

South Carolina Takes Action

*South Carolina Oral Health Advisory Council
South Carolina Oral Health Coalition*



South Carolina State Oral Health Plan

Update May 26, 2008

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Introduction

Great discoveries and improvements invariably involve the cooperation of many minds.

-- Alexander Graham Bell

The two goals of the United States' guiding public health document, *Healthy People 2010*, are (1) to eliminate disparities in access to health care and health outcomes and (2) to increase quality of life (USDHHS, 2000). *Healthy People 2010* is designed to serve as a roadmap for improving the health of all people in the United States during the first decade of the 21st century. Oral health is a significant contributor to overall health; to increase quality of life, South Carolina must improve the oral health of its citizens. Most of the common oral diseases and conditions can be prevented through public health measures such as education and water fluoridation; the challenge becomes integrating health education, health promotion, and policy interventions to reduce the burden of oral disease on society.

One component of a successful health promotion plan is a set of specific, measurable objectives that set targets for the reduction of disease burden, disease prevention, and health promotion. Chapter 21 of *Healthy People 2010* contains baseline information on national oral health indicators and suggests objectives for key public health processes and outcomes related to improving general oral health. *Oral Health in America: A Report of the Surgeon General* alerted Americans to the importance of oral health in their daily lives. When the *Report* was issued in May of 2000, it detailed how oral health is promoted, how oral diseases and conditions are prevented and managed, and what needs and opportunities exist to enhance oral health. The Surgeon General's report on oral health was a wake-up call, spurring policy makers, community leaders, private industry, health professionals, the media, and the public to affirm that oral health is essential to general health and well-being and to take action. That call to action led a broad coalition of public and private organizations and individuals to generate *A National Call to Action to Promote Oral Health* in 2003. The Surgeon General's *Report* concluded with a framework for action, calling for a national oral health plan to improve quality of life and eliminate oral health disparities.

National objectives on oral health such as those in *Healthy People 2010* provide measurable targets for the nation, but most core public health functions of assessment, assurance, and policy development occur at the state level. The *National Call to Action to Promote Oral Health* calls for the development of plans at the state and community levels, with attention to planning, evaluation, and accountability. The South Carolina Department of Health and Environmental Control (SC DHEC) Strategic Plan contains a series of goals and objectives for improving the state's health status by the year 2010. The goals are very similar to the national goals in *Healthy People 2010*. All divisions of SC-DHEC are expected to include the agency goals as part of the division's planning process. A State Oral Health Plan is essential to guiding the agency's activities to improve the oral health of South Carolina citizens.

The State Oral Health Plan describes the burden of oral disease in South Carolina, the collaborative process used to develop a comprehensive plan for action, a vision statement with an action plan, and methods to evaluate desired plan outcomes. Also included in the State Oral Health Plan are national objectives from *Healthy People 2010*. The *Healthy People 2010* objectives serve as additional benchmarks for success in evaluating the outcomes of the planned strategies and action steps.

The State Oral Health Plan for South Carolina is structured on the PRECEDE-PROCEED model of community assessment and program implementation (Green and Kreuter, 1999). The PRECEDE/ PROCEED model was developed to provide a framework for designing, implementing, and evaluating health interventions. The model is divided into eight phases, split into two parts: the PRECEDE (Predisposing, Reinforcing, and Enabling Constructs in

Educational/Ecological Diagnosis and Evaluation) model, comprising phases one through four; and the PROCEED (Policy, Regulatory, and Organizational Constructs in Educational and Environmental Development) model, comprising phases five through eight.

Phase one of PRECEDE begins by assessing the quality of life of the general population; phase two expands this assessment by including epidemiological data relating to the health outcome in question, including genetic and behavioral factors. In phase three, broader individual and community factors that contribute to the health outcome are explored. Phase four looks at policy implications on proposed health intervention programs, as well as covering the resources needed (human, fiscal, and spatial) for implementation of the program.

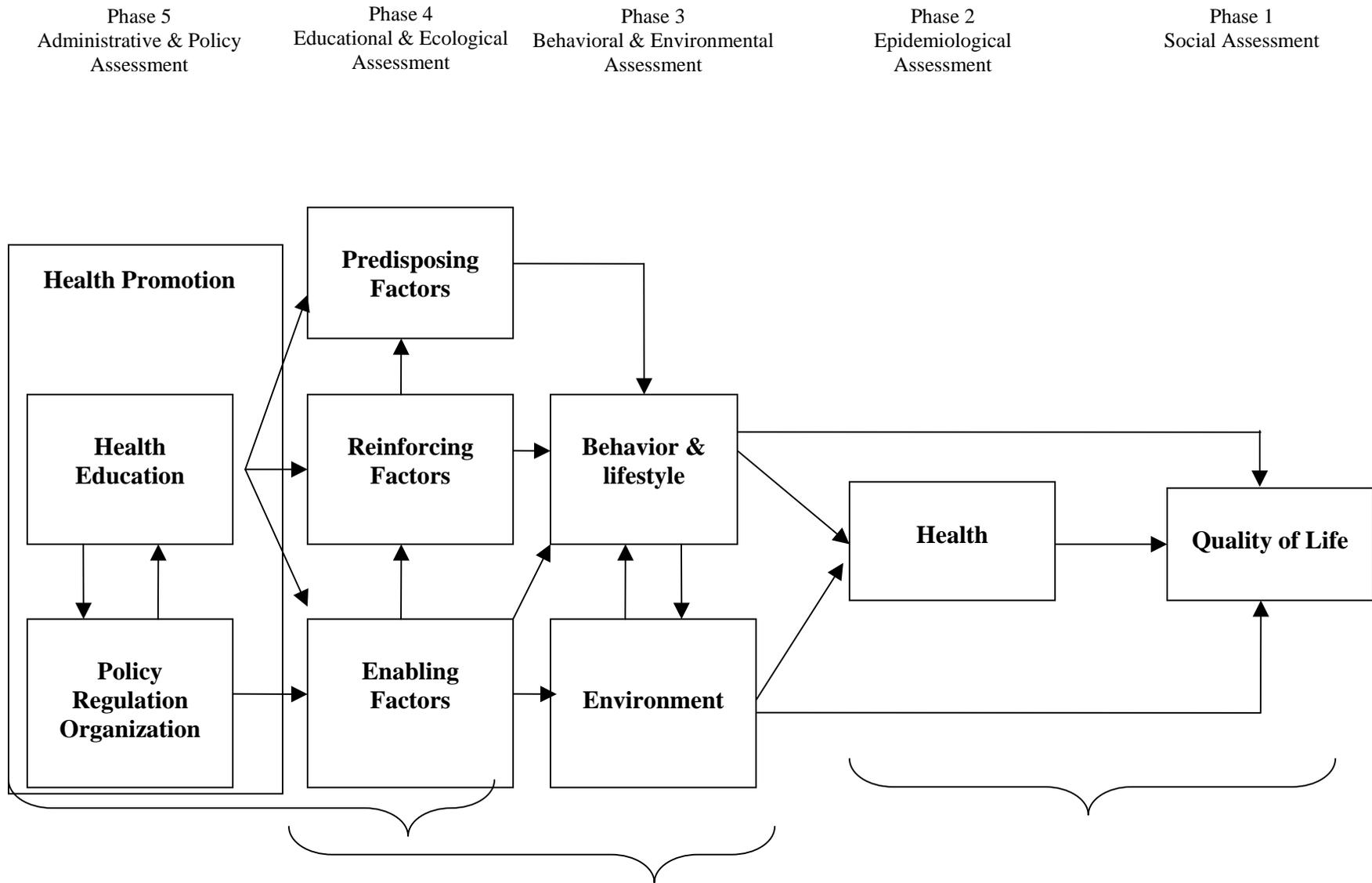
The second half of the model, PROCEED, covers the actual implementation of health intervention programs and evaluations of their outcomes. Each of the four phases in PROCEED corresponds with specific phases of PRECEDE. Phase five, the implementation of a health intervention program, is directly linked to phase four (the resources needed for implementation). Phases six, seven, and eight allow for evaluation of the program at the individual, program, and population levels.

This model provides a framework for the design and implementation of most health promotion interventions. It requires the program designer to examine the health issue not only from the standpoint of implementation, but also from “before” and “after” views: is this health program really essential, based on the health needs of the population? After implementation, did the health program have an effect on the health of the general population?

As the State Oral Health Plan is updated every few years, the underlying PRECEDE/PROCEED structure will continue to guide policymakers and public health professionals in choosing the most effective way to reach the public. National indicators such as Maternal and Child Health Bureau Title V Performance Measures are referenced, along with *Healthy People 2010* baseline and progress measures. Data collected by the state of South Carolina during implementation of the Oral Health Surveillance Plan (including the Oral Health Needs Assessment, done every five years) are included as a measure of South Carolina’s progress toward meeting the objectives outlined in this plan.

The State Oral Health Plan was developed under the purview of the leadership of the Division of Oral Health at South Carolina DHEC, along with its Advisory Council and Coalition, and was facilitated by an external evaluator at the University of South Carolina’s Arnold School of Public Health, Department of Health Services Policy and Management. It is a living document, not intended to sit on a shelf or a table. This plan is a collaborative effort of people and organizations that want all South Carolina citizens to have healthy mouths and healthy bodies. We need many minds that are able to work together to improve oral health in order to make significant change!

GENERAL THEORETICAL FRAMEWORK (Green and Kreuter, 1999)

