampshire's total population) of Coos County and parts of Carroll, Grafton, and Hillsborough counties are among the underserved population living in the Dental Health Professional Shortage Area.

Ambulatory Care Sensitive Emergency Department Visits. Each year, more than 15,000 emergency department (ED) visits are made by New Hampshire residents due to avoidable and preventable dental conditions. Accordingly, over $5 million is being spent annually to manage dental conditions in hospital ED environments that are not equipped to do so. According to data from NH Health WISDOM, there are several counties that experience a disproportionately high rate of non-traumatic dental condition related hospital visits, with Sullivan County reporting a rate that is more than double that of the State, and Belknap County following close behind.

HEALTHY PEOPLE 2020 AND NEW HAMPSHIRE

SELECT ORAL HEALTH INDICATORS FROM HEALTHY PEOPLE 2020 AND NH STATUS			
Healthy People 2020 Objective	**Target [xi]**	**National Status[xii]**	**NH Status**
OH 1.2: Reduce the proportion of children aged 6 to 9 years with dental caries experience in their primary and permanent teeth.	49%	57.7%	35.4%[xiii]
OH 2.1: Reduce the proportion of children aged 6 to 9 years with untreated dental decay in their primary teeth.	25.9%	21.5%	8.2%[xiv]
OH 4:2: Reduce the proportion of adults aged 65 to 74 years who have lost all of their natural teeth.	21.6%	13.1%	17.2%[xv]
OH 9.1: Increase the proportion of school-based health centers with an oral health component that includes dental sealants.	26.5%	24.1%	100%
OH9.3: Increase the proportion of school-based health centers with an oral health component that includes topical fluoride.	32.1%	29.2%	100%
OH 10.1: Increase the proportion of Federally Qualified Health Centers (FQHCs) that have an oral health care program.	83%	76.5%	
OH 12.2: Increase the proportion of children aged 6 to 9 years who have received dental sealants on one or more of their permanent first molar teeth.	28.1%	37.6%	60.9%[xvi]
OH-13: Increase the proportion of the U.S. population served by community water systems with optimally fluoridated water.	79.6%	72.4%	46%[xvii]

DEVELOPMENT OF THE 2015 NEW HAMPSHIRE ORAL HEALTH PLAN

Vision of the Statewide New Hampshire Oral Health Plan

A vision is a statement of the preferred future one hopes to create. The Planning Committee of the 2015 NH Oral Health Plan drafted a vision statement that guided its work in developing this five-year plan for the future of oral health in New Hampshire. It is their vision to develop, support, and implement: *A measurable, integrated oral health plan to improve the overall health of all of New Hampshire using evidence-based and/or best practices*.

The Planning Committee was also guided by an agreed upon set of working values and operating principles to ensure a highly collaborative, transparent, and high-performing planning process:

Honoring and Enhancing Success

- We will honor, validate, and build on the successes of the 2003 NH Oral Health Plan.
- We will seek to replicate what works based on evidence.

Transparency

- We will practice open communication and transparency in decision-making.
- We will maintain open, honest dialogue with constructive resolution.

Collaboration and Partnership

- We will work collaboratively, not as separate entities advocating for self-interests.
- We will consider the impact of decisions on multiple constituencies.
- We will seek to form solutions that are feasible from the points of view of all partners.
- We will maintain trust by honoring our commitments to each other.

Positive Support and Reinforcement for Action

- We will consider the fiscal implications of all decisions.
- We will try to identify positive incentives for implementing and sustaining the recommended strategies in the Plan.
- We will maximize the use of available resources, develop local capacity, and build on regional strengths.
- We will construct a Plan at a level where everyone can see him/herself as a key contributor, balancing inclusivity with specificity.
- We will ensure that the Plan is a useful, living tool… a functional roadmap for partners to use.

Innovation

- We will be open to challenges and to new, innovative ideas and best practices.
- We will support discourse, learning, and leadership in oral health.

Partner Engagement

Accountable and effective public health and oral health practice depends upon comprehensive and strategic planning that engages a wide range of partners. The 2015 New Hampshire Oral Health Plan was funded by the Northeast Delta Dental Foundation, the Endowment for Health, and the HNH Foundation, and was made possible through vibrant collaboration among many partners from across the state. Health Resources in Action (HRiA), a nonprofit public health organization based in Boston, MA, provided strategic guidance and facilitation throughout all aspects of the process, from qualitative research to planning.

