Office of Oral Health Activities
MA Department of Public Health

Brittany Brown RDH
Director, Office of Oral Health
September 28, 2016
Office of Oral Health

To improve, promote and protect the oral health of Massachusetts residents.

Improve access to oral health services for Massachusetts residents.

Provide information to residents and decision makers.

Evidence-based prevention programs.
Office of Oral Health

- SEAL Program
- Portable Providers
- FMR/Tablet Program
- Community Water Fluoridation
- Medical Dental Linkages
- Oral Health Equity Project
- Perinatal Oral Health
Workforce

- Find these documents at www.mass.gov/dph/hcworkforcecenter
**Workforce Data**

**Dentists**

In 2012, 7,267 dentists renewed their license
- ✔ 42% reported being a MassHealth provider
- ✔ 34% reported plans to retire within the next 10 years

**Dental Hygienists**

In 2013, 6,602 dental hygienists renewed their license
- ✔ 27% reported that their primary practice accepts MassHealth
- ✔ About 10% reported that their primary practice offers a sliding fee scale
- ✔ 45 reported they were currently practicing as a PHDH

**How Many More Years Dentists Plan to Practice**

<table>
<thead>
<tr>
<th>Years</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - 5 years</td>
<td>13%</td>
</tr>
<tr>
<td>6 - 10 years</td>
<td>21%</td>
</tr>
<tr>
<td>11 - 15 years</td>
<td>16%</td>
</tr>
<tr>
<td>16 - 20 years</td>
<td>17%</td>
</tr>
<tr>
<td>21 - 30 years</td>
<td>19%</td>
</tr>
<tr>
<td>More than 30 years</td>
<td>9%</td>
</tr>
<tr>
<td>Not practicing dentistry</td>
<td>5%</td>
</tr>
</tbody>
</table>
Workforce - Dentists

Percent of All Primary Practices Located in County

- Berkshire: 1.6%
- Hampshire: 1.8%
- Franklin: 0.8%
- Middlesex: 25.0%
- Essex: 11.1%
- Suffolk: 17.3%
- Norfolk: 14.0%
- Hampden: 5.9%
- Worcester: 9.4%
- Bristol: 6.1%
- Plymouth: 6.0%
- Barnstable: 3.7%
- Nantucket: 0.2%
- Dukes: 0.3%

Legend:
- <1%
- 1 - 5%
- 6 - 10%
- 11 - 15%
- 16 - 25%
Workforce – Hygienists

Percent of All Primary Practices Located in County:
- <1%
- 1 – 5%
- 6 – 10%
- 11 – 15%
- 16 – 25%

Berkshire 2.1%
Hampshire 2.6%
Franklin .9%
Middlesex 23.6%
Essex 12.1%
Suffolk 8.1%
Norfolk 13.0%
Worcester 12.4%
Bristol 7.5%
Plymouth 4.6%
Barnstable 4.6%
Dukes 0.3%
Hampden 6.2%
Nantucket 0.2%
SEAL Program

Over 19,000 Students in 142 Schools in 16 School Districts

We provide...
- Oral Hygiene Education
- Screening
- Fluoride Varnish
- Dental Sealants
- Prophylaxis
- Referrals

Untreated Cavities: 15.1%
Caries Experience: 49.7%
SEAL Program

School Years 2007 - 2013

- 24,481 Students Screened
- 14,787 Students Received Dental Sealants
- 74,653 Dental Sealants Placed

71% served were MassHealth recipients.
Portable Dental Providers

• **Overall goal** – to map out where all portable/mobile providers are practicing in the state to assess which communities are most in need of services.
  - Public Health Dental Hygienists
  - Community Health Centers
  - School Based Health Centers
  - Local Departments of Public Health
  - Dental/Dental Hygiene Schools
  - Others???

• Meeting for all portable/mobile providers
  - More to come!
Community Water Fluoridation

Towns and Cities in MA
Fluoridation Status
- **Blue**: Fluoridated
- **Light Blue**: Partially Fluoridated
- **Yellow**: Non-Fluoridated, with Community Water Supply (CWS)
- **White**: Non-Fluoridated, no CWS
Community Water Fluoridation

Anti-fluoride activity has been taking place all over the state. Most notably in the past few years two communities brought the question to ballot – but both voted to continue fluoridating.