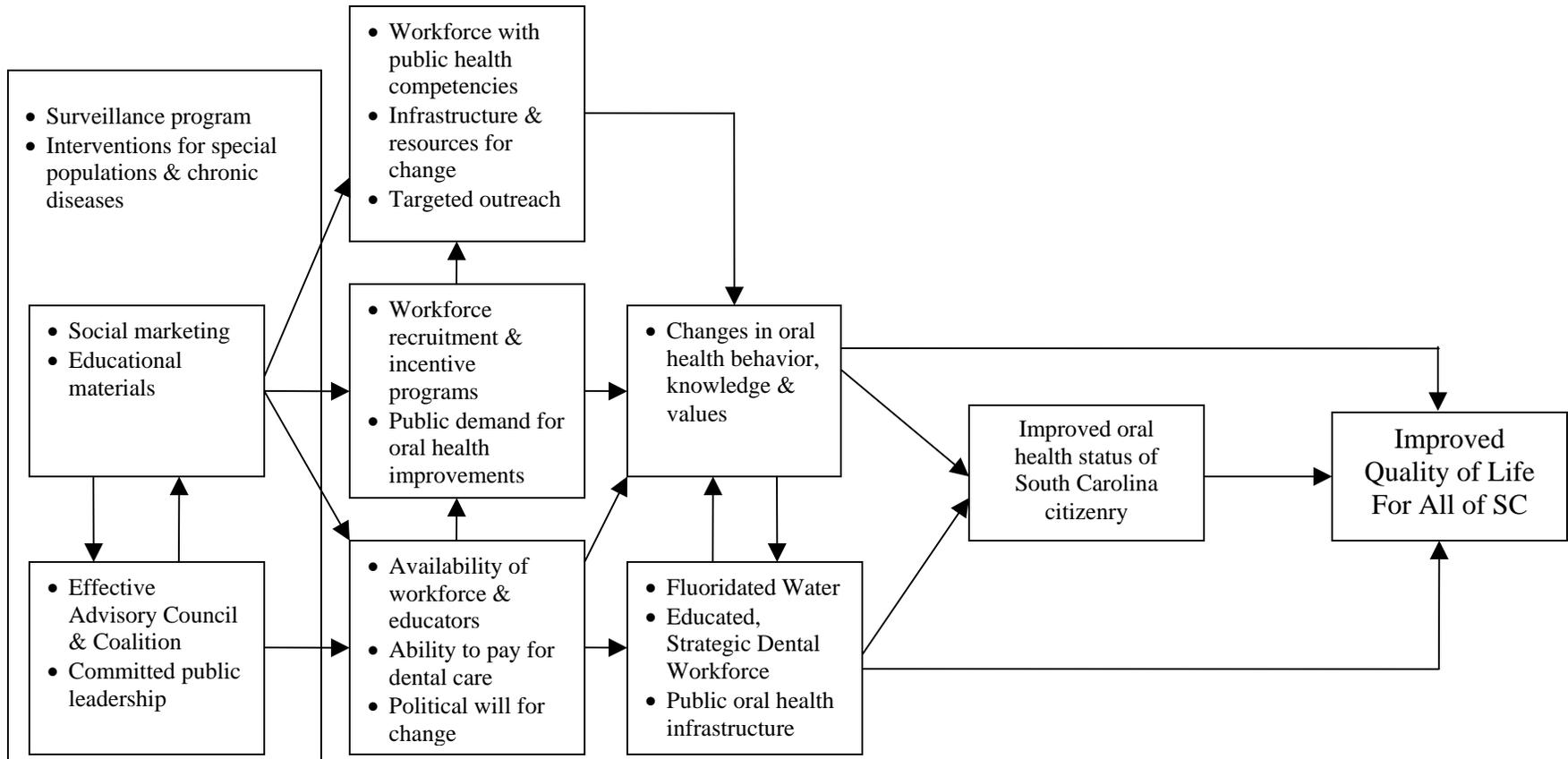


Phase 6
Program Implementation

Phase 7
Process Evaluation

Phase 8
Impact Evaluation

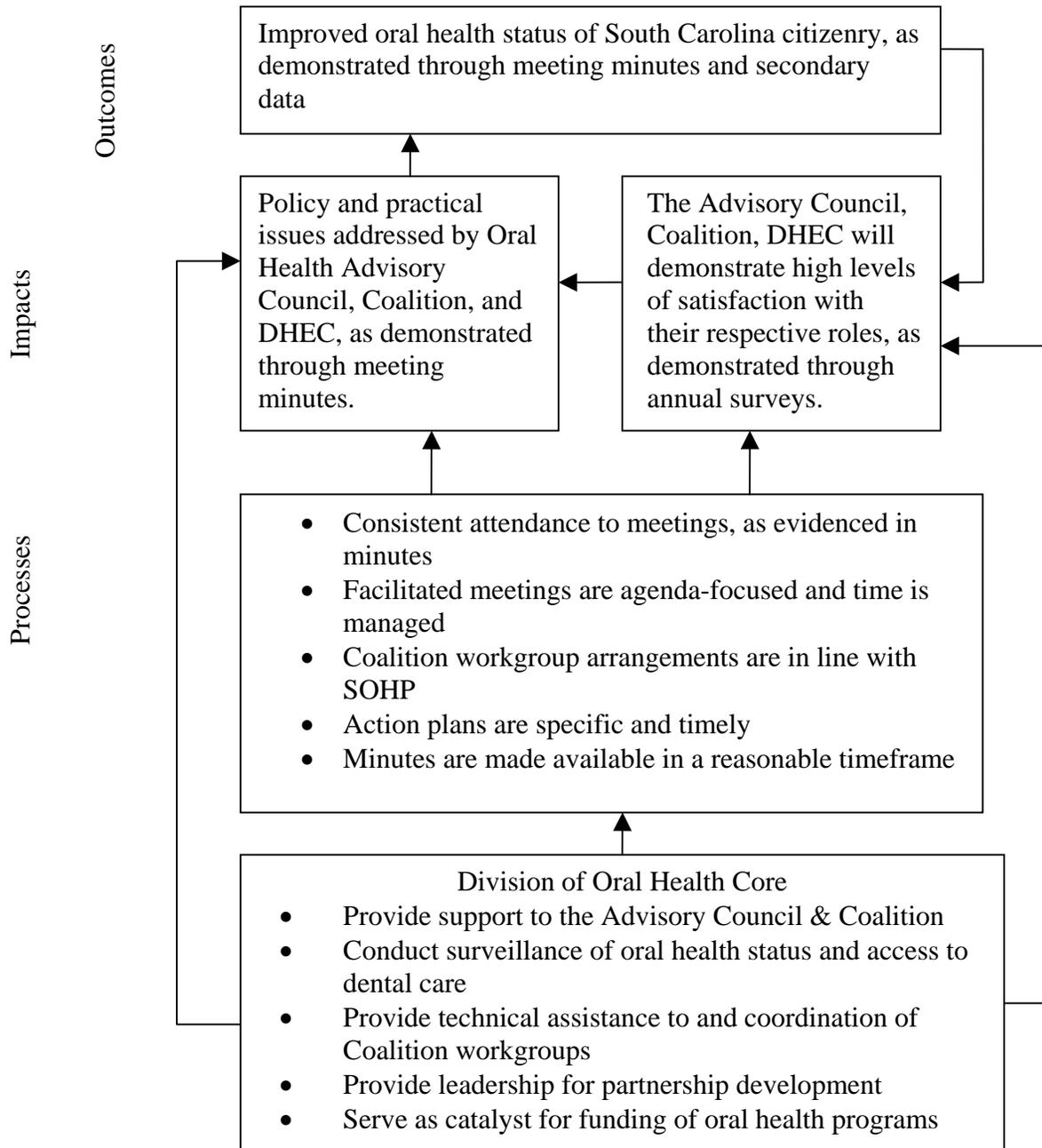
Phase 9
Outcome Evaluation



Chapter 1: Advocacy and Policy

Background - It was emphasized repeatedly during the National Governor’s Association Policy Academy in 2000 and subsequent state oral health summits that the most critical aspect of the state’s response to the silent epidemic of dental disease is to assemble a group of high profile stakeholders to guide the process of increasing recognition of oral health issues among policy makers and the public. As former US Surgeon General stated in his 2000 Report on Oral Health in America, we should “change perceptions regarding oral health and disease so that oral health becomes an accepted component of general health.”

Logic Model –



Objectives:

1.1. Establish a Coalition and Advisory Board structure that promotes coordination and facilitative communication by September 2006.

Healthy People Reference: 7-11u: Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs, with regards to oral health.

Baseline (1996-97): 25%

2010 Target: 50%

Original State Oral Health Plan Reference: Priority 1, Strategy 1.1 (See Appendix A)

Measurement Type: Process

Data Collection Method: DHEC Division of Oral Health staff will collect a standardized quarterly advisory summit (QAS) report and track progress. The QAS report template is in Appendix B.

1.2. Conduct quarterly advisory summits (QAS) that contain 3 parts: (a) preliminary joint session of Advisory Council and Coalition to raise policy and practice issues for 30 minutes; (b) Advisory council and coalition split for 1 hour so that the former addresses policy issues and the latter reports on their activities; (c) wrap up joint session for action plans to be agreed upon for 30 minutes.

Healthy People Reference: 7-11u: Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs, with regards to oral health.

Baseline (1996-97): 25%

2010 Target: 50%

Original State Oral Health Plan Reference: Priority 1, Strategy 1.1 (See Appendix A)

Measurement Type: Process

Data Collection Method: DHEC Division of Oral Health staff will collect a standardized quarterly advisory summit (QAS) report and track progress. The QAS report template is in Appendix B.

1.3. Improve the satisfaction of Advisory Council, Coalition, and DHEC staff with their respective roles by March 2008.

Healthy People Reference: 7-11u: Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs, with regards to oral health.

Baseline (1996-97): 25%

2010 Target: 50%

Original State Oral Health Plan Reference: Priority 1, Strategy 1.1 and 1.2 (See Appendix A)

Measurement Type: Impact

Data Collection Method: An outside evaluator will conduct a satisfaction survey (to be developed) on an annual basis.

1.4. Improve the speed with which the Advisory Council and Coalition are able to address and resolve policy and practical issues in oral health by September 2007.

Healthy People Reference: Not applicable

Original State Oral Health Plan Reference: Priority 1, Strategy 1.1 and 1.2 (See Appendix A)

Measurement Type: Impact

Data Collection Method: DHEC Division of Oral Health staff will collect a standardized quarterly advisory summit (QAS) report and track progress. The QAS report template is in Appendix B.

1.5 Improve the overall oral health status of South Carolinians (of all ages) through advocating policies that promote oral health by September 2007.

Healthy People Reference: 7-11w: Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs, with regards to surveillance and data systems.

Baseline (1996-97): 14%

2010 Target: (developmental)

Original State Oral Health Plan Reference: Priority 1, Strategy 1.1 and 1.2 (See Appendix A)

Measurement Type: Outcome

Data Collection Method: DHEC Division of Oral Health staff will collect a standardized quarterly advisory summit (QAS) report and track progress. The QAS report template is in Appendix B.

1.6. Conduct annual statewide Oral Health Forum in order to educate the Advisory Council, Coalition, Division of Oral Health, and other key stakeholders on emerging public oral health and dental care issues.

Healthy People Reference: 7-11u: Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs, with regards to oral health.

Baseline (1996-97): 25%

2010 Target: 50%

Original State Oral Health Plan Reference: Priority 1, Strategy 1.1 (See Appendix A)

Measurement Type: Process

Data Collection Method: Evidence of the annual forums includes registrations, agenda, and other supporting documentation.

1.7. Assist the Advisory Council and Coalition in planning, implementation, and evaluation of the State Oral Health Plan.

Healthy People Reference: 7-11u: Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs, with regards to oral health.

Baseline (1996-97): 25%

2010 Target: 50%

Original State Oral Health Plan Reference: Priority 1, Strategy 1.1 (See Appendix A)

Measurement Type: Process

Data Collection Method: Evidence of QAS report and evaluation products.

Comments:

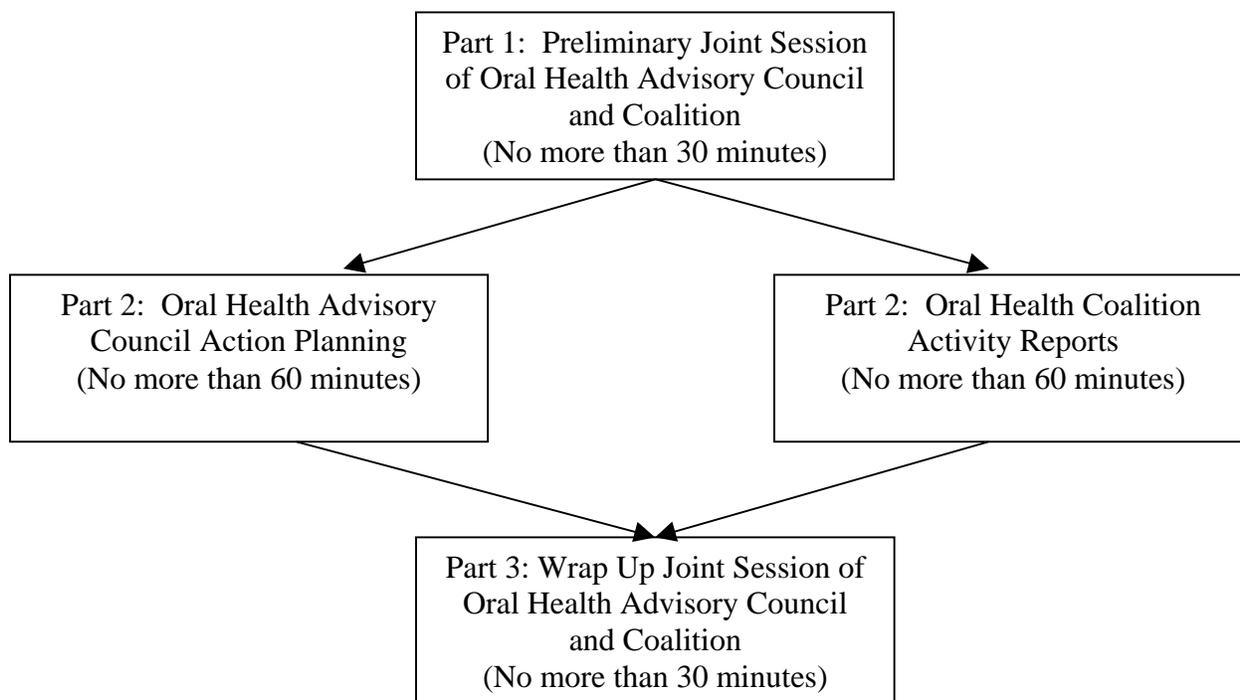
Organizational & Process Issues

The Oral Health Advisory Council and Coalition have historically made demonstrable contributions to DHEC's Division of Oral Health. There were, however, noted communication and coordination challenges among the three entities. Given the utility of each group, there is tremendous value in using the strengths of each group in furthering public oral health in South Carolina. An enhanced strategy, delineated in this section, is proposed based on meaningful feedback given by Coalition members at several evaluation planning venues.

The Coalition recognizes the political expertise of the Advisory Council members, and would like to see it used more effectively and in concert with the practical and policy issues the Advisory Council members see in the oral health field. This spirit of coordination was articulated consistently at evaluation planning meetings in the Fall of 2005 and Winter of 2006. A proposed advisory structure and process is presented here, based on Coalition recommendations and noted communication and coordination challenges.

Advisory Structure and Process

The Advisory Council and Coalition will have quarterly advisory summits (QAS) effective December 2006. The Summit meetings will be no more than 2 hours in length and will be facilitated by Division of Oral Health staff. The structure is advisory process and structure is presented in the figure below:



PART 1: It is proposed that the initial 30 minutes of the meeting agenda be dedicated to integrating the Advisory Council and Coalition with the specific purpose of identifying policy and practical issues that need addressing by the entities. Specific agenda items could include:

- (1) The Advisory Council sharing their knowledge of federal and state policies that are currently, or will subsequently, impact oral health care in South Carolina.
- (2) The Coalition sharing their concerns about practical and policy issues they are facing in the field.

- (3) The establishment of a policy priority list for the upcoming quarter achieved through consensus between the two groups.

It is important to note here that policy does not necessarily mean legislation. Policy may be in the form of recommendations from relevant advocacy groups; including, but not limited to the Dental Association, the Primary Care Association, and the Public Health Association. The Division of Oral Health will provide meeting minutes and facilitation.

PART 2: Once the policy priority list is established, the two groups will split for individualized meetings lasting not more than one hour. The Advisory Council will address the policy priority list by developing an Action Plan at each meeting. The Action Plan will consist of three core components:

- (1) Suggestions on what they (Advisory Council) can do within their purview of influence to further the policy priority item(s) and deadlines for action.
- (2) Suggestions on what the Coalition members can do to mobilize and address the policy agenda item(s) and deadlines for action.
- (3) Suggestions on what the Division of Oral Health can do to address the policy priority item(s) and deadlines for action.

A member of the Division of Oral Health staff will facilitate and keep minutes of the Advisory Council meeting.

Simultaneously, the Coalition will conduct their own meeting specific to updating its membership on its workgroup activities that are directly related to the State Oral Health Plan (SOHP). The workgroups will need to be restructured so that they are organized similarly to the SOHP. The SOHP will need to be revised so that it better reflects the priorities of Division of Oral Health's evaluation plan and the state's oral health agenda. The workgroups are responsible for scheduling meetings and engaging in their activities prior to the Quarterly Advisory Summit. A member of the Division of Oral Health staff will facilitate and keep minutes of the Advisory Council meeting.

PART 3: For the remaining 30 minutes of the QAS, the Advisory Council and Coalition will reconvene for the purpose of debriefing the Action Plan for the policy priorities. Advisory Council members will share their recommendations of action with discussion facilitated by Division of Oral Health staff. Minutes will be taken so that there is an official record of the priorities, action plans for each entity, and deadlines. The minutes from Part 3 of the QAS will serve as the agenda item for the next QAS. Therefore, Part 1 of the subsequent QAS will lead off with an update from the previous QAS's Action Plan with the establishment of a new priority list. It is likely some items will be recurring, however, this process provides an information feedback loop to all key stakeholders.

Evaluation Relevance

The report from the QAS will serve as a key qualitative data source for the evaluation of the advisory portion of the state's public oral health program. The proposed structure and process provides a fluidity and stability in the agenda with appropriate tracking of follow-up. Additional quantitative data will be a component of the report, as well as addressing policy issues. For example, it may become necessary to look at Medicaid utilization if reimbursement issues are addressed. There are several objectives suggested for the advisory capacity component of the evaluation, as demonstrated in the draft logic model included at the beginning of this section.

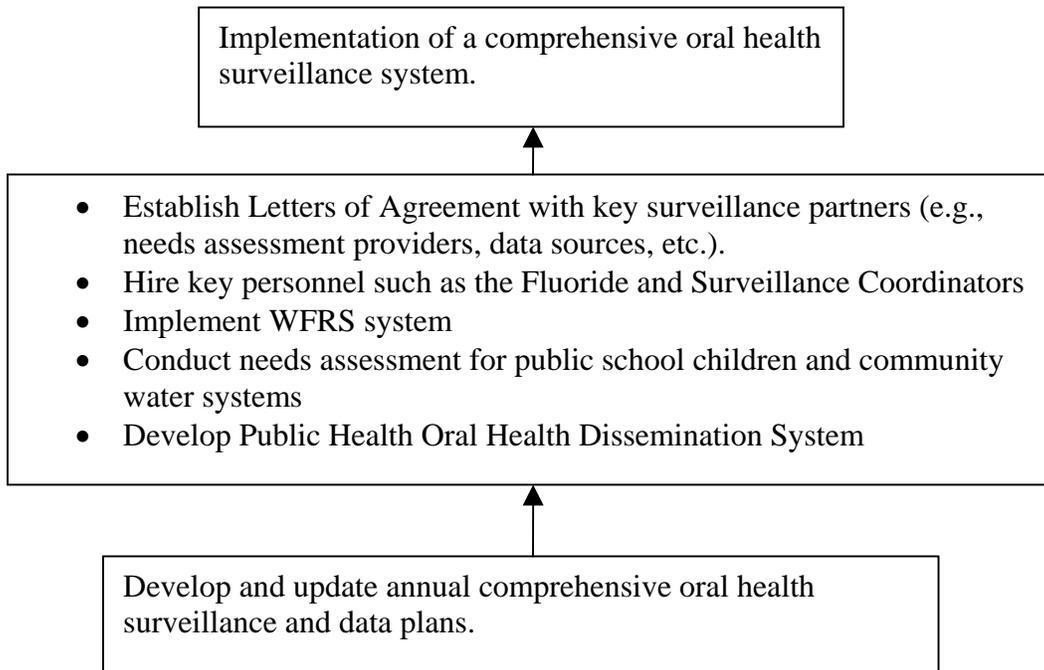
Summary

The proposed advisory structure and process is intended to make the best use of the key stakeholders' time and talents. It is intended to improve communication and coordination among all the entities, while maximizing the capacity currently experienced by the Division of Oral Health. The new advisory structure and process was implemented beginning in December 2006 in order to provide a period of transition as Coalition workgroups are reorganized and centered on the SOHP and evaluation effort.