Planning Committee

The Planning Committee of the 2015 New Hampshire Oral Health Plan, comprised of 13 oral health leaders from a range of organizations and sectors across the state, met 12 times over the months of August-December, 2014 and January-June, 2015. This group was responsible for guiding the development of the Oral Health Plan; advising on key stakeholders; assisting in the selection of subject matter experts to provide interviews; participating in focus groups and in an all-day planning session designed to identify goals, objectives, and strategies for the Plan; recommending priorities for oral health improvement based on key findings from the qualitative research; and, acting as ambassadors of oral health to key statewide and national constituencies with a stake in oral health. (A list of Planning Committee members can be found in Appendix A).

Document Review

Over a dozen state and national oral health documents were reviewed for environment, trends, and ideas. Document review provided context and data that informed the focus of interviews and discussions with key informants and focus groups, and did not encompass a full assessment phase. (A list of the documents reviewed may be found in Appendix B).

Key Informant Interviews and Focus Groups

To gain the insight, perspective, and experience of a range of oral health stakeholders, a series of key informant interviews and focus group discussions were conducted using an interview guide in a SWOT format to assess strengths, weaknesses, opportunities, and threats.

Twenty-nine key informant interviews were conducted via telephone with a total of 30 interviewees. Interviews lasted 30-60 minutes and were conducted with eight oral health Planning Committee members, and 21 were conducted with a range of external experts, including doctors (primary care and pediatrics), dentists, hygienists, administrators, and legislators.

Nine, 60-minute focus groups were conducted throughout the state with a total of 55 participants. These included three focus groups with consumers (two groups were held at two separate Federally Qualified Health Centers [FQHC] and one group was held at a senior center); six focus groups with service providers (agencies, FQHCs and community dental, education and training, private doctors and with those who work with a range of vulnerable populations). Two groups were facilitated in person, while four groups were conducted via telephone and GoToMeeting (online) to enable participation across wide geographic areas of the state. Participants in the consumer focus groups were offered a cash stipend for their time.

Once relevant documents were reviewed and key informant interviews and focus groups conducted, they were synthesized and analyzed for common themes and findings. Based upon these themes and findings, the Planning Committee engaged in a facilitated discussion to set oral health priorities using the following criteria:

Prioritization Framework

RELEVANCE *How important is it?*	APPROPRIATENESS *Should we do It?*	IMPACT *What will we get from it?*	FEASIBILITY *Can we do it?*
• Burden of the problem (magnitude and severity; economic cost; urgency) • Community concern • Focus on equity and accessibility	• Ethical and moral issues • Human rights issues • Legal aspects • Political and social acceptability • Public attitudes and values	• Effectiveness • Coverage • Builds on or enhances current work • Can move the needle and demonstrate measureable outcomes • Proven strategies to address multiple wins	• Community capacity • Technical capacity • Financial capacity • Political will • Socio-cultural aspects • Can identify easy short-term wins

As a result, the Planning Committed initially identified four key priorities:

1. Access to Oral Health Care
2. Fluoridation
3. Oral Health Care Prevention and Early Intervention
4. Integration of Oral Health with Primary Health Care.

Additional cross-cutting priorities were also identified: Data, Oral Health Literacy, Vulnerable Populations and Health Equity, and Advocacy. These priority areas formed the basis for an all-day planning session.

Planning Session

On March 26, 2015, a total of 48 representatives from diverse local, regional, statewide, and national entities with a stake in oral health participated in an intensive, full day facilitated planning session in Plymouth, N.H. During this session, participants worked in small groups to develop draft goal statements for each of the identified priority areas; developed draft objectives and strategies for each of the goals through structured, interactive exercises; provided feedback to the draft goals, objectives, and strategies developed by other groups; and, refined output based on this feedback.

It is the hope of the Planning Committee that these attendees will continue to serve as ambassadors for planning initiatives and foster connections with key networks and groups for action. (A list of Planning Session attendees can be found in Appendix A).

Subject Matter Expert

The Planning Committee and HRiA consultants reviewed the initial draft output from the planning session and edited material for clarity, consistency, evidence base, and gaps. During this review, the Planning Committee further refined key priority areas as well as cross-cutting priorities.