- The Office of Oral Health works closely with our partners at the Better Oral Health for Massachusetts Coalition (BOHMAC) to train and educate about fluoridation.
  - Boards of Health
  - Medical and Dental Providers
  - Students
  - Water Operators

Let us know if there is anti-fluoride activity taking place in your community!
School Based Fluoride Programs

**Fluoride Mouthrinse Program**
- Free weekly ‘swish’ program
- 2014-2015 School Year
  - Over 36,000 student in 265 schools from over 200 communities

**Fluoride Tablet Program**
- Daily chewable fluoride tablet
- 2014-2015 School Year
  - Serving over 800 children from 38 communities in MA
Medical Dental Linkage

Pilot Integration of medical and dental care in seven Community Health Centers.

- **Goal**: Strengthen and improve access to the state’s oral health workforce by better integrating oral health and primary care.
  - Procedures/Protocols
  - Referral Systems

- **Project Focuses**
  - Fluoride Varnish Application
  - Adult Diabetics
  - Group Visits
  - Pediatrics
Perinatal and Infant Oral Health

Pilot integration of medical and dental care in three Community Health Centers.

Goals:

• Increase by 10% the number of women who have a dental visit while pregnant
• Increase by 10% the number of infants who have a dental visit by age 1
• Statewide dissemination of the perinatal oral health guidelines entitled ‘Massachusetts Oral Health Practice Guidelines for Pregnancy and Early Childhood’

<table>
<thead>
<tr>
<th>General Age of First Dental Exam</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 12 Months</td>
<td>4%</td>
</tr>
<tr>
<td>12-23 Months</td>
<td>18%</td>
</tr>
<tr>
<td>24-35 Months</td>
<td>25%</td>
</tr>
<tr>
<td>36 Months or Older</td>
<td>36%</td>
</tr>
<tr>
<td>Do Not Treat Children</td>
<td>17%</td>
</tr>
</tbody>
</table>
Thank you!

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Spread The Word!

Hiring a part-time Dentist Director
http://www.ummsjobs.com/job/1498/
MA Oral Health Equity Project

Addressing the Oral Health Needs of Children in Worcester and Holyoke

Shelly Yarnie, Director, Local Public Health Initiatives
MDPH Office of Health Equity
Presentation to MLCHC Dental Directors
September 28, 2016
Healthy People 2020 Leading Health Indicator: Oral Health, OH-7

(Persons who visited the dentist in the past year)

Oral Health is a focus of this project for several reasons:

1. It is one of the few Healthy People 2020 leading indicators on which MA has not made progress in the last decade.

2. There is an opportunity to demonstrate improvements in health outcomes in the selected geographic hotspots by addressing health disparities that affect minorities.
Significant local barriers to access for people who speak Spanish at home

Worcester:

- 17% of residents in Worcester speak Spanish at home
- 7.4% of dentists working primarily in Worcester reported speaking Spanish with sufficient fluency to provide care
- less than 4% of dental hygienists in Worcester speak Spanish

Holyoke:

- 38% of residents in Holyoke speak Spanish at home
- 6.2% of dentists working primary in Holyoke reported speaking Spanish with sufficient fluency to provide care
- 12.5% dental hygienists in Holyoke speak Spanish

(Sources: ACS 2014 5 year estimates, Health Professions Data Series)
Keeping it SMART: Project Goals

Two Overall Goals:

- **Community impact**: Increase the number of minority children up to age 14 who are accessing oral health services and acquiring a dental home by 10% in **Worcester** and **Holyoke**.

- **Statewide impact**: Disseminate what we have learned about project methods and results; using what we have learned, develop plans for statewide adoption of best practices to reduce oral health disparities for Black and Hispanic children.
Project Objectives:

**Objective 1.** Participatory process to develop a Health Disparities Profile and Community Engagement Plan

**Objective 2.** Improving oral health access by year 5

**Objective 3.** Disseminate results and develop a statewide oral health equity plan by year 5
**Leveraging Opportunities**

**SEAL program**: School based sealant program will visit select schools in Worcester and Holyoke

**School nurses/school nurse leaders**: School nurses can work to create and implement a protocol for referring and tracking students to dental appointments with the help of MDPH and local CHC’s

**Early Childhood Programs (WIC, Head Start & Early Intervention)**: MDPH can work with WIC, Early Intervention or Head Start providers to provide oral health screenings to children

**Community Health Center/Private Provider Referral Network**: Collaborate with MDPH, local public school nurses and providers to develop a protocol for providing direct referrals for dental services
Implementation

• Do you currently receive referrals from outside organizations (WIC, HS, EI, private providers)?

• Who/which organization within the community would your clinic be willing to accept referrals from?

• How would you like these referrals to come to you – electronically, by phone, etc?

• Do you have the capacity for these referrals/how long would the wait for an appointment be/could you block off time for these specific referrals?

• How could you track these referrals – from the time you received the referral to the time the patient was seen?
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