Chapter 2: Surveillance

Background: In broad terms, the surveillance system will be used to produce scientifically valid and reliable data that could be used by policy makers from the state to the county level in designing, implementing and evaluating public oral health interventions. Stakeholders will be able to use surveillance data for their own purposes. They will in turn provide useful information on the evaluation process of the surveillance system. An annual surveillance plan will be published by DHEC.

Logic Model:



General Objectives:

2.1.1 Develop Public Health Dissemination System that includes publication of the State Oral Health Surveillance Plan, oral health burden documents, needs assessments, and other related surveillance information via an Internet presence through the DHEC Oral Health Website by June 2008.

Healthy People Reference: 21-16: Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system.

Baseline (1999): None

2010 Target: (total coverage)

Original State Oral Health Plan Reference: Priority 2, Strategy 2.1 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E)

Measurement Type: Process

Data Collection Method: Evidence of website.

2.1.2. Develop surveillance and data management plans that are compatible and National Oral Health Surveillance System and future GIS needs by March 2008, and update annually thereafter.

Healthy People Reference: 21-16: Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system.

Baseline (1999): None

2010 Target: (total coverage)

Original State Oral Health Plan Reference: Priority 2, Strategy 2.1 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E)

Measurement Type: Process

Data Collection Method: Evidence of surveillance plan.

2.1.3. Submit timely and relevant information to ASTDD and the National Oral Health Surveillance System on an established interval.

Healthy People Reference: 21-16: Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system.

Baseline (1999): None

2010 Target: (total coverage)

Original State Oral Health Plan Reference: Priority 2, Strategy 2.1 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E).

Measurement Type: Process

Data Collection Method: Evidence of ASTDD report.

2.1.4. Implement a comprehensive oral health surveillance system that meets the needs of all key stakeholders, leverages timely and relevant data, and is compliant with national standards by June 2009.

Healthy People Reference: 21-16: Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system.

Baseline (1999): None

2010 Target: (total coverage)

Original State Oral Health Plan Reference: Priority 2, Strategy 2.1 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E).

Measurement Type: Outcome

Data Collection Method: DHEC's surveillance coordinator will conduct interviews with key stakeholders to ascertain if their data needs are being met. Feedback will be used to enhance the surveillance plan and system.

2.1.5. The Surveillance Coordinator will collaborate with DHEC's PHSIS and the Office of Research and Statistics in the integration of all primary and secondary data sources germane to the Division of Oral Health's programs and services.

South Carolina Baseline: Not applicable

Healthy People Reference: 7-11w: Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs, with regards to surveillance and data systems.

Baseline (1996-97): 14%

2010 Target: (developmental)

Original State Oral Health Plan Reference: Not Applicable

Measurement Type: Process

Data Collection Method: Evidence of meeting minutes and resulting databases for surveillance.

Fluoridated Water Objectives:

2.2.1 Establish a community fluoride monitoring system using the CDC WFRS system .

Status: Met

Healthy People Reference – 21-16: Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system.

Baseline (1999): None

2010 Target: (total coverage)

21-9: Increase persons on public water receiving optimally fluoridated water.

Baseline (1992): 62%

2010 Target: (75%)

Original State Oral Health Plan Reference: Priority 2, Strategy 2.3 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E).

Measurement Type: Process

Data Collection Method: Evidence of CDC WFRS system.

2.2.2. Maintain a joint collaboration with Bureau of Water and Division of Oral Health.

Healthy People Reference: 21-16: Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system.

Baseline (1999): None

2010 Target: (total coverage)

Original State Oral Health Plan Reference: Priority 2, Strategy 2.1 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E).

Measurement Type: Process

Data Collection Method: Evidence by BOW-DOH Meeting Minutes

2.2.3. Complete annual assessment of community water systems using WFRS.

Healthy People Reference: 21-16: Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system.

Baseline (1999): None

2010 Target: (total coverage)

21-9: Increase persons on public water receiving optimally fluoridated water.

Baseline (1992): 62%

2010 Target: (75%)

Original State Oral Health Plan Reference: Priority 2, Strategy 2.1 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E).

Measurement Type: Process

Data Collection Method: Evidence of assessment.

2.2.4. Maintain a Fluoride Coordinator position to manage the WFRS.

Healthy People Reference: 21-16: Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system.

Baseline (1999): None

2010 Target: (total coverage)

21-9: Increase persons on public water receiving optimally fluoridated water.

Baseline (1992): 62%

2010 Target: (75%)

Original State Oral Health Plan Reference: Priority 2, Strategy 2.1 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E)

Measurement Type: Process
Data Collection Method: Position Description

2.2.5. Surveillance Coordinator to provide technical assistance to the Water Fluoridation Coordinator on surveillance activities.

Healthy People Reference: 21-16: Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system.

Baseline (1999): None
2010 Target: (total coverage)

Original State Oral Health Plan Reference: Priority 2, Strategy 2.1 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E)

Measurement Type: Process

Data Collection Method: Evidence by BOW\DOH Meeting Minutes.

2.2.6. By June 2009, DHEC Division of Oral Health staff will build into the surveillance plan, the ability to identify: (a) The number of homes served by public water system; (b) The number of homes served by fluoridated public water systems; and, (c) Areas where homes are not served by fluoridated water systems.

South Carolina Baseline: Not applicable

Healthy People Reference: 21-16: Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system.

Baseline (1999): None
2010 Target: (total coverage)

21-9: Increase persons on public water receiving optimally fluoridated water.

Baseline (1992): 62%
2010 Target: (75%)

Original State Oral Health Plan Reference – Priority 2, Strategy 2.3 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E)

Measurement Type - Process

Data Collection Method – Database

2.2.7. By March 2008, DHEC Division of Oral Health staff will build into the surveillance plan, the ability to determine if water systems provide monthly fluoridation level reports to the Bureau of Water.

South Carolina Baseline - Not applicable

Healthy People Reference – 21-16: Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system.

Baseline (1999): None
2010 Target: (total coverage)

21-9: Increase persons on public water receiving optimally fluoridated water.

Baseline (1992): 62%
2010 Target: (75%)

Original State Oral Health Plan Reference – Priority 2, Strategy 2.3 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E)

Measurement Type - Process

Data Collection Method – Surveillance Plan

2.2.8. By March 2008, DHEC Division of Oral Health staff will build into the surveillance plan, the ability to determine if the fluoridated water systems are maintaining optimal levels of fluoride.

South Carolina Baseline - Not applicable

Healthy People Reference – 21-16: Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system.

Baseline (1999): None

2010 Target: (total coverage)

21-9: Increase persons on public water receiving optimally fluoridated water.

Baseline (1992): 62%

2010 Target: (75%)

Original State Oral Health Plan Reference – Priority 2, Strategy 2.3 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E)

Measurement Type - Impact

Data Collection Method – Surveillance Plan

2.2.9. The Bureau of Water will manage the data flow protocol for the water fluoridation reports, which are received by DHEC from the water systems then sent to WFRS at CDC.

South Carolina Baseline - Not applicable

Healthy People Reference – 21-16: Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system.

Baseline (1999): None

2010 Target: (total coverage)

21-9: Increase persons on public water receiving optimally fluoridated water.

Baseline (1992): 62%

2010 Target: (75%)

Original State Oral Health Plan Reference – Priority 2, Strategy 2.3 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E)

Measurement Type - Process

Data Collection Method – Evidence of the website

2.2.10. By June 2009, DHEC Division of Oral Health staff will build into the surveillance plan, the ability to map community water fluoride levels and publish them on the DHEC website.

South Carolina Baseline - Not applicable

Healthy People Reference – 21-16: Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system.

Baseline (1999): None

2010 Target: (total coverage)

21-9: Increase persons on public water receiving optimally fluoridated water.

Baseline (1992): 62%

2010 Target: (75%)

Original State Oral Health Plan Reference – Priority 2, Strategy 2.3 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E)

Measurement Type - Process

Data Collection Method – Evidence of the website

Public School Objectives –

2.3.1. Conduct needs assessment on the oral health status of public school children in South Carolina by June 2008.

Healthy People Reference – 21-16: Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system.

Baseline (1999): None

2010 Target: (total coverage)

Original State Oral Health Plan Reference – Priority 2, Strategy 2.1 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E)

Measurement Type - Process

Data Collection Method – Evidence of contractual and permissive agreements between DHEC and key stakeholders for the sharing of information. Evidence of needs assessment completed.

2.3.2. Develop a Letter of Support with the South Carolina Dental Association, the South Carolina Dental Hygiene Association and DHEC for the Oral Health Needs Assessment by September 2007.

Healthy People Reference – 21-16: Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system.

Baseline (1999): None

2010 Target: (total coverage)

Original State Oral Health Plan Reference – Priority 2, Strategy 2.1 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E)

Measurement Type - Process

Data Collection Method – Evidence of letters of agreement.

2.3.3. Develop Letters of Agreement with the selected school districts and schools by September 2007.

Healthy People Reference – 21-16: Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system.

Baseline (1999): None

2010 Target: (total coverage)

Original State Oral Health Plan Reference – Priority 2, Strategy 2.1 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E)

Measurement Type - Process

Data Collection Method – Evidence of letters of agreement.

2.3.4. A comprehensive oral health cube will be developed by the Office of Research and Statistics, in partnership with DHEC, the Advisory Council and the Coalition, by August 2007 in order to provide surveillance data that will aid in the evaluation of the school-based oral health programs.

South Carolina Baseline - Not applicable

Healthy People Reference 7-11w: Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs, with regards to surveillance and data systems.

Baseline (1996-97): 14%

2010 Target: (developmental)

Original State Oral Health Plan Reference – Not Applicable

Measurement Type - Process

Data Collection Method – Evidence of the cube, which will be monitored through the Coalition.

2.3.5. The Division of Oral Health will track compliance with the state public health guidelines on an annual basis beginning September 2008.

South Carolina Baseline - Not applicable

Healthy People Reference 7-11u: Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs, with regards to oral health.

Baseline (1996-97): 25%

2010 Target: 50%

Original State Oral Health Plan Reference – Priority 5; Strategy 5.2 (See Appendix F)

Measurement Type - Process

Data Collection Method – Surveillance Coordinator will include this assessment, as a part of the annual needs assessment.

2.3.6. The Division of Oral Health will conduct a feasibility study, by June 2008, to determine if a unified data collection system can be developed in order to monitor state public health guideline compliance and integrate all the school-base programs' data.

South Carolina Baseline - Not applicable

Healthy People Reference 7-11u: Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs, with regards to oral health.

Baseline (1996-97): 25%

2010 Target: 50%

Original State Oral Health Plan Reference – Priority 5; Strategy 5.2 (See Appendix F)

Measurement Type - Process

Data Collection Method – Evidence of study, which will be monitored through the Coalition.

Comments – The objectives are based on the most current version of the SC Oral Health Surveillance Plan (See Appendix C), as well as work done by Coalition workgroups in the areas of school-based programs and fluoridated water. All objectives are expected to be completed by June 2011, and will be updated with new information based on *Healthy People 2020* at that time.

Chapter 3: Social Marketing

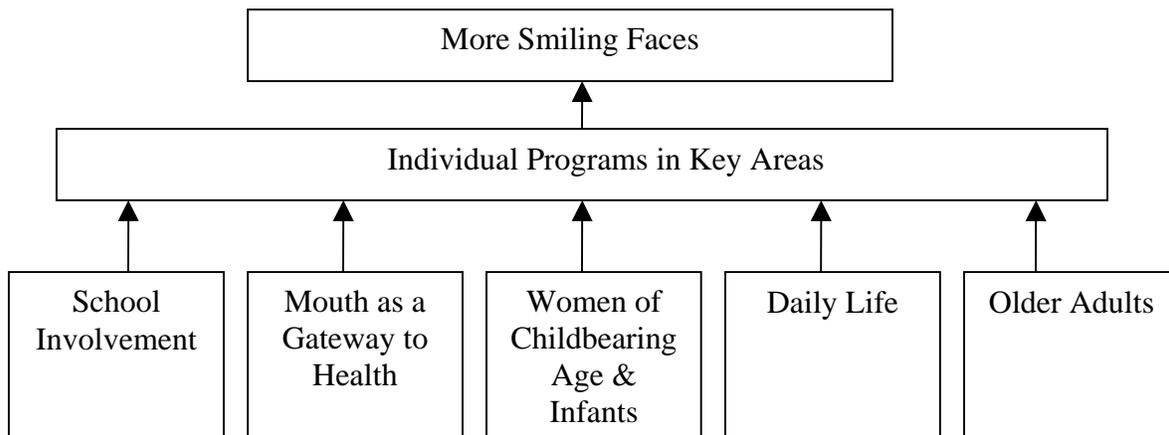
Background – SC DHEC hired consultant, Hyde Park Communications, to develop a five-year social marketing plan. The title of that plan is “More Smiling Faces” and was submitted to SC DHEC on September 24, 2004. A copy of the social marketing plan is presented in Appendix F. It reflects an action plan aimed at solving oral health problems identified by South Carolinians through building upon grassroots support while sustained funding is developed. Hyde Park addressed key audiences including: elementary and middle school students; women of childbearing age; low to moderate income individuals; older adults; and Hispanic populations.

The five-year plan has a three-pronged approach: (1) Start with grassroots activities focusing on approaches that can grow annually and involve citizens; (2) Build on DHEC resources and information that already exist. Be sure to use consistent messages and expand outreach opportunities; and, (3) Enlist key partners such as sports organizations or celebrities, retail partners, and the media.

Update: At the June 2007 7th Annual Oral Health Forum, the Social Marketing Workgroup was established, conducted meetings and reported at the QAS.

Logic Model –

Developed by Hyde Park



Objectives -

3.1 Implement the “Brush Up-Be Smart” Day, a school improvement approach, through a Coalition Workgroup in 10% of schools by June 2010.

Healthy People Reference 7-11: Increase culturally appropriate and linguistically competent community health promotion and disease preventions programs.

Baseline (1996-97): 25%

2010 Target: 50%

21-2: Reduce untreated dental decay in children and adults.

Baseline (1996) 20%

2010 Target: 57%

21-8: Increase sealants in 8 yr. old children with first molars and in 14 yr. old children with first and second molars.

Baseline (1988-94) 23% for 8 yr. olds and 15% for 14 yr. olds

2010 Target: 50% for all populations

21-12: Increase preventive dental services for poor children.

Baseline (1996) 20%

2010 Target: 57%

Original State Oral Health Plan Reference – Priority 2, Strategy 2.1 (See Appendix D; Priority 5, Strategies 5.1 and 5.2 (See Appendix G)

Measurement Type - Process

Data Collection Method –

(1) Monitor website traffic with the indicator of success being increases in “hits” to the DHEC Division of Oral Health website;

(2) Monitor requests for information with the indicator of success being increases in requests from the media, the general public and third-party intermediaries for campaign materials, all of which is collected by DHEC staff;

(3) Media analysis of the campaign with the indicator of success being placement of campaign messages and content online, general market and targeted newspapers and media coverage of community-based events, such as Smile Check;

(4) Partnership analysis of the campaign with the indicator of success being adoption of materials by partner organizations that further campaign goals and the inclusion of the campaign’s key messages in partner organizations’ communications vehicles: and,

(5) Conduct pre-intervention and post-intervention timeframes where possible.