The final key priorities and cross-cutting priorities, which form the basis for the final oral health plan, include:

Key priority areas

1. Access to Oral Health Care
2. Oral Health Care Prevention and Timely Intervention
3. Integration of Oral Health with Health Care

Cross-cutting priority areas

1. Data, Surveillance, and Evaluation
2. Vulnerable Populations and Health Equity
3. Policy, Advocacy, and Planning
4. Oral Health Literacy
5. Workforce
6. Funding

Following this edit, 11 national and state subject matter experts (identified by the Planning Committee) participated in a review of Plan components, to ensure inclusion of the most promising and evidence-based strategies as well as alignment with other key national and state-wide initiatives, plans, and priorities, while maintaining the integrity of the original draft content. Planning Committee members, by way of workgroups and full Committee processes, further refined content to assure that all of the objectives are S.M.A.R.T.; that the strategies encompass the cross-cutting priorities; and, that everyone with a stake in New Hampshire's oral health can find a role for themselves in the plan. (A list of subject matter experts can be found in Appendix A)

Rather than conflicting with or duplicating the recommendations and actions of existing frameworks and coalitions, the participants in the planning process identify potential partners and resources, including current best practices and initiatives, wherever possible.

	2015 New Hampshire Oral Health Plan Priorities		
	1. Access to Oral Health Care	**2. Oral Health Care Prevention and Timely Intervention**	**3. Integration of Oral Health with Health Care**
	Objectives and Strategies	**Objectives and Strategies**	**Objectives and Strategies**
Cross-Cutting Priorities			
Data, Surveillance, and Evaluation	Strategies	Strategies	Strategies
Vulnerable Populations and Health Equity	Strategies	Strategies	Strategies
Policy, Advocacy, and Planning	Strategies	Strategies	Strategies
Oral Health Literacy	Strategies	Strategies	Strategies
Workforce	Strategies	Strategies	Strategies
Funding	Strategies	Strategies	Strategies

Priority Area 1: Access to Oral Health Care

GOAL

1. All NH residents will have equitable access to appropriate and affordable oral health care

OBJECTIVES

1.1: Increase the number of Medicaid enrolled patients receiving a dental service by 5% by 2020.

1.2: Identify areas of highest need to facilitate targeted dental Medicaid provider recruitment.

1.3: Increase the percent of adults living in Coos, Carroll, Sullivan, and Cheshire Counties who have visited the dentist or dental clinic within the past year to at least 70%.

1.4: Increase the number of schools served by a school-based oral health program by 10 by 2020.

1.5: Increase the use and number of allied oral health professionals where there is need by 2020.

1.6: Develop and implement an advocacy strategy for the legislature to expand the Medicaid dental benefit to include adult preventative and restorative services.

Objective 1.1: Increase the number of Medicaid enrolled patients receiving a dental service by 5% by 2020.

Outcome Indicator	Baseline	Target	Data Source
CMS-416 line 12a	60,575	63,604	CMS-416 2013

Strategies

1.1.1: Facilitate education and communication between Medicaid and providers to reduce administrative burdens, including integrating oral health into the current Medicaid Advisory Committee, Office of Medicaid Business and Policy.

1.1.2: Expand and enhance care coordination and navigation models for oral health services.

1.1.3: Develop interdisciplinary training to educate providers, re: the Medicaid program, process, and reimbursement.

1.1.4: Through a baseline survey and national research, explore methods for increasing Medicaid dental provider services in underserved areas and populations.

1.1.5: Assist those covered by publicly or privately funded oral health insurance to understand their benefits and to use them.

Objective 1.2: Identify areas of highest need to facilitate targeted dental Medicaid provider recruitment.

Outcome Indicator	Baseline	Target	Data Source
Number of providers	To be established	Establish Baseline	OMBP

Strategies

1.2.1: Increase providers in specific areas of need (e.g., population and/or geography) to achieve an overall increase in number of active providers.

1.2.2: Advocate and promote increased state and national loan repayment for dentists and hygienists who agree to work in underserved areas

1.2.3: Advocate and promote policy changes/legislation that improve access to care for low-income populations.

Objective 1.3: Increase the percent of adults living in Coos, Carroll, Sullivan, and Cheshire Counties who have visited the dentist or dental clinic within the past year to at least 70%.

Outcome Indicator	Baseline	Target	Data Source
Number of adults visiting dentist or dental clinic	<70% for identified counties	>=70%	BRFSS

Strategies

1.3.1: Enhance existing dental provider infrastructure to encourage participation (e.g., increased reimbursements, enhanced reimbursement strategy for dental professionals who serve underserved populations, enhanced loan repayment programs).

1.3.2: Strengthen partnerships with oral health professional training programs and educational institutions to increase practice opportunities in dental health professional shortage areas.

1.3.3: Pursue the use of dental externs and residents by establishing training programs at safety net facilities.

1.3.4: Increase the number of dental safety net facilities.

1.3.5: Educate providers on Culturally and Linguistically Appropriate Services (CLAS) Standards.

1.3.6: Promote oral health programs at all FQHCs in the state.