3.2 Implement the “Word of Mouth Campaign,” a school improvement approach, through a Coalition Workgroup in 10% of schools by December 2009.

Healthy People Reference 7-11: Increase culturally appropriate and linguistically competent community health promotion and disease preventions programs.

Baseline (1996-97): 25%

2010 Target: 50%

21-2: Reduce untreated dental decay in children and adults.

Baseline (1996) 20%

2010 Target: 57%

21-8: Increase sealants in 8 yr. old children with first molars and in 14 yr. old children with first and second molars.

Baseline (1988-94) 23% for 8 yr. olds and 15% for 14 yr. olds

2010 Target: 50% for all populations

21-12: Increase preventive dental services for poor children.

Baseline (1996) 20%

2010 Target: 57%

Original State Oral Health Plan Reference – Priority 2, Strategy 2.1 (See Appendix D; Priority 5, Strategies 5.1 and 5.2 (See Appendix G)

Measurement Type - Process

Data Collection Method –

(1) Monitor website traffic with the indicator of success being increases in “hits” to the DHEC Division of Oral Health website;

(2) Monitor requests for information with the indicator of success being increases in requests from the media, the general public and third-party intermediaries for campaign materials, all of which is collected by DHEC staff;

(3) Media analysis of the campaign with the indicator of success being placement of campaign messages and content online, general market and targeted newspapers and media coverage of community-based events, such as Smile Check;

- (4) Partnership analysis of the campaign with the indicator of success being adoption of materials by partner organizations that further campaign goals and the inclusion of the campaign's key messages in partner organizations' communications vehicles: and,
- (5) Conduct pre-intervention and post-intervention timeframes where possible.

3.3 Implement “Keep Your Engine Running,” a mouth as a gateway to health approach, through a Coalition Workgroup by December 2010.

Healthy People Reference 7-11: Increase culturally appropriate and linguistically competent community health promotion and disease preventions programs.

Baseline (1996-97): 25%

2010 Target: 50%

Original State Oral Health Plan Reference – Priority 2, Strategies 2.1 and 2.2 (See Appendix D)

Measurement Type - Process

Data Collection Method –

- (1) Monitor website traffic with the indicator of success being increases in “hits” to the DHEC Division of Oral Health website;
- (2) Monitor requests for information with the indicator of success being increases in requests from the media, the general public and third-party intermediaries for campaign materials, all of which is collected by DHEC staff;
- (3) Media analysis of the campaign with the indicator of success being placement of campaign messages and content online, general market and targeted newspapers and media coverage of community-based events, such as Smile Check;
- (4) Partnership analysis of the campaign with the indicator of success being adoption of materials by partner organizations that further campaign goals and the inclusion of the campaign's key messages in partner organizations' communications vehicles: and,
- (5) Conduct pre-intervention and post-intervention timeframes where possible.

3.4 Implement “Happy First Birthday,” a women and infants approach, through a Coalition Workgroup by December 2008.

Healthy People Reference 7-11: Increase culturally appropriate and linguistically competent community health promotion and disease preventions programs.

Baseline (1996-97): 25%

2010 Target: 50%

Original State Oral Health Plan Reference – Priority 2, Strategies 2.1 and 2.2 (See Appendix D)

Measurement Type - Process

Data Collection Method –

- (1) Monitor website traffic with the indicator of success being increases in “hits” to the DHEC Division of Oral Health website;
- (2) Monitor requests for information with the indicator of success being increases in requests from the media, the general public and third-party intermediaries for campaign materials, all of which is collected by DHEC staff;
- (3) Media analysis of the campaign with the indicator of success being placement of campaign messages and content online, general market and targeted newspapers and media coverage of community-based events, such as Smile Check;
- (4) Partnership analysis of the campaign with the indicator of success being adoption of materials by partner organizations that further campaign goals and the inclusion of the campaign's key messages in partner organizations' communications vehicles: and,
- (5) Conduct pre-intervention and post-intervention timeframes where possible

(6) DHEC will work with ORS to determine if preventive dental services paid for by Medicaid increase for children under the age of 5 years during the “Happy Birthday” campaign.

3.5 Implement “The Complete Package,” a woman and infants approach, through a Coalition Workgroup by December 2009.

Healthy People Reference 7-11: Increase culturally appropriate and linguistically competent community health promotion and disease preventions programs.

Baseline (1996-97): 25%

2010 Target: 50%

Original State Oral Health Plan Reference – Priority 2, Strategies 2.1 (See Appendix D)

Measurement Type - Process

Data Collection Method –

- (1) Monitor website traffic with the indicator of success being increases in “hits” to the DHEC Division of Oral Health website;
- (2) Monitor requests for information with the indicator of success being increases in requests from the media, the general public and third-party intermediaries for campaign materials, all of which is collected by DHEC staff;
- (3) Media analysis of the campaign with the indicator of success being placement of campaign messages and content online, general market and targeted newspapers and media coverage of community-based events, such as Smile Check;
- (4) Partnership analysis of the campaign with the indicator of success being adoption of materials by partner organizations that further campaign goals and the inclusion of the campaign’s key messages in partner organizations’ communications vehicles: and,
- (5) Conduct pre-intervention and post-intervention timeframes where possible.

3.6 Implement “Smile Check,” a daily life approach, through a Coalition Workgroup by December 2009.

Healthy People Reference 7-11: Increase culturally appropriate and linguistically competent community health promotion and disease preventions programs.

Baseline (1996-97): 25%

2010 Target: 50%

21-2: Reduce untreated dental decay in children and adults.

Baseline (1996) 20%

2010 Target: 57%

21-8: Increase sealants in 8 yr. old children with first molars and in 14 yr. old children with first and second molars.

Baseline (1988-94) 23% for 8 yr. olds and 15% for 14 yr. olds

2010 Target: 50% for all populations

21-12: Increase preventive dental services for poor children.

Baseline (1996) 20%

2010 Target: 57%

Original State Oral Health Plan Reference – Priority 2, Strategies 2.1 and 2.2 (See Appendix D); Priority 5, Strategy 5.1 (See Appendix G)

Measurement Type - Process

Data Collection Method –

- (1) Monitor website traffic with the indicator of success being increases in “hits” to the DHEC Division of Oral Health website;

- (2) Monitor requests for information with the indicator of success being increases in requests from the media, the general public and third-party intermediaries for campaign materials, all of which is collected by DHEC staff;
- (3) Media analysis of the campaign with the indicator of success being placement of campaign messages and content online, general market and targeted newspapers and media coverage of community-based events, such as Smile Check;
- (4) Partnership analysis of the campaign with the indicator of success being adoption of materials by partner organizations that further campaign goals and the inclusion of the campaign's key messages in partner organizations' communications vehicles: and,
- (5) Conduct pre-intervention and post-intervention timeframes where possible
- (6) DHEC will work with ORS to determine if preventive dental services paid for by Medicaid increase for children under the age of 18 years.

3.7 Implement “Happy 65th Birthday,” an older adults approach, through a Coalition Workgroup by December 2010.

Healthy People Reference 7-11: Increase culturally appropriate and linguistically competent community health promotion and disease preventions programs.

Baseline (1996-97): 25%

2010 Target: 50%

Original State Oral Health Plan Reference – Priority 2, Strategies 2.1 (See Appendix D)

Measurement Type - Process

Data Collection Method –

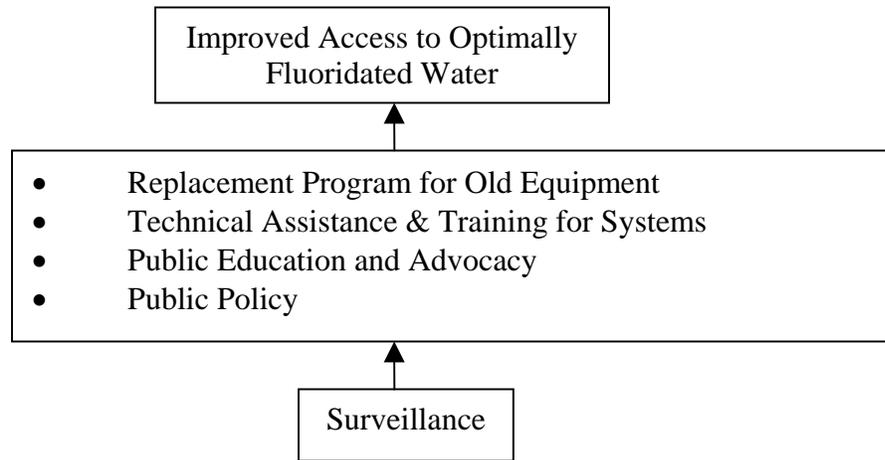
- (1) Monitor website traffic with the indicator of success being increases in “hits” to the DHEC Division of Oral Health website;
- (2) Monitor requests for information with the indicator of success being increases in requests from the media, the general public and third-party intermediaries for campaign materials, all of which is collected by DHEC staff;
- (3) Media analysis of the campaign with the indicator of success being placement of campaign messages and content online, general market and targeted newspapers and media coverage of community-based events, such as Smile Check;
- (4) Partnership analysis of the campaign with the indicator of success being adoption of materials by partner organizations that further campaign goals and the inclusion of the campaign's key messages in partner organizations' communications vehicles: and,
- (5) Conduct pre-intervention and post-intervention timeframes where possible
- (6) DHEC will work with ORS to determine if preventive dental services paid for by Medicaid increase for children under the age of 18 years.

Chapter 4: Water Fluoridation

Background – The Division of Oral Health and the Bureau of Water have formalized their relationship within DHEC. Key staff members meet every other month to address their shared fluoridated water agenda. The technical objectives presented in this section reflect this collaboration. The organizational chart (see Appendix H) delineates how the two offices fall within the organization. It is important to note, however, that there is a strong collaborative spirit with mutual support for each office.

A Coalition workgroup was formed at the December 2006 Quarterly Advisory Summit to address policy, advocacy and public education of fluoridated water. The group began addressing these objectives in February 2007.

Logic Model –



Objectives for Access

4.2.1 Maintain 91% the population on public water systems with access to fluoridated water.

South Carolina Baseline - Not applicable

Healthy People Reference – 21-16: Increase the number of agencies within the states and the District of Columbia that have an oral and craniofacial health surveillance system.

Baseline (1999): None
2010 Target: (total coverage)

21-9: Increase persons on public water receiving optimally fluoridated water.

Baseline (1992): 62%
2010 Target: (75%)

Original State Oral Health Plan Reference – Priority 2, Strategy 2.3 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E)

Measurement Type - Impact

Data Collection Method – WFRS

4.2.2. The Bureau of Water and Division of Oral Health will identify, through surveillance activities, specific populations using public water systems to target for fluoridated water enhancements by January 2009.

South Carolina Baseline - Not applicable

Healthy People Reference – 21-16: Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system.

Baseline (1999): None

2010 Target: (total coverage)

21-9: Increase persons on public water receiving optimally fluoridated water.

Baseline (1992): 62%

2010 Target: (75%)

Original State Oral Health Plan Reference – Priority 2, Strategy 2.3 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E)

Measurement Type - Process

Data Collection Method – WFRS

Objectives for New or Replacement Equipment

4.3.1. The Bureau of Water and Division of Oral Health will increase the number of water systems with new and/or replacement fluoridation equipment by 10% through the mini grants program by June, 2011.

South Carolina Baseline - Not applicable

Healthy People Reference 21-9: Increase persons on public water receiving optimally fluoridated water.

Baseline (1992): 62%

2010 Target: (75%)

Original State Oral Health Plan Reference – Priority 2, Strategy 2.3 (See Appendix D)

Measurement Type - Process

Data Collection Method – Administrative database managed by DHEC

4.3.2. The Bureau of Water and Division of Oral Health will identify the water systems that need new and/or replacement fluoridation equipment but have not applied to the mini grants program by January 2009.

South Carolina Baseline - Not applicable

Healthy People Reference 21-9: Increase persons on public water receiving optimally fluoridated water.

Baseline (1992): 62%

2010 Target: (75%)

Original State Oral Health Plan Reference – Priority 2, Strategy 2.3 (See Appendix D)

Measurement Type - Process

Data Collection Method – Administrative database managed by DHEC

4.3.3. The Bureau of Water and Division of Oral Health will promote the mini grants program for new and/or replacement fluoridate equipment to water systems in need by December 2007.

South Carolina Baseline - Not applicable

Healthy People Reference 21-9: Increase persons on public water receiving optimally fluoridated water.

Baseline (1992): 62%

2010 Target: (75%)

Original State Oral Health Plan Reference – Priority 2, Strategy 2.3 (See Appendix D)

Measurement Type - Process

Data Collection Method – Administrative database managed by DHEC

4.3.4. The Bureau of Water and Division of Oral Health continues to have a formal acceptance, review, and award process for the annual mini grants program for new and/or replacement fluoridate equipment by December of each year.

South Carolina Baseline - Not applicable

Healthy People Reference 21-9: Increase persons on public water receiving optimally fluoridated water.

Baseline (1992): 62%

2010 Target: (75%)

Original State Oral Health Plan Reference – Priority 2, Strategy 2.3 (See Appendix D)

Measurement Type - Process

Data Collection Method – Administrative database managed by DHEC

4.3.5. The Bureau of Water and Division of Oral Health will identify the water systems that have received new and/or replacement fluoridation equipment through funds other than the mini grants program by June 2009.

South Carolina Baseline - Not applicable

Healthy People Reference 21-9: Increase persons on public water receiving optimally fluoridated water.

Baseline (1992): 62%

2010 Target: (75%)

Original State Oral Health Plan Reference – Priority 2, Strategy 2.3 (See Appendix D)

Measurement Type - Process

Data Collection Method – Administrative database managed by DHEC

4.3.6. The Bureau of Water and Division of Oral Health will identify new sources of funding to augment the mini grants program by June 2009.

South Carolina Baseline - Not applicable

Healthy People Reference 21-9: Increase persons on public water receiving optimally fluoridated water.

Baseline (1992): 62%

2010 Target: (75%)

Original State Oral Health Plan Reference – Priority 2, Strategy 2.3 (See Appendix D)

Measurement Type - Process

Data Collection Method – Administrative database managed by DHEC

Objectives for Technical Assistance and Training

4.4.1. Increase by 50% the number of DOH and BOW staff who have received comprehensive CDC Water Fluoridation: Principles and Practices Course by June 2010.

South Carolina Baseline - Not applicable

Healthy People Reference 21-9: Increase persons on public water receiving optimally fluoridated water.

Baseline (1992): 62%

2010 Target: (75%)

Original State Oral Health Plan Reference – Priority 2, Strategy 2.3 (See Appendix D)

Measurement Type - Impact

Data Collection Method – Training database managed by DHEC

4.4.2. Increase by 50% the number of water system operators/managers who have received comprehensive CDC Water Fluoridation: Principles and Practices Course by June 2010.

South Carolina Baseline - Not applicable

Healthy People Reference 21-9: Increase persons on public water receiving optimally fluoridated water.

Baseline (1992): 62%

2010 Target: (75%)

Original State Oral Health Plan Reference – Priority 2, Strategy 2.3 (See Appendix D)

Measurement Type - Impact

Data Collection Method –Training database managed by DHEC

4.4.3.. The Bureau of Water and Division of Oral Health will have identified water system operators and providers who have not received BOW Fluoridation Training in the previous year by June 2009.

South Carolina Baseline - Not applicable

Healthy People Reference 21-9: Increase persons on public water receiving optimally fluoridated water.

Baseline (1992): 62%

2010 Target: (75%)

Original State Oral Health Plan Reference – Priority 2, Strategy 2.3 (See Appendix D)

Measurement Type - Process

Data Collection Method – Annual survey of operators will be administered by the Bureau of Water and Division of Oral Health

4.4.4. The Bureau of Water and Division of Oral Health will have identified a schedule of planned CDC and BOW fluoridation training by June 2009.

South Carolina Baseline - Not applicable

Healthy People Reference 21-9: Increase persons on public water receiving optimally fluoridated water.

Baseline (1992): 62%

2010 Target: (75%)

Original State Oral Health Plan Reference – Priority 2, Strategy 2.3 (See Appendix D)

Measurement Type - Process

Data Collection Method – Evidence of training opportunities.

4.4.5. The Bureau of Water and Division of Oral Health will develop an inventory of fluoridation specialists or consultants in South Carolina by June 2009.

South Carolina Baseline - Not applicable

Healthy People Reference 21-9: Increase persons on public water receiving optimally fluoridated water.

Baseline (1992): 62%

2010 Target: (75%)

Original State Oral Health Plan Reference – Priority 2, Strategy 2.3 (See Appendix D)

Measurement Type - Process

Data Collection Method – Evidence of inventory

Objectives for Public Education and Advocacy

4.5.1. The Bureau of Water and Division of Oral Health will improve the public's and policy makers' knowledge on the benefits of fluoridated water by June 2010.

South Carolina Baseline - Not applicable

Healthy People Reference 21-9: Increase persons on public water receiving optimally fluoridated water.

Baseline (1992): 62%

2010 Target: (75%)

Original State Oral Health Plan Reference – Priority 2, Strategy 2.3 (See Appendix D)

Measurement Type - Process

Data Collection Method – To be identified by Coalition

4.5.2. The Bureau of Water and Division of Oral Health will identify a process for fluoridated water advocacy, including training locations and content, by June 2008.

South Carolina Baseline - Not applicable

Healthy People Reference 21-9: Increase persons on public water receiving optimally fluoridated water.

Baseline (1992): 62%

2010 Target: (75%)

Original State Oral Health Plan Reference – Priority 2, Strategy 2.3 (See Appendix D)

Measurement Type - Process

Data Collection Method – GIS Map of Water Fluoridation Advocates

4.5.3. DHEC will train a Water Fluoridation Advocate for each of the eight DHEC Regions to provide information on the benefits of fluoridated water by June 2010.

South Carolina Baseline - Not applicable

Healthy People Reference 21-9: Increase persons on public water receiving optimally fluoridated water.

Baseline (1992): 62%

2010 Target: (75%)

Original State Oral Health Plan Reference – Priority 2, Strategy 2.3 (See Appendix D)

Measurement Type - Process

Data Collection Method – GIS Map of Water Fluoridation Advocates

Objectives for Public Policy

4.6.1. The Bureau of Water and Division of Oral Health will formalize a process for working with advocacy groups aimed at developing legislative policies that support a state plan for fluoridation by January 2010.

South Carolina Baseline - Not applicable

Healthy People Reference 21-9: Increase persons on public water receiving optimally fluoridated water.

Baseline (1992): 62%

2010 Target: (75%)

Original State Oral Health Plan Reference – Priority 2, Strategy 2.3 (See Appendix D)

Measurement Type - Process

Data Collection Method – To be identified by Coalition

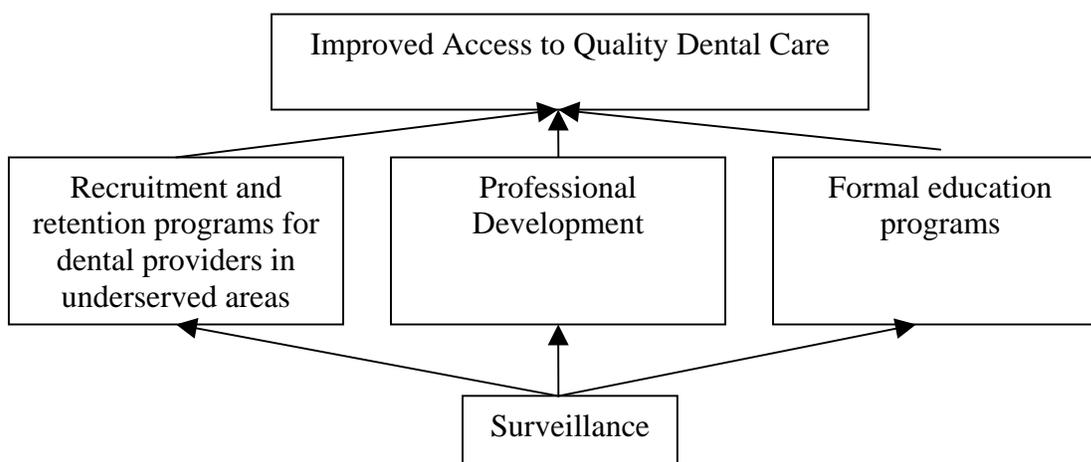
Chapter 5: Dental Workforce

Background

South Carolina relies on two programs to recruit dentists into the state to serve vulnerable and underserved populations. For many years, the National Health Service Corps was the only resource the state had to enhance the dental workforce. The DHEC Director of the Office of Primary Care manages the program. The Rural Dentist Program (RDP) was made available in 2005. The RDP is a program of the Medical University of South Carolina and is administered by the South Carolina Area Health Education Consortium (SCAHEC). The SCAHEC coordinates the activities of the RDP with the DHEC's Division of Oral Health.

A Coalition workgroup was established, based on the Coalition's priority assessment in 2008, to further develop objectives.

Logic Model



Objectives

5.1 The Advisory Council and Coalition will have representation from organizations involved in the recruitment and retention of dental providers.

South Carolina Baseline - The Director of the DHEC Office of Primary Care has been a committed member of the Coalition since its initiation.

Healthy People Reference - Not available

Original State Oral Health Plan Reference - Priority 4, Strategy 5.1 (See Appendix J)

Measurement Type - Process

Data Collection Method - Evidence of attendance and meeting minutes from the Quarterly Advisory Summit.

5.2 The Rural Dentist Program, administered by the South Carolina AHEC in coordination with DHEC's Public Health Dentistry Program, will manage the Rural Dentist Program, which uses state appropriated funds to provide loan repayment assistance to qualifying applicants.

South Carolina Baseline - Eight contracts were issued in 2006.

Healthy People Reference - Not available

Original State Oral Health Plan Reference – Priority 4, Strategy 4.4 (See Appendix J)
Measurement Type - Impact
Data Collection Method – Annual Contract List

5.3 The DHEC Office of Primary Care administratively located at DHEC, will manage the state’s National Health Service Corps program.

South Carolina Baseline - Not available.

Healthy People Reference - Not available

Original State Oral Health Plan Reference – Priority 4, Strategy 4.4 (See Appendix J)

Measurement Type - Impact

Data Collection Method – Through an established surveillance process, DHEC monitors placement of National Health Service Corps assignees.

Comments

A Coalition workgroup will be established in 2008 to further develop the objectives for the Workforce section of the state plan. Specific attention will be given to dental workforce issues and the state’s only dental school’s priorities and professional development. Infection control programs will be addressed under professional development.

Chapter 6: Chronic Disease

Chronic Disease I: Oral Cancer

Background - There are various chronic disease surveillance, prevention and intervention programs implemented by a cadre of organizations in South Carolina. For the purposes of the State Oral Health Plan, the following chronic diseases will be addressed:

- Oral Cancer
- Diabetes
- Periodontal Disease
- Asthma
- Birth outcomes
- Obesity

A Coalition workgroup will be established based on their priority assessment in 2007, to develop objectives for the chronic disease portion of the State Oral Health Plan. As of February 15, 2008, the objective work is limited to oral cancer. Objectives will be developed for the other selected chronic diseases by the Coalition in 2008.

The South Carolina Cancer Alliance (SCCA) developed the “South Carolina Comprehensive Cancer Control Plan, 2005-2010,” which addresses important strategies and outcomes for oral/pharynx cancer. The entire plan is available electronically at the website address:

<http://www.sccanceralliance.org/UserFiles/SC%20Cancer%20Plan.pdf>

The Deputy Commissioner of DHEC, Lisa Waddell, MD, serves on the Executive Committee for the SCCA and serves as a liaison between the two organizations. While the plan addresses the global issues surrounding all forms of cancer, there are specific objectives that address oral/pharynx cancer. These objectives are repeated in the State Oral Health Plan.

In addition to the work done by the SCCA, there is a Cancer Registry Program located administratively at DHEC reporting directly to that agency’s Chief of Staff. In addition to conducting surveillance of cancer, the staff conducts cluster analysis and research. If a cluster is identified, CDC-established protocols of follow-up are employed (see Appendix K). The Registry established the Oral Cancer Advisory Team (OCAT), which shares representation on the SCCA Coordinating Council. The purpose of OCAT is to review quality control analysis on the Registry for the Cancer Control Advisory Committee of DHEC. Christine Veschusio, Director of the Division of Oral Health at DHEC, serves on the OCAT.

Logic Model - To be developed

Objectives - (taken from the SCCA Comprehensive Cancer Control Plan) –

6.1: By June 2010, increase the proportion of oral/pharyngeal cancers newly diagnosed among African-American males at early stage (in-situ or localized) from 22.1% to at least 30%.

Strategy 1. Collaborate with dental and medical associations and other health organizations to promote public and professional awareness of risk factors for oral/pharyngeal cancer.

Strategy 2. Support dissemination of new information to provide the public with evolving science, technology, and guidelines for prevention and early detection of oral/pharyngeal cancer.

Strategy 3. Collaborate with faith-based organizations and community organizations to raise awareness about oral/pharyngeal cancer.

South Carolina Baseline - 22.1% (2005)

Healthy People Reference 21-7: Increase number of oral cancer examinations

Baseline (1998): 13%

2010 Target: 20%

Original State Oral Health Plan Reference – Priority 2, Strategy 2,3 (See Appendix D)

Measurement Type - Impact

Data Collection Method - The DHEC Cancer Registry Program.

6.2 By June 2010, increase the percentage of South Carolinians who report having had an oral examination from 23 to 30%. (SC BRFS, 2000)

Strategy 1. Support dissemination of new information to provide the public with evolving science, technology, and guidelines for early detection of oral/pharyngeal cancer.

Strategy 2. Collaborate with faith-based organizations and community organizations to raise awareness about oral/pharyngeal cancer.

Strategy 3. Collaborate with dental and medical associations and other health organizations to promote oral examination in all patients.

Strategy 4. Collaborate with dental & medical associations & other health organizations to promote patient counseling on the dangers of tobacco & the importance of tobacco use cessation.

South Carolina Baseline - 23% (2005)

Healthy People Reference 21-7: Increase number of oral cancer examinations

Baseline (1998): 13%

2010 Target: 20%

Original State Oral Health Plan Reference – Priority 2, Strategy 2.3 (See Appendix D)

Measurement Type - Impact

Data Collection Method – The DHEC Cancer Registry Program.

6.3 By June 2010, increase the proportion of esophageal cancers newly diagnosed among African-American males at early stage (in-situ or localized) from 20.5% to at least 33%.

Strategy 1. Monitor ongoing science and research regarding the early detection and treatment of precursors to esophageal disease and the possible efficacy of screening/detection methods for esophageal cancer.

Strategy 2. Support dissemination of new information to provide the public with evolving science, technology, and guidelines for prevention and early detection of esophageal cancer.

Strategy 3. Collaborate with faith-based organizations, community organizations, and employers in targeted geographical areas to reach high-risk, African-American males concerning risk factors.

South Carolina Baseline - 20.5% (2005)

Healthy People Reference 21-7: Increase number of oral cancer examinations

Baseline (1998): 13%

2010 Target: 20%

Original State Oral Health Plan Reference – Priority 2, Strategy 2,3 (See Appendix D)

Measurement Type - Impact

Data Collection Method – The DHEC Cancer Registry Program.

Comments

A Coalition workgroup will be formed to develop the Chronic Disease section of the State Oral Health Plan.

Chapter 7. Special Populations

Population I: Children with Special Health Care Needs

Background – The following plan for action was initiated at the Sixth Annual South Carolina Oral Health Forum in Columbia on June 1, 2006. An ad hoc workgroup of the South Carolina Oral Health Coalition was convened in Forum breakout sessions to begin the action planning process with support from The Association of State and Territorial Dental Directors (ASTDD), Division of Oral Health of the South Carolina Department of Health and Environmental Control (DOH/SCDHEC), and the South Carolina Dental Association (SCDA). This workgroup included individuals with diverse experiences and perspectives who are considered major stakeholders in promoting oral health for children and adolescents with special health care needs in South Carolina. Over a period of many months of planning meetings, the workgroup completed the plan that was approved by the membership of the Coalition on December 8, 2006. This document now becomes an official work plan of the Coalition and its contents will be integrated into the State Oral Health Plan to ensure implementation and evaluation during the time period of January 1, 2007 – January 2011.

The oral health of children and adolescents with special health care needs may be affected negatively by their medications, special diets, or by their inability to clean their teeth thoroughly on a daily basis. Access to dental care has been nationally recognized as an unmet need for children and adolescents with special health care needs.

Who has special health care needs?

Any child or adolescent who has a chronic physical, developmental, behavioral or emotional condition and who requires more health services than generally expected for a child or adolescent.