1.3.7: Explore opportunities to integrate oral health exams into existing health screens (i.e., for entering school, camp, day care, sports, etc.).

1.3.8: Explore opportunities for increased use of teledentistry, mobile and portable programs, and other approaches to providing access to hard-to-reach populations.

1.3.9: Explore and promote community-based collaborations among public, nonprofit, and private entities to address oral health access needs.

Objective 1.4: Increase the number of schools served by school-based oral health programs by 10 by 2020.

Outcome Indicator	Baseline	Target	Data Source
Number of schools served by school based oral health programs	188	198	NH DHHS, Oral Health Program

Strategies

1.4.1: Increase the number of school-based programs delivering education, hygiene, sealants, fluoride varnish, and referral.

1.4.2: Develop education materials and parental permission slips in plain and appropriate language.

1.4.3: Explore the possibility of including basic restorative services in school-based programs.

1.4.4: Identify and use innovative service delivery models, including (i.e., teledentistry and mobile clinics).

1.4.5: Incorporate school nurses into the planning and implementation of school-based services.

1.4.6: Identify new sources of funding for augmented and sustainable school-based services.

Objective 1.5: Increase the use and number of allied oral health professionals where there is need by 2020.

Outcome Indicator	Baseline	Target	Data Source
Number of CPHDHs	13	26	NH BODE
Number of EFDAs	1	4	NH BODE

Strategies

1.5.1: Support further implementation of EFDA (Expanded Function Dental Assistant) and CPHDH (Certified Public Health Dental Hygienist), including training program for EFDA, establishing reimbursement mechanisms, and targeting deployment to underserved areas.

1.5.2: Ensure that all allied oral health professionals are practicing to the top of their license.

1.5.3: Explore additional allied oral health professionals in adherence with CODA standards.

1.5.4: Develop curricula for medical, dental, and dental hygiene students that address current access to care issues and teaches them about dental public health and programs that help serve underserved populations. (Look to the DentaQuest Foundation's work in this area)

1.5.5: Initiate pilot programs utilizing CPHDHs further into underserved areas.

1.5.6: Assess the efficiency, effectiveness, and impact of CPHDH and the EFDA.

1.5.7: Expand the number of WIC programs that incorporate oral health preventive and restorative services.

Objective 1.6: Develop and implement an advocacy strategy for the legislature to expand the Medicaid dental benefit to include adult preventative and restorative services.

Outcome Indicator	Baseline	Target	Data Source
Documented strategy	No documented strategy	Documented strategy	NH Medicaid

Strategies

1.6.1: Articulate and disseminate potential cost-savings and other benefits of adult access to oral health services (e.g., medical cost savings, ER use, relationship of oral health to overall health, quality of life, productivity).

1.6.2: Review other states' benefit designs to develop and advocate for a model benefit design for New Hampshire.

1.6.3: Collaborate with multiple stakeholders to advance the strategy.

Priority Area 1: Access to Oral Health Care	
Potential Partners/Resources/Assets	**Existing Programs & Initiatives**
• American Dental Association • Adult educators • Advocacy groups • Bi-State Primary Care • NH Dental Society • NH Department of Education • Emergency Medicine • Family Medicine • FQHC's • Health Educators • Hospitals • Internists • Kids Count • Legislators • Librarians • Medicaid • NH Dental Hygienists' Association • NH Dental Society • NH Department of Health and Human Services • NH Medical Society • NH Oral Health Coalition • Obstetricians • Pediatricians • PTAs • Social Workers • State Area Agencies • Training programs/schools (i.e.: University of New England, NHTI, etc.)	• EFDA: Expanded Function Dental Assistant • CPHDH: Certified Public Health Dental Hygienist • Massachusetts model of an Oral Health Committee in the MA Medical Society • Massachusetts and successful strategy for no-shows.

Priority Area 2: Oral Health Care Prevention and Timely Intervention

GOAL

2. Promote and implement timely interventions that prevent and control dental disease and injury across the lifespan for all NH residents.

OBJECTIVES

2.1: Establish a baseline to understand the current oral health infrastructure in terms of the number of NH programs providing evidence-based and promising practices services that prevent and control dental disease.

2.2: Increase the number medical practices providing fluoride varnish applications.

2.3: Increase the percentage of NH children living in Merrimack, Hillsborough, and Coos Counties who receive dental sealants to at least 60% by 2020.

2.4: Expand dental provider types allowed to bill Medicaid and private insurers for services; and covered services by Medicaid by 2020.