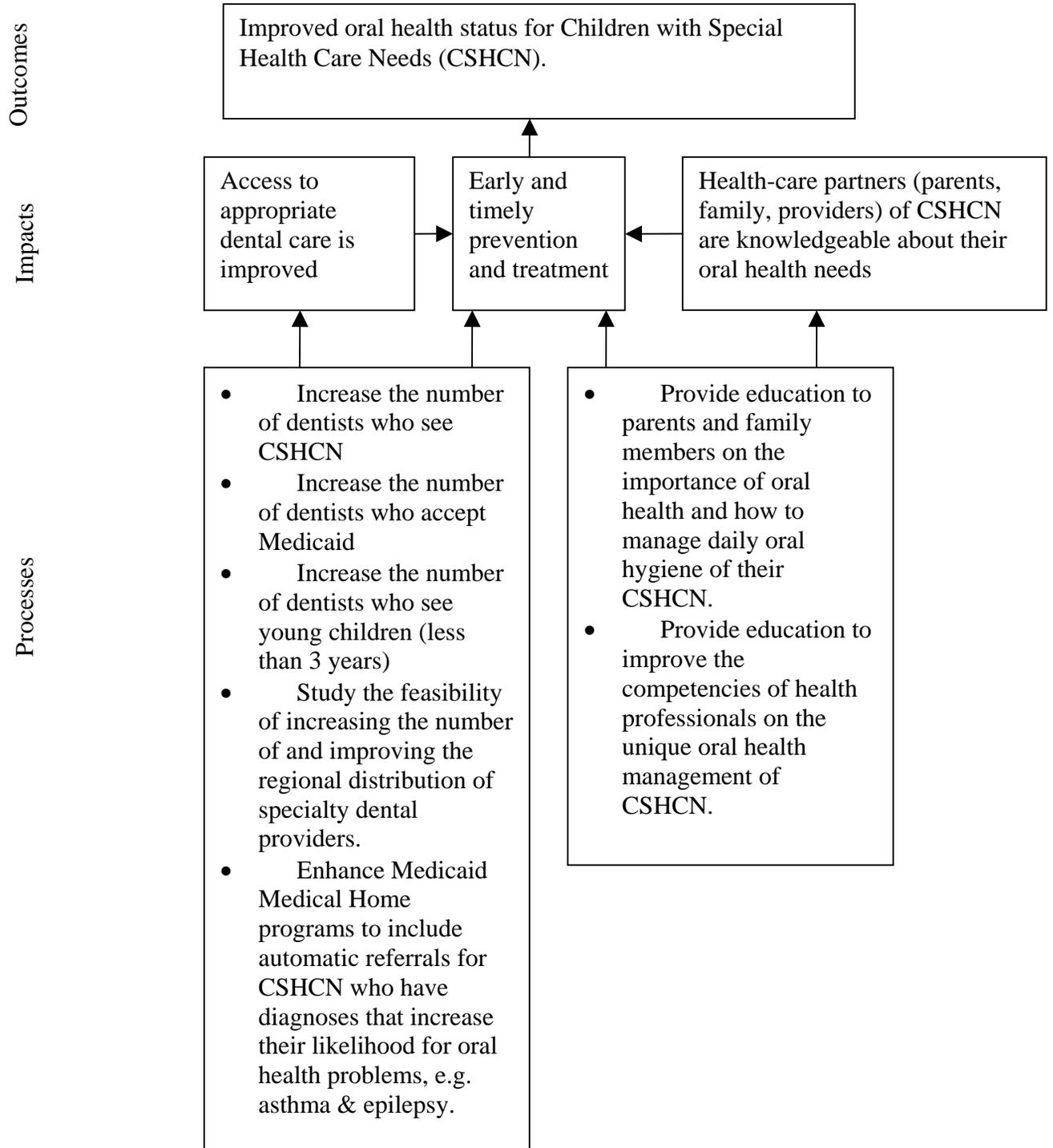
Why is oral health important to children and adolescents with special health care needs?

Good oral health is an integral component of health and well-being. Consequently, oral diseases can have a direct and devastating effect on the general health of a child or adolescent. In addition, oral diseases and related problems are more common among members of the special needs population who often require more extensive dental care.

What conditions are more likely to complicate oral health?

- Down's syndrome
- Cleft lip, cleft palate and other craniofacial defects
- Cerebral Palsy
- Learning and developmental disabilities
- Emotional disturbances
- Vision and hearing impairments
- Diabetes
- Autism
- Genetic and hereditary disorders with orofacial defects
- HIV infection

Logic Model:



Objectives:

Oral Health Status of CSHCN

7(I).1.1 By June 2011, primary care providers, parents, DHEC staff, and other state agencies will decrease by 20% the number of CSHCN who have untreated caries.

South Carolina Baseline - Not applicable

Healthy People Reference – 21-2b: Reduce the proportion of children with untreated dental decay in primary and permanent teeth.

Baseline (1988-94): 29%

2010 Target: 21%

MCHB Performance Measures

02: The percentage of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive.

03: The percentage of children with special health care needs age 0 to 18 years who receive coordinated, ongoing, comprehensive care within a medical home.

04: The percentage of children with special health care needs age 0 to 18 years whose families have adequate private and/or public insurance to pay for the services they need.

05: The percentage of children with special health care needs age 0 to 18 years whose families report that the community-based service systems are organized so they can use them easily.

Original State Oral Health Plan Reference – Priority 5, Strategy 5.1 (See Appendix G).

Measurement Type - Outcome

Data Collection Method – Review data quarterly through the Oral Health Cube (secondary data from Medicaid and MOA partners).

7(I).1.2 By June 2011, primary care providers, parents, DHEC staff, and other state agencies will decrease by 20% the number of CSHCN who have preventable teeth extractions.

South Carolina Baseline - Not applicable

Healthy People Reference – 21-2b: Reduce the proportion of children with untreated dental decay in primary and permanent teeth.

Baseline (1988-94): 29%

2010 Target: 21%

MCHB Performance Measures

02: The percentage of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive.

03: The percentage of children with special health care needs age 0 to 18 years who receive coordinated, ongoing, comprehensive care within a medical home.

04: The percentage of children with special health care needs age 0 to 18 years whose families have adequate private and/or public insurance to pay for the services they need.

05: The percentage of children with special health care needs age 0 to 18 years whose families report that the community-based service systems are organized so they can use them easily.

Original State Oral Health Plan Reference – Priority 5, Strategy 5.3 (See Appendix G).

Measurement Type - Outcome

Data Collection Method – Review data quarterly through the Oral Health Cube (secondary data from Medicaid and MOA partners).

Oral Health Services of CSHCN

6(I).2.1 By June 2011, primary care providers, parents, DHEC staff, and other state agencies will increase by 30% the number of CSHCN who received any preventive dental services.

South Carolina Baseline - Not applicable

Healthy People Reference – 21-12: Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.

Baseline (1996): 20%

2010 Target: 57%

MCHB Performance Measures

02: The percentage of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive.

03: The percentage of children with special health care needs age 0 to 18 years who receive coordinated, ongoing, comprehensive care within a medical home.

04: The percentage of children with special health care needs age 0 to 18 years whose families have adequate private and/or public insurance to pay for the services they need.

05: The percentage of children with special health care needs age 0 to 18 years whose families report that the community-based service systems are organized so they can use them easily.

Original State Oral Health Plan Reference – Priority 5, Strategy 5.1 (See Appendix G).

Measurement Type - Outcome

Data Collection Method – Review data quarterly through the Oral Health Cube (secondary data from Medicaid and MOA partners).

7(I).2.2 By June, 2011, primary care providers, parents, DHEC staff, and other state agencies will decrease by 20% the number of CSHCN who visit the emergency room for reasons related to oral health disease.

South Carolina Baseline - Not applicable

Healthy People Reference – 21-10: Increase the proportion of children and adults who use the oral health care system each year.

Baseline (1996): 44%

2010 Target: 56%

21-12: Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.

Baseline (1996): 20%

2010 Target: 57%

MCHB Performance Measures

02: The percentage of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive.

03: The percentage of children with special health care needs age 0 to 18 years who receive coordinated, ongoing, comprehensive care within a medical home.

04: The percentage of children with special health care needs age 0 to 18 years whose families have adequate private and/or public insurance to pay for the services they need.

05: The percentage of children with special health care needs age 0 to 18 years whose families report that the community-based service systems are organized so they can use them easily.

Original State Oral Health Plan Reference – Priority 5, Strategies 5.1, 5.2, 5.3, 5.4, 5.5 (See Appendix G).

Measurement Type - Outcome

Data Collection Method – Review data quarterly through the Oral Health Cube (secondary data from Medicaid and MOA partners).

7(I).2.3 By June 2011, primary care providers, parents, DHEC staff, and other state agencies will increase by 50% the number of CSHCN who visit their primary care provider for reasons related to oral health disease.

South Carolina Baseline - Not applicable

Healthy People Reference – 21-10: Increase the proportion of children and adults who use the oral health care system each year.

Baseline (1996): 44%

2010 Target: 56%

21-12: Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.

Baseline (1996): 20%

2010 Target: 57%

MCHB Performance Measures

03: The percentage of children with special health care needs age 0 to 18 years who receive coordinated, ongoing, comprehensive care within a medical home.

04: The percentage of children with special health care needs age 0 to 18 years whose families have adequate private and/or public insurance to pay for the services they need.

05: The percentage of children with special health care needs age 0 to 18 years whose families report that the community-based service systems are organized so they can use them easily.

Original State Oral Health Plan Reference – Priority 5, Strategies 5.1, 5.2, 5.3, 5.4, 5.5 (See Appendix G).

Measurement Type - Outcome

Data Collection Method – Review data quarterly through the Oral Health Cube (secondary data from Medicaid and MOA partners).

7(I).2.4 By June 2011, primary care providers, parents, DHEC staff, and other state agencies will increase by 50% the number of CSHCN on Medicaid who have a “dental home.”

South Carolina Baseline - Not applicable

Healthy People Reference –21-10: Increase the proportion of children and adults who use the oral health care system each year.

Baseline (1996): 44%

2010 Target: 56%

21-12: Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.

Baseline (1996): 20%

2010 Target: 57%

MCHB Performance Measures

03: The percentage of children with special health care needs age 0 to 18 years who receive coordinated, ongoing, comprehensive care within a medical home.

04: The percentage of children with special health care needs age 0 to 18 years whose families have adequate private and/or public insurance to pay for the services they need.

05: The percentage of children with special health care needs age 0 to 18 years whose families report that the community-based service systems are organized so they can use them easily.

Original State Oral Health Plan Reference – Priority 3, Strategy 3.4 (See Appendix E); Priority 5, Strategies 5.1, 5.3, 5.4 (See Appendix G).

Measurement Type - Impact

Data Collection Method – Review data quarterly through the Oral Health Cube (secondary data from Medicaid and MOA partners).

7(I).2.5 By June, 2011, primary care providers, parents, DHEC staff, and other state agencies will increase by 50% the number of CSHCN on Medicaid who are compliant with ADA recommended preventive visits.

South Carolina Baseline - Not applicable

Healthy People Reference – 21-10: Increase the proportion of children and adults who use the oral health care system each year.

Baseline (1996): 44%

2010 Target: 56%

21-12: Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.

Baseline (1996): 20%

2010 Target: 57%

MCHB Performance Measures

02: The percentage of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive.

03: The percentage of children with special health care needs age 0 to 18 years who receive coordinated, ongoing, comprehensive care within a medical home.

04: The percentage of children with special health care needs age 0 to 18 years whose families have adequate private and/or public insurance to pay for the services they need.

05: The percentage of children with special health care needs age 0 to 18 years whose families report that the community-based service systems are organized so they can use them easily.

Original State Oral Health Plan Reference – Priority 3, Strategy 3.4 (See Appendix E); Priority 5, Strategies 5.1, 5.3, 5.4 (See Appendix G).

Measurement Type - Impact

Data Collection Method – Review data quarterly through the Oral Health Cube (secondary data from Medicaid and MOA partners).

7(I).2.6 By June, 2011, primary care providers, parents, DHEC staff, and other state agencies will increase by 30% the number of dentists who see CSHCN of all ages, including those less than 3 years of age.

South Carolina Baseline - Not applicable

Healthy People Reference – 16-23: Increase the proportion of Territories and States that have service systems for children with special health care needs.

Baseline (1997): 15.7%

2010 Target: 100%

21-10: Increase the proportion of children and adults who use the oral health care system each year.

Baseline (1996): 44%

2010 Target: 56%

MCHB Performance Measures

03: The percentage of children with special health care needs age 0 to 18 years who receive coordinated, ongoing, comprehensive care within a medical home.

04: The percentage of children with special health care needs age 0 to 18 years whose families have adequate private and/or public insurance to pay for the services they need.

05: The percentage of children with special health care needs age 0 to 18 years whose families report that the community-based service systems are organized so they can use them easily.

Original State Oral Health Plan Reference – Priority 3, Strategy 3.4 (See Appendix E); Priority 4, Strategies 4.1, 4.2 (See Appendix J); Priority 5, Strategies 5.1, 5.3, 5.4, 5.5 (See Appendix G).

Measurement Type - Process

Data Collection Method – Review Medicaid claims data quarterly.

7(I).2.7 By June 2011, primary care providers, parents, DHEC staff, and other state agencies will increase by 30% the number of dentists accept Medicaid as payment for treating CSHCN.

South Carolina Baseline - Not applicable

Healthy People Reference – 16-23: Increase the proportion of Territories and States that have service systems for children with special health care needs.

Baseline (1997): 15.7%

2010 Target: 100%

21-10: Increase the proportion of children and adults who use the oral health care system each year.

Baseline (1996): 44%

2010 Target: 56%

21-12: Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.

Baseline (1996): 20%

2010 Target: 57%

MCHB Performance Measure #04: The percentage of children with special health care needs age 0 to 18 years whose families have adequate private and/or public insurance to pay for the services they need.

Original State Oral Health Plan Reference – Priority 3, Strategy 3.4 (See Appendix E); Priority 4, Strategies 4.1, 4.2 (See Appendix J); Priority 5, Strategies 5.1, 5.3, 5.4, 5.5 (See Appendix G).

Measurement Type - Process

Data Collection Method – Review Medicaid claims data quarterly.

7(I).2.8 By June, 2011, primary care providers, parents, DHEC staff, and other state agencies will develop a feasibility study to measure greater net benefits for early and periodic preventive screenings for CSHCN.

South Carolina Baseline - Not applicable

Healthy People Reference 21-10: Increase the proportion of children and adults who use the oral health care system each year.

Baseline (1996): 44%

2010 Target: 56%

21-12: Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.

Baseline (1996): 20%

2010 Target: 57%

Original State Oral Health Plan Reference – Priority 3, Strategy 3.4 (See Appendix E), Priority 4, Strategies 4.1, 4.2 (See Appendix J); Priority 5, Strategies 5.1, 5.3, 5.4, 5.5 (See Appendix G).

Measurement Type - Process

Data Collection Method – Evidence of the plan; meeting minutes from planning committee.

7(I).2.9 By June 2011, primary care providers, parents, DHEC staff, and other state agencies will develop a plan for conducting a feasibility study for increasing the number of and improving the geographic distribution of specialty dentists who care for CSHCN

South Carolina Baseline - Not applicable

Healthy People Reference – 21-10: Increase the proportion of children and adults who use the oral health care system each year.

Baseline (1996): 44%

2010 Target: 56%

Original State Oral Health Plan Reference – Priority 2, Strategies 2.1, 2.2 (See Appendix D)

Measurement Type - Process

Data Collection Method – Evidence of the plan; meeting minutes from planning committee.

7(I).2.10 By June 2011, primary care providers, parents, DHEC staff, and other state agencies will develop an advocacy plan for automatic referrals, within Medicaid Medical Homes, to dental providers for CSHCN who have diagnoses, or use medications, that increase their likelihood for oral disease, e.g. asthma.

South Carolina Baseline - Not applicable

Healthy People Reference 16-22: Increase the proportion of children with special health care needs who have access to a medical home.

Target: (developmental)

16-23: Increase the proportion of Territories and States that have service systems for children with special health care needs.

Baseline (1997): 15.7%

2010 Target: 100%

Original State Oral Health Plan Reference – Priority 3, Strategy 3.4 (See Appendix E); Priority 4, Strategies 4.1, 4.2 (See Appendix J); Priority 5, Strategies 5.1, 5.3, 5.4, 5.5 (See Appendix G).

Measurement Type - Process

Data Collection Method – Evidence of the plan; meeting minutes from planning committee.

7(I).2.11 By June, 2011, primary care providers, parents, DHEC staff, and other state agencies will develop an advocacy plan for formalizing linkages to dental homes through the Medicaid Medical Home program for CSHCN.

South Carolina Baseline - Not applicable

Healthy People Reference 16-22: Increase the proportion of children with special health care needs who have access to a medical home.