2.5 Increase the percent of NH residents serviced by a fluoridated public water system by at least 15% by 2020.

2.6: Develop and communicate a protocol around fluoride supplementation for oral health and primary health care providers by 2020.

2.7: Support activities to increase early detection and promote prevention of oral and pharyngeal cancer in NH by 2020.

2.8: Reduce the incidence of oral and facial injuries by 2020.

2.9: Develop and implement an oral health communication plan that addresses prevention and control of dental disease by 2020.

Objective 2.1: Establish a baseline to understand the current oral health infrastructure in terms of the number of NH programs providing evidence-based and promising practices services that prevent and control dental disease.

Outcome Indicator	Baseline	Target	Data Source
Established baseline	No baseline	Established baseline	Baseline survey

Strategies

2.1.1: Conduct a Baseline Survey, through the NH Oral Health Coalition, to establish a baseline of oral health services provided in non-traditional, community-based settings that will be updated regularly.

2.1.2: Utilize the Baseline Survey data to identify efficient and effective programs that address oral health services, workforce, funding, reimbursement, and partnerships.

2.1.3: Identify model programs for replication of best practices associated with oral health service delivery, workforce, funding, reimbursement, and partnerships.

2.1.4: Identify evidence-based interventions and promising practices that prevent and control dental disease across all age groups.

2.1.5: Integrate oral health into existing public health infrastructure.

2.1.6: Increase the number of Community Dental Centers linked to a school-based dental program.

2.1.7: Increase the number of oral health indicators collected, analyzed, and disseminated as part of NH oral health surveillance system modeled after CSTE framework (Council of State and Territorial Epidemiologists) from eight to 12.

2.1.8: Collaborate with oral health partners to identify and evaluate evolving workforce models with a focus on clinical service delivery, management practices and their ability to address the oral health needs of NH residents.

Objective 2.2: Increase the number medical practices providing fluoride varnish applications.

Outcome Indicator	Baseline	Target	Data Source
Number of medical practices providing fluoride varnish	To be established	Increase from baseline	NH Medicaid/All Payer Claims DB

Strategies

2.2.1: Ensure integration of risk assessment, anticipatory guidance, fluoride varnish application, and dental referral into medically based EPSDT services by supporting and facilitating the implementation of training, reimbursement, and provider/consumer acceptance of services.

2.2.2: Identify and disseminate information on the availability of provider training programs such as Smiles for Life, Bright Futures, CAMBRA (Caries Management by Risk Assessment), and other applicable programs.

2.2.3: Engage the NH Department of Education and local education leaders in the implementation and maintenance of efficient and effective school-based and school-linked services.

2.2.4: Use the Baseline Survey to identify and address the most significant gaps in fluoride varnish application in the medical setting.

Objective 2.3: Increase the percentage of NH children living in Merrimack, Hillsborough, and Coos Counties who receive dental sealants to at least 60% by 2020.

Outcome Indicator	Baseline	Target	Data Source
Increase in percentage of children with dental sealants in Merrimack, Hillsborough, and Coos Counties	<60%	>=60%	Third Grade Survey

Strategies

2.3.1: Increase public and provider awareness of the effectiveness and availability of sealants to prevent and abate dental caries.

2.3.2: Analyze the current community and office delivery system of sealants, identifying what currently works well (e.g., linking children with a dental home, application of sealants in dental offices) and where gaps exist.

2.3.3: Advocate for universal school-based sealant program.

Objective 2.4: Expand dental provider types allowed to bill Medicaid and private insurers for services; and covered services by Medicaid by 2020.

Outcome Indicator	Baseline	Target	Data Source
Number of provider types allowed to bill for services through Medicaid	2	3	Medicaid policy
Number of preventive and restorative services covered in NH through Medicaid for adults	3 (exam, radiograph, extraction)	>3	Medicaid fee schedule
Number of preventive and restorative services covered in NH through Medicaid for children	Current Medicaid Fee Schedule as of 7/30/2015		Medicaid fee schedule
Number of provider types allowed to bill for services through private insurers	2	3	Policy of top two dental insurers in the state

Strategies

2.4.1: Advocate to the NH Department of Health and Human Services Medicaid Oral Health Program staff and private insurers for a fee schedule for promising practice and evidence-based benefits and interventions for high-risk populations (including services currently provided but lacking a reimbursement schedule or payment mechanism).

2.4.2: Advocate for the provision and related payment for bundled preventive services that include oral health screening and education, care coordination, sealants, fluoride varnish, ITRs and referrals for high-risk populations.