Target: (developmental)

16-23: Increase the proportion of Territories and States that have service systems for children with special health care needs.

Baseline (1997): 15.7%

2010 Target: 100%

Original State Oral Health Plan Reference – Priority 3, Strategy 3.4 (See Appendix E); Priority 4, Strategies 4.1, 4.2 (See Appendix J); Priority 5, Strategies 5.1, 5.3, 5.4, 5.5 (See Appendix G).

Measurement Type - Process

Data Collection Method – Evidence of the plan; meeting minutes from planning committee.

Oral Health Education of Families of CSHCN

7(I).3.1 By June 2011, primary care providers, parents, DHEC staff, and other state agencies will increase the knowledge of 3000 parents and families on the value of oral health care for their CSHCN.

South Carolina Baseline - Not applicable

Healthy People Reference – 21-10: Increase the proportion of children and adults who use the oral health care system each year.

Baseline (1996): 44%

2010 Target: 56%

Original State Oral Health Plan Reference – Priority 2, Strategies 2.1, 2.2 (See Appendix D).

Measurement Type - Impact

Data Collection Method – Pre/post assessments as appropriate for the intervention.

7(I).3.2 By June, 2011, primary care providers, parents, DHEC staff, and other state agencies will increase the skills of 3000 parents and families on assisting their CSHCN on daily oral hygiene.

South Carolina Baseline - Not applicable

Healthy People Reference – 21-10: Increase the proportion of children and adults who use the oral health care system each year.

Baseline (1996): 44%

2010 Target: 56%

Original State Oral Health Plan Reference – Priority 2, Strategies 2.1, 2.2 (See Appendix D).

Measurement Type - Impact

Data Collection Method – Pre/post assessments as appropriate for the intervention.

7(I).3.3 By June, 2011, primary care providers, parents, DHEC staff, and other state agencies will develop an educational curriculum for parents and families that will improve their knowledge and skills with regards to managing their CSHCN oral health needs.

South Carolina Baseline - Not applicable

Healthy People Reference – 21-10: Increase the proportion of children and adults who use the oral health care system each year.

Baseline (1996): 44%

2010 Target: 56%

Original State Oral Health Plan Reference – Priority 2, Strategies 2.1, 2.2 (See Appendix D).

Measurement Type - Process

Data Collection Method – Evidence of the curriculum; meeting minutes from planning committee.

Oral Health Education of Dentists of CSHCN

6(I).4.1 By June, 2011, primary care providers, parents, DHEC staff, and other state agencies will increase the knowledge of 250 dental providers on the value of oral health care for CSHCN.

South Carolina Baseline - Not applicable

Healthy People Reference – 16-23: Increase the proportion of Territories and States that have service systems for children with special health care needs.

Baseline (1997): 15.7%

2010 Target: 100%

Original State Oral Health Plan Reference – Priority 2, Strategies 2.1 (See Appendix D); Priority 3, Strategy 3.4 (See Appendix E).

Measurement Type - Impact

Data Collection Method – Pre/post assessments as appropriate for the intervention.

7(I).4.2 By June, 2011, primary care providers, parents, DHEC staff, and other state agencies will improve the clinical competencies of 250 general dentists on treating CSHCN.

South Carolina Baseline - Not applicable

Healthy People Reference – 16-23: Increase the proportion of Territories and States that have service systems for children with special health care needs.

Baseline (1997): 15.7%

2010 Target: 100%

Original State Oral Health Plan Reference – Priority 2, Strategies 2.1 (See Appendix D); Priority 3, Strategy 3.4 (See Appendix E).

Measurement Type - Impact

Data Collection Method – Pre/post assessments as appropriate for the intervention.

7(I).4.3 By June, 2011, primary care providers, parents, DHEC staff, and other state agencies will develop an educational curriculum for general dentists that will improve their knowledge and skills for caring for CSHCN.

South Carolina Baseline - Not applicable

Healthy People Reference – 16-23: Increase the proportion of Territories and States that have service systems for children with special health care needs.

Baseline (1997): 15.7%

2010 Target: 100%

Original State Oral Health Plan Reference – Priority 2, Strategies 2.1 (See Appendix D); Priority 3, Strategy 3.4 (See Appendix E).

Measurement Type - Process

Data Collection Method – Evidence of the curriculum; meeting minutes from planning committee.

Comments – The objectives were adopted by the Advisory Council and the CSHCN workgroup of the Coalition at the December 2006 Quarterly Advisory Summit. The CSHCN workgroup will continue to work together to establish th

Chapter 7. Special Populations

Population II: Public School Children

Background – The following points are key findings from the literature

1. WHO

Problems in evaluations identified mostly refer to:

- Quality of outcome measures
- Short-term timescales to assess change
- Inadequate evaluation methodologies
- Inappropriate evaluation of program implementation & processes

Value of pluralistic approaches:

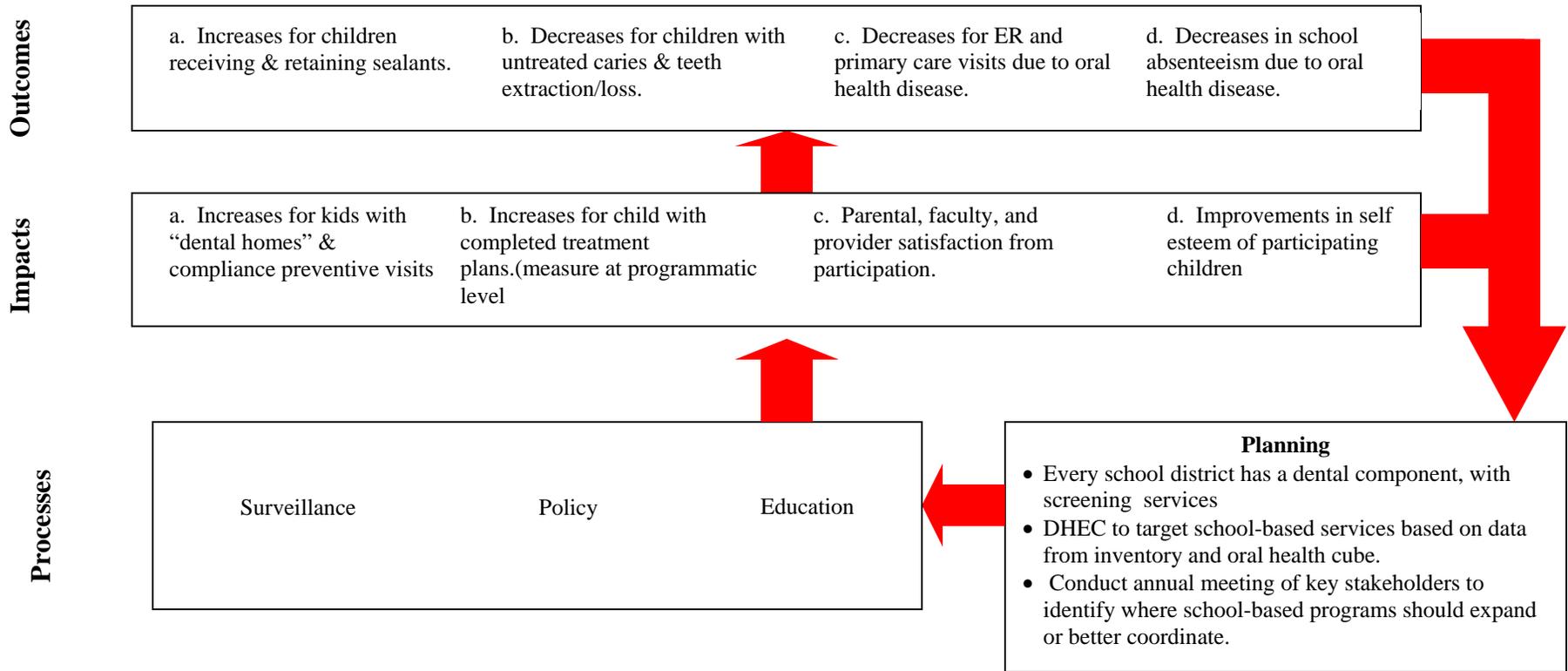
- Limitations of RCT design for evaluation of public health interventions
- The need to match evaluation methods with the nature of intervention
- Development of outcome measures appropriate for the nature of the intervention
- Importance of developing workforce capacity in evaluation techniques
- The need for development of partnerships between health practitioners and academics in conducting evaluations

Findings from 2003 WHO Workshop:

- The relevance of RCTs in evaluation of community oral disease preventive programs are much less clearly defined.
- There is a need for more research into appropriate immediate, interim and ultimate outcome measures, as well as process evaluation (something less practiced than outcome evaluation)

Supports WHO recommendation that clinical measures and methods of evaluation may not be appropriate for oral health promotion interventions.

Logic Model



Objectives

SEALANTS

7(II).1.1 Increase by 20% the number of children who receive sealants, by June 2008.

South Carolina Baseline 20% (Oral Health Needs Assessment, 2002)

Healthy People Reference 21-8: Increase the proportion of children who have received dental sealants on their molar teeth.

Baseline (1988-94): 23% for 8 year olds and 15% for 14 year olds

2010 Target: 50% for both populations

MCHB Performance Measure #09: Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

Original State Oral Health Plan Reference – Priority 5, Strategy 5.1 (See Appendix G)

Measurement Type - Outcome

Data Collection Method – DHEC Division of Oral Health staff and evaluator will track this, among a cadre of other indicators through the Oral Health Cube, which will integrate secondary data sources such as Medicaid, Department of Education, MOA partner data. Progress will be analyzed on a quarterly basis.

7(II).1.2. Increase by 50% the number of children participating in Free and Reduced Lunch who receive at least one molar sealant by June 2008.

South Carolina Baseline To be determined

Healthy People Reference 21-8: Increase the proportion of children who have received dental sealants on their molar teeth.

Baseline (1988-94): 23% for 8 year olds and 15% for 14 year olds

2010 Target: 50% for both populations

MCHB Performance Measure #09: Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

Original State Oral Health Plan Reference – Priority 5, Strategy 5.1 (See Appendix G)

Measurement Type - Outcome

Data Collection Method – DHEC Division of Oral Health staff and evaluator will track this, among a cadre of other indicators through the Oral Health Cube, which will integrate secondary data sources such as Medicaid, Department of Education, MOA partner data. Progress will be analyzed on a quarterly basis.

7(II).1.3. Increase by 1% the number of sealants that are retained for at least 1 year by 2009.

South Carolina Baseline To be determined

Healthy People Reference 21-8: Increase the proportion of children who have received dental sealants on their molar teeth.

Baseline (1988-94): 23% for 8 year olds and 15% for 14 year olds

2010 Target: 50% for both populations

MCHB Performance Measure #09: Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

Original State Oral Health Plan Reference – Priority 5, Strategy 5.1 (See Appendix G)

Measurement Type - Outcome

Data Collection Method – DHEC Division of Oral Health staff and evaluator will track this, among a cadre of other indicators through the Oral Health Cube, which will integrate

secondary data sources such as Medicaid, Department of Education, MOA partner data. Progress will be analyzed on a quarterly basis.

SERVICE UTILIZATION

7(II).2.1 Increase by 50% the number of children on Medicaid who have a “dental home” by June 2011.

South Carolina Baseline To be determined

Healthy People Reference 21-10: Increase the proportion of children and adults who use the oral health care system each year.

Baseline (1996): 44% of persons 2 years and older

2010 Target: 56%

21-12: Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.

Baseline (1996): 20% of children less than 19 years old, below 200% poverty

2010 Target: 57%

Original State Oral Health Plan Reference – Priority 3 and 5, Strategies 3.4, 5.1, 5.3, and 5.4 (See Appendices E and G)

Measurement Type - Impact

Data Collection Method – DHEC Division of Oral Health staff and evaluator will track this, among a cadre of other indicators through the Oral Health Cube, which will integrate secondary data sources such as Medicaid, Department of Education, MOA partner data. Progress will be analyzed on a quarterly basis.

7(II).2.2. Increase to 100% the number of children who complete urgent treatment plans (of those served by full service programs only) by June 2011.

South Carolina Baseline To be determined

Healthy People Reference 21-10: Increase the proportion of children and adults who use the oral health care system each year.

Baseline (1996): 44% of persons 2 years and older

2010 Target: 56%

21-12: Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.

Baseline (1996): 20% of children less than 19 years old, below 200% poverty

2010 Target: 57%

Original State Oral Health Plan Reference – Priority 5, Strategies 5.1, 5.2, 5.3, 5.4, and 5.5 (See Appendix G)

Measurement Type - Impact

Data Collection Method – DHEC Division of Oral Health staff and evaluator will track this, among a cadre of other indicators through the Oral Health Cube, which will integrate secondary data sources such as Medicaid, Department of Education, MOA partner data. Progress will be analyzed on a quarterly basis.

7(II).2.3. Increase by 20% the number of children on Medicaid who have a minimum of one preventive visit per year by June 2008.

South Carolina Baseline To be determined by age specific groupings

Healthy People Reference 21-10: Increase the proportion of children and adults who use the oral health care system each year.

Baseline (1996): 44% of persons 2 years and older

2010 Target: 56%

21-12: Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.

Baseline (1996): 20% of children less than 19 years old, below 200% poverty

2010 Target: 57%

Original State Oral Health Plan Reference – Priority 3 and 5, Strategies 3.4, 5.1, 5.3, and 5.4 (See Appendices E and G)

Measurement Type - Impact

Data Collection Method – DHEC Division of Oral Health staff and evaluator will track this, among a cadre of other indicators through the Oral Health Cube, which will integrate secondary data sources such as Medicaid, Department of Education, MOA partner data. Progress will be analyzed on a quarterly basis.

7(II).2.4. Increase by 10% the number of low-income children and adolescents who received any preventive dental service, by June 2008.

South Carolina Baseline To be determined

Healthy People Reference 21-12: Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.

Baseline (1996): 20% of children less than 19 years old, below 200% poverty

2010 Target: 57%

Original State Oral Health Plan Reference – Priority 5, Strategy 5.1 (See Appendix G)

Measurement Type - Outcome

Data Collection Method – DHEC Division of Oral Health staff and evaluator will track this, among a cadre of other indicators through the Oral Health Cube, which will integrate secondary data sources such as Medicaid, Department of Education, MOA partner data. Progress will be analyzed on a quarterly basis.

7(II).2.5. Decrease by 10% the number of children who visit the ER for reasons related to oral health disease, by June 2008.

South Carolina Baseline To be determined

Healthy People Reference 21-10: Increase the proportion of children and adults who use the oral health care system each year.

Baseline (1996): 44% of persons 2 years and older

2010 Target: 56%

21-12: Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.

Baseline (1996): 20% of children less than 19 years old, below 200% poverty

2010 Target: 57%

Original State Oral Health Plan Reference – Priority 5, Strategies 5.1, 5.2, 5.3, 5.4, and 5.5 (See Appendix G)

Measurement Type - Outcome

Data Collection Method – DHEC Division of Oral Health staff and evaluator will track this, among a cadre of other indicators through the Oral Health Cube, which will integrate

secondary data sources such as Medicaid, Department of Education, MOA partner data. Progress will be analyzed on a quarterly basis.

7(II).2.6. Decrease by 20% the number of children who visit their primary care provider for reasons related to oral health disease by June, 2011.