2.4.3: Explore and develop alternate provider/practice models for delivery of efficient and effective services where providers work to full scope practice, with emphasis on vulnerable populations.

2.4.4: Monitor new value-based payment models that relate to improved health outcomes not procedure and provider type, (e.g., Pay for Performance).

2.4.5: Educate providers, program managers, and oral health business owners and managers on accurate, allowable use of Medicaid billing, coding, and processes.

Objective 2.5: Increase the percent of NH residents served by a fluoridated public water system by at least 15% by 2020.

Outcome Indicator	Baseline	Target	Data Source
Increase in the percentage of NH residents served by a fluoridated public water supply	46%	61%	DPHS/ CDC

Strategies

2.5.1 Promote awareness of the benefits of community water fluoridation to optimal levels.

2.5.2 Advocate for the adoption of community water fluoridation.

2.5.3 Ensure adequate infrastructure within the New Hampshire Department of Health and Human Services to support community water fluoridation and well water testing.

2.5.4 Identify key leaders, personnel, and resources that will be actively engaged in the fluoridation program.

2.5.5 Continue statewide fluoride monitoring and surveillance to track fluoride concentration in each of the fluoridated public water systems and support the Centers for Disease Control and Prevention's national fluoridation database

Objective 2.6: Develop and communicate a protocol around fluoride supplementation for oral health and primary health care providers by 2020.

Outcome Indicator	Baseline	Target	Data Source
Protocol developed	No current protocol	Established protocol	
Protocol communicated	No current communication	TBD by Oral Health Communication Plan	

Strategies

2.6.1: Assess knowledge and awareness of fluoride supplementation prescription practices among oral health and primary care providers.

2.6.2: Develop a process for communication between and among oral health and primary care providers regarding fluoride supplementation.

Objective 2.7: Support activities to increase early detection and promote prevention of oral and pharyngeal cancer in NH by 2020.

Outcome Indicator	Baseline	Target	Data Source
Number of activities conducted annually relating to early detection and prevention of oral and pharyngeal cancers.	TBD	TBD	Oral Health Coalition

Strategies

2.7.1: Ensure that tobacco control, substance abuse prevention, and comprehensive cancer programs address oral and pharyngeal cancer

2.7.2: Educate and work with oral health and primary care providers to increase knowledge and to integrate programs for the identification and prevention of disease.

2.7.3: Promote routine screening for oral and pharyngeal cancer by oral health and primary care providers.

2.7.4: Promote tobacco and alcohol prevention and education programs via coordination among oral and primary care health providers; school nurses and health educators; and tobacco and alcohol prevention programs.

2.7.5: Maintain continuing education on tobacco and alcohol prevention for oral health and primary care providers so that they can provide patients with the necessary information to help break their addiction.

Objective 2.8: Reduce the incidence of oral and facial injuries by 2020.

Outcome Indicator	Baseline	Target	Data Source
Reduction in incidence of oral and facial injuries	TBD	TBD	Claims data

Strategies

2.8.1: Promote the use of facemasks and mouth guards in all school and extracurricular sports programs.

2.8.2: Educate coaches, parents, students, and extracurricular sports staff on the importance of oral and facial injury prevention.

Objective 2.9: Develop and implement an oral health communication plan that addresses prevention and control of dental disease by 2020.

Outcome Indicator	Baseline	Target	Data Source
Development and implementation of plan	0	1	NH DHHS Oral Health Program

Strategies

2.9.1: Convene and facilitate an interdisciplinary team of health and communication stakeholders to create, implement, and evaluate a communication plan that utilizes an evidence-based communications framework.

Priority Area 2: Oral Health Care Prevention and Timely Intervention	
Potential Partners/Resources/Assets	**Existing Programs & Initiatives**
• Academia (including NH community college system) • American Dental Association • AHECs (Area Health Education Centers) • Bi-State Primary Care • Board of Dental Examiners • Centers for Disease Control and Prevention • Children's Alliance/Kids Count • Community Health Centers • Dartmouth Medical School, and Family Medicine and Pediatric Residency programs • Dental Hygienists Committee of the Board of Dental Examiners • Local Public Health Networks • NH Department of Education; school nurses • HNH Foundation • NH Health Care Association • NH Medical Society • NH Hospital Association • NH Nurses Association • NH Oral Health Coalition • NH chapters of Pediatric and Family Medicine Academies • NH Physician Assistants' Association • NH Public Health Association • NH Department of Health and Human Services • NH Medicaid Program	• FQHC's • WIC • Head Start • School-based programs • CPHDH • Health and wellness advocacy groups (obesity, tobacco, anti-poverty, income security): AARP, Kids Count • The Concord Sealant Program • Manchester Health Department (for community water fluoridation) • Families First Health and Support Center • Saving People's Smiles • The Greater Nashua Dental Connection –

Priority Area 3: Integration of Oral Health into Health Care

GOAL

3. A health care system that values and integrates oral health and overall health.

OBJECTIVES

3.1: Establish a baseline to integrate fluoride varnish, risk-assessment, anticipatory guidance, and referrals into 10 primary care practice well-child visits by 2020.

3.2: Create a model for an oral health and medical information sharing system by 2020.

3.3: Decrease ER utilization by 20% for non-traumatic dental services by 2020 and develop models for referral protocol for emergency rooms by 2018.

3.4: Increase the number of individuals from identified high risk populations who are receiving services at FQHCs, which provide integrated dental care either directly or through paid referral by 2020. Populations include, but are not limited to, people with disabilities, homeless, those with HIV, elderly, veterans, and mentally ill.3.5: Provide at least 20 training programs to a minimum of 100 health professionals in all NH health settings using an evidence-based oral health curriculum by 2020.

3.6: Encourage the integration of oral health care modules into current and future health profession educational curricula in New Hampshire by 2020.

Objective 3.1: Integrate fluoride varnish, risk assessment, anticipatory guidance, and referrals into the well-child visits of 10 primary care practices by 2020.

Outcome Indicator	Baseline	Target	Data Source
Number of primary care practices integrating fluoride varnish, Number of primary care practices integrating fluoride varnish, risk assessment, anticipatory guidance, and referrals	0	10	Baseline Survey

Strategies

3.1.1: Explore models for how to implement integration in the most cost effective way.

3.1.2: Implement training on oral health screenings, anticipatory guidance, dental home referrals, and fluoride delivery.

3.1.3: Implement pay-for-performance program in WIC settings by bundling in Medicaid.

3.1.4: Identify oral health metrics in place and identify gaps in data in FQHCs and hospitals.

3.1.5: Create or use existing health education tools at appropriate literacy and cultural competency as well as follow-up for patients (e.g.,www.philipsoralhealthcare.com/en_us/care)

Objective 3.2: Create a model for an oral health and medical information sharing system by 2020.

Outcome Indicator	Baseline	Target	Data Source
Model created for an oral health and medical information sharing system	No current model	Model established	Oral Health Coalition

Strategies

3.2.1: Identify best practices for referral tracking systems (medical-dental, both ways) that are being currently used locally or nationally.

3.2.2.: Select a community to pilot referral tracking system.

Objective 3.3: Decrease ER utilization by 20% for non-traumatic dental services by 2020 and develop models for referral protocol for emergency rooms by 2018.

Outcome Indicator	Baseline	Target	Data Source
Best practice model for referral protocol established	No current protocol	Established protocol	NH Dental Society, Review of National resources
Decrease in ER utilization rates for non-traumatic, ambulatory sensitive dental services	16,238 (based on 2007 data)	12,991 (-20%)	Hospital discharge data

Strategies

3.3.1: Establish baseline data on the number of hospital emergency departments that treat/refer for definitive oral health services.

3.3.2: Explore emergency room diversion programs by working with community partners (see ADA prototypes).

3.3.3: Quantify the financial impact of emergency room use for non-traumatic oral health issues.

3.3.4 Encourage NH hospitals and NH community health centers to play a major role in supporting the oral health safety net.

3.3.5: Assess the efficiency, effectiveness, and impact of the NH Certified Public Health Dental Hygienist (CPHDH) and the Expanded Function Dental Auxiliary (EFDA).

3.3.6: Advocate for comprehensive adult dental benefits through NH Medicaid and increased reimbursement for all Medicaid covered procedures, including in the ED.

3.3.7: Advocate for Medicare coverage of oral health and dental services, including in EDs.

3.3.8: Identify in-state and national models for addressing oral health in the emergency hospital setting

3.3.9: Promote and integrate hospital decision-makers into the oral health stakeholder network.

Objective 3.4: **Increase the number of individuals from identified high risk populations who are receiving services at FQHCs, which provide integrated dental care either directly or through paid referral by 2020. Populations include, but are not limited to, people with disabilities, homeless, those with HIV, elderly, veterans, and mentally ill.**

Outcome Indicator	Baseline	Target	Data Source
Increase in patients from vulnerable populations being served by FQHCs which provide integrated oral health care.			UDS data: State of NH Rollup

Strategies

3.4.1: Increase the utilization of hygienists in community-based settings that serve a range of vulnerable populations.

3.4.2: Educate and engage primary care providers treating patients in a range of settings that serve vulnerable populations to increase the availability of preventive and comprehensive oral health services.

3.4.3: Engage in the national oral health movement to add adult oral health benefits through Medicaid and Medicare.

3.4.4: Examine oral health status data on select vulnerable populations to determine gaps in oral health and primary care health settings.

3.4.5: Advocate for funding for programs, agencies, and organizations that provide, and could provide, oral health services to high-risk, underserved, and vulnerable populations.

3.4.6: Identify and support local, regional, and statewide work force solutions that will address vulnerable population oral health needs.

Objective 3.5: **Provide at least 20 training programs to a minimum of 100 health professionals in all NH health settings who receive training via an evidence-based oral health curriculum by 2020.**

Outcome Indicator	Baseline	Target	Data Source
Trainings conducted	0	20 trainings/100 health professionals	Oral Health Coalition

Strategies

3.5.1: Identify and implement evidence-based oral health curriculum in education and healthcare settings (i.e., Smiles for Life) both in-person and on-line.

3.5.2: Explore and offer incentives for providers to take advantage of the training (e.g., CEU's).

Objective 3.6: **Encourage the integration of oral health care modules into current and future health profession educational curricula in New Hampshire by 2020.**

Outcome Indicator	Baseline	Target	Data Source
Oral Health educational materials provided to institution(s)	0	>1	Oral Health Coalition

Strategies

3.6.1: Assess current modules for oral health integration.

3.6.2: Develop and distribute educational materials to institutions.

Priority Area 3: Integration of Oral Health with Health Care

Potential Partners/Resources/Assets	Existing Programs & Initiatives
• Cardiologists and Oncologists • Community Crossroads, State Designated Non-profit Area Agency • Dental Clinics • Easter Seals • Kimmie Nichols Center • Krempels Center • Molar Express Mobile • NH Pediatric Academy • NH Family Medicine Academy • NH Medical Society	• Integration at CHC's (8>) • Harbor Homes, Inc. • Families First Health and Support Center • Mid-state Health Center • Mobile oral health program integrated with homeless services and primary care services (at Families First) • Spear Hospital obstetrics model

NEXT STEPS

Implementation Phase

The components included in this Plan represent the strategic framework for a data-driven, Oral Health Plan. The New Hampshire Oral Health Coalition will continue to finalize the plan by developing specific one year action steps, assigning lead responsible parties, and identifying resources (both existing and those needed) for each priority area. An annual Oral Health Plan progress report will illustrate performance and will guide subsequent annual implementation planning.

Sustainability Plan

As part of the action planning process, partners and resources will be solidified to ensure successful Oral Health Plan implementation and coordination of activities and resources among key partners across New Hampshire. The New Hampshire Oral Health Coalition will serve as the executive oversight for the Oral Health Plan's progress and process. The Coalition will meet regularly and additional workgroup meetings and participants may be identified once the first year action plan is developed. Regular communication will be made available and new, creative ways to feasibly engage all partners will be explored throughout implementation of the Oral Health Plan.

ACKNOWLEDGEMENTS

The Planning Committee would like to thank the Endowment for Health, the HNH Foundation, and the Northeast Delta Dental Foundation for providing generous funding to support the development of the 2015 New Hampshire Oral Health Plan.

Additionally, the Committee extends thanks to all those who participated in the development of the 2015 New Hampshire Oral Health Plan, both statewide and nationally. Their passion, pursuit of excellence, expertise, and generosity of time were invaluable to ensuring an inclusive, robust, and strategic plan that will guide New Hampshire's oral health for the next five years.

APPENDICES

Appendix A: Participants in the Development of the 2015 NH Oral Health Plan

Appendix B: List of Documents Reviewed as Part of the 2015 NH Oral Health Plan

APPENDIX A: Participants in the Development of the NH Oral Health Plan

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Lynn Douglas Mouden, DDS, MPH	Centers for Medicare & Medicaid Services
Hugh Silk, MD	University of Massachusetts Medical School
Trini Tellez, MD	New Hampshire Department of. Health and Human Services, Office of Minority Health and Refugee Affairs

Appendix B: Documents Reviewed as Part of the 2015 New Hampshire Oral Health Plan

1. Nashua Division of Public Health and Community Services and New Hampshire Department of Health and Human Services, Division of Public Health Services, Oral Health Program. *City of Nashua 2013-2014 Third Grade Survey: An Oral Health and Body Mass Index Assessment of Nashua's Third Grade Students*, 2014.
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