South Carolina Baseline To be determined

Healthy People Reference 21-10: Increase the proportion of children and adults who use the oral health care system each year.

Baseline (1996): 44% of persons 2 years and older

2010 Target: 56%

21-12: Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.

Baseline (1996): 20% of children less than 19 years old, below 200% poverty

2010 Target: 57%

Original State Oral Health Plan Reference – Priority 5, Strategies 5.1, 5.2, 5.3, 5.4, and 5.5 (See Appendix G)

Measurement Type - Outcome

Data Collection Method – DHEC Division of Oral Health staff and evaluator will track this, among a cadre of other indicators through the Oral Health Cube, which will integrate secondary data sources such as Medicaid, Department of Education, MOA partner data. Progress will be analyzed on a quarterly basis.

DECAY PROCESS

7(II).3.1 Decrease by 5% the number of children with dental caries experiences in their primary and permanent teeth, by June 2008.

South Carolina Baseline To be determined

Healthy People Reference 21-2b: Reduce the proportion of children with untreated dental decay in primary and permanent teeth.

Baseline (1988-94): 29% for children aged 6 to 8 years

2010 Target: 21%

Original State Oral Health Plan Reference – Priority 5, Strategy 5.1 (See Appendix G)

Measurement Type - Outcome

Data Collection Method – DHEC Division of Oral Health staff and evaluator will track this, among a cadre of other indicators through the Oral Health Cube, which will integrate secondary data sources such as Medicaid, Department of Education, MOA partner data. Progress will be analyzed on a quarterly basis. Data from the Oral Health Needs Assessment conducted by DHEC Division of Oral Health staff will also serve as a data source.

7(II).3.2. Decrease by 5% the number of children ages 6-8 who have untreated caries, by June 2008.

South Carolina Baseline 32.1% (Oral Health Needs Assessment, 2002)

Healthy People Reference 21-2b: Reduce the proportion of children with untreated dental decay in primary and permanent teeth.

Baseline (1988-94): 29% for children aged 6 to 8 years

2010 Target: 21%

Original State Oral Health Plan Reference – Priority 5, Strategy 5.1 (See Appendix G)
Measurement Type - Outcome

Data Collection Method – DHEC Division of Oral Health staff and evaluator will track this, among a cadre of other indicators through the Oral Health Cube, which will integrate secondary data sources such as Medicaid, Department of Education, MOA partner data. Progress will be analyzed on a quarterly basis. Data from the Oral Health Needs Assessment conducted by DHEC Division of Oral Health staff will also serve as a data source.

7(II).3.3. Decrease by 20% the number of children who have teeth extracted for reasons related to untreated disease by June 2011.

South Carolina Baseline To be determined with age specific groupings

Healthy People Reference 21-2b: Reduce the proportion of children with untreated dental decay in primary and permanent teeth.

Baseline (1988-94): 29% for children aged 6 to 8 years

2010 Target: 21%

Original State Oral Health Plan Reference – Priority 5, Strategy 5.3 (See Appendix G)
Measurement Type - Outcome

Data Collection Method – DHEC Division of Oral Health staff and evaluator will track this, among a cadre of other indicators through the Oral Health Cube, which will integrate secondary data sources such as Medicaid, Department of Education, MOA partner data. Progress will be analyzed on a quarterly basis.

SCHOOL ATTENDANCE

7 (II).4.1. Decrease by 50% the number of children who are absent from school due to oral health related illnesses by June 2011.

South Carolina Baseline To be determined

Healthy People Reference 21-1b: Reduce the proportion of children with dental caries experience in their primary and permanent teeth.

Baseline (1988-94): 52% for children aged 6 to 8 years

2010 Target: 42%

21-2b: Reduce the proportion of children with untreated dental decay in primary and permanent teeth.

Baseline (1988-94): 29% for children aged 6 to 8 years

2010 Target: 21%

Original State Oral Health Plan Reference – Priority 5, Strategies 5.1, 5.2, 5.3, 5.4, and 5.5 (See Appendix G)

Measurement Type - Outcome

Data Collection Method – DHEC Division of Oral Health staff and evaluator will track this, among a cadre of other indicators through the Oral Health Cube, which will integrate secondary data sources such as Medicaid, Department of Education, MOA partner data. Progress will be analyzed on a quarterly basis.

7(II).4.2. Decrease by 50% the number of missed days from school due to oral health related illnesses by June 2011.

South Carolina Baseline To be determined

Healthy People Reference 21-1b: Reduce the proportion of children with dental caries experience in their primary and permanent teeth.

Baseline (1988-94): 52% for children aged 6 to 8 years

2010 Target: 42%

21-2b: Reduce the proportion of children with untreated dental decay in primary and permanent teeth.

Baseline (1988-94): 29% for children aged 6 to 8 years

2010 Target: 21%

Original State Oral Health Plan Reference – Priority 5, Strategies 5.1, 5.2, 5.3, 5.4, and 5.5 (See Appendix G)

Measurement Type - Outcome

Data Collection Method – DHEC Division of Oral Health staff and evaluator will track this, among a cadre of other indicators through the Oral Health Cube, which will integrate secondary data sources such as Medicaid, Department of Education, MOA partner data. Progress will be analyzed on a quarterly basis.

SATISFACTION/ESTEEM

7(II).5.1 Increase by 20% the number of children who report having improved self esteem after participating in a school-based oral health program by June 2011.

South Carolina Baseline To be determined

Healthy People Reference 7-8: Increase the proportion of patients who report that they are satisfied with the patient education they receive from their health care organization.

No baseline or 2010 target available

Original State Oral Health Plan Reference – Not Applicable

Measurement Type - Impact

Data Collection Method – DHEC Division of Oral Health staff and evaluator will administer a retrospective survey to children served by MOA partners. Instruments are to be identified.

7(II).5.2. Increase by 20% the number of parents who report satisfaction after their children's participation in a school-based oral health program, by June 2011.

South Carolina Baseline To be determined

Healthy People Reference 7-8: Increase the proportion of patients who report that they are satisfied with the patient education they receive from their health care organization.

No baseline or 2010 Target available

Original State Oral Health Plan Reference – Not Applicable

Measurement Type - Impact

Data Collection Method – DHEC Division of Oral Health staff and evaluator will administer a retrospective survey to parents of children served by MOA partners. Instruments are to be identified.

7(II).5.3. Increase by 20% the number of school faculty who report satisfaction after their participation in a school-based oral health program by June 2011.

South Carolina Baseline To be determined

Healthy People Reference Not applicable

Original State Oral Health Plan Reference – Not Applicable

Measurement Type - Impact

Data Collection Method – DHEC Division of Oral Health staff and evaluator will administer a retrospective survey to faculty of MOA partners. Instruments are to be identified.

7(II).5.4. Increase by 20% the number of dentists who report satisfaction after their participation in a school-based oral health program by June 2011.

South Carolina Baseline To be determined

Healthy People Reference Not applicable

Original State Oral Health Plan Reference – Not Applicable

Measurement Type - Impact

Data Collection Method – DHEC Division of Oral Health staff and evaluator will administer a retrospective survey to faculty of MOA partners. Instruments are to be identified.

7(II).5.5. Increase by 50% the number of dentists in communities served by school-based oral health programs (that is, those who do not participate in the programs) who indicate support for the program by June 2011.

South Carolina Baseline To be determined

Healthy People Reference Not applicable

Original State Oral Health Plan Reference – Not Applicable

Measurement Type - Impact

Data Collection Method – DHEC Division of Oral Health staff and evaluator will administer a retrospective survey to faculty of MOA partners. Instruments are to be identified.

SCHOOL INFRASTRUCTURE

7(II).6.1. The oral health education curriculum (targeting preschool, kindergarten, 2nd grade, and 7th grades) will be available in both print and electronic versions for the 2006/2007 school year by August 2006. Met

South Carolina Baseline Not applicable

Healthy People Reference 7-11u: Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs, with regards to oral health

Baseline (1996-97): 25%

2010 Target: 50%

Original State Oral Health Plan Reference – Not Applicable

Measurement Type - Process

Data Collection Method – Evidence of materials, which will be monitored through the Coalition

7(II).6.2. Through partnerships with the Division of Oral Health, Coalition, Advisory Council, and Department of Education, every school district will provide screening services using the DHEC model by June 2011.

South Carolina Baseline Not applicable

Healthy People Reference 7-11u: Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs, with regards to oral health

Baseline (1996-97): 25%

2010 Target: 50%

Original State Oral Health Plan Reference – Priority 3; Strategy 3.4 (See Appendix E)

Measurement Type - Process

Data Collection Method – Evidence of deliverables, which will be monitored through the Coalition

7(II).6.3. The Division of Oral Health will work with its partners to develop a comprehensive inventory of existing school-based oral health programs by June 2008 and updated by August 1st of each year thereafter. (The format will include, but not limited to, types of services offered, credentials of staff, percent effort of staff, role of DHEC in the program, funding sources, service dates, participation eligibility criteria, and service area.)

South Carolina Baseline Not applicable

Healthy People Reference 7-11u: Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs, with regards to oral health

Baseline (1996-97): 25%

2010 Target: 50%

Original State Oral Health Plan Reference – Priority 5; Strategy 5.2 (See Appendix G)

Measurement Type - Process

Data Collection Method – Evidence of deliverables, which will be monitored through the Coalition

7(II).6.4. The school-based program inventory will be made available to local systems of care on an ongoing basis in order to facilitate oral health planning for school-aged children.

South Carolina Baseline Not applicable

Healthy People Reference 7-11u: Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs, with regards to oral health

Baseline (1996-97): 25%

2010 Target: 50%

Original State Oral Health Plan Reference – Priority 5; Strategy 5.2 (See Appendix G)

Measurement Type - Process

Data Collection Method – Evidence of deliverables, which will be monitored through the Coalition

7(II).6.5. The state dental public health guidelines for school-based programs will be updated by the Division of Oral Health staff by June 30 of each year.

South Carolina Baseline Not applicable

Healthy People Reference 7-11u: Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs, with regards to oral health

Baseline (1996-97): 25%

2010 Target: 50%

Original State Oral Health Plan Reference – Priority 5; Strategy 5.2 (See Appendix G)

Measurement Type - Process

Data Collection Method – Evidence of deliverables, which will be monitored through the Coalition

7(II).6.6. The Division of Oral Health will send updated public health guidelines for school-based programs to 100% of the schools participating in their programs or have an MOA for service by September 2008 and annually thereafter.

South Carolina Baseline Not applicable

Healthy People Reference 7-11u: Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs, with regards to oral health

Baseline (1996-97): 25%

2010 Target: 50%

Original State Oral Health Plan Reference – Priority 5; Strategy 5.2 (See Appendix G)

Measurement Type - Process

Data Collection Method – Evidence of deliverables, which will be monitored through the Coalition

7(II).6.7. The Division of Oral Health will use information from the surveillance system and the school-based inventory to target services through MOAs by December 1 of each year.

South Carolina Baseline Not applicable

Healthy People Reference 7-11u: Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs, with regards to oral health

Baseline (1996-97): 25%

2010 Target: 50%

Original State Oral Health Plan Reference – Priority 5; Strategy 5.2 (See Appendix G)

Measurement Type - Process

Data Collection Method – Evidence of deliverables, which will be monitored through the Coalition

7(II).6.8. Using evidence from the school-based program inventory and surveillance system, partners from the local system of care, the Dental Association, Dept. of Ed., the regional Oral Health Coordinators, and the Division of Oral Health will have an annual meeting when they will identify where school-based programs should receive expansion and/or better coordination by 2011.

South Carolina Baseline Not applicable

Healthy People Reference 7-11u: Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs, with regards to oral health

Baseline (1996-97): 25%

2010 Target: 50%

Original State Oral Health Plan Reference – Priority 5; Strategy 5.2 (See Appendix G)

Measurement Type - Process

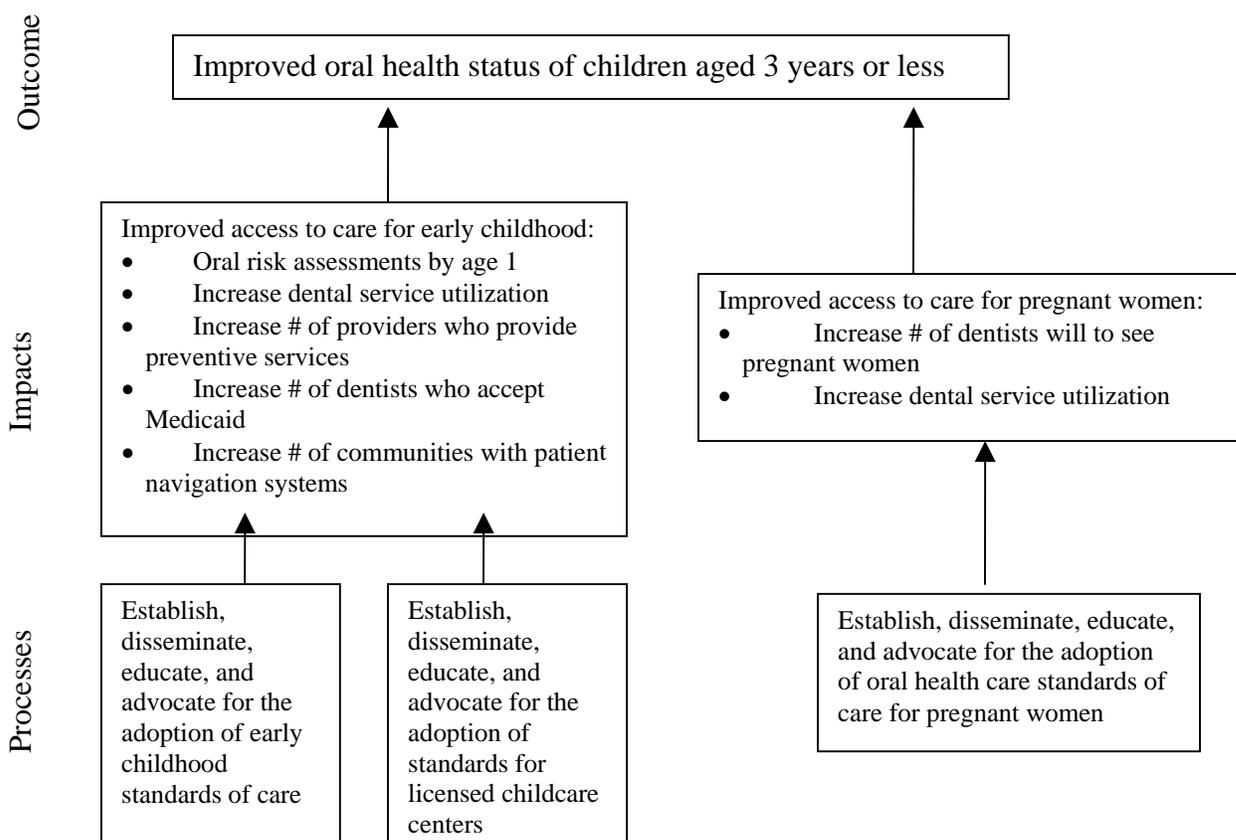
Data Collection Method – Evidence of deliverables, which will be monitored through the Coalition

Chapter 7. Special Populations

Population III: Early Childhood

Background – The Coalition identified early childhood as a priority at the December 2006 Quarterly Advisory Summit. They agreed to develop a workgroup to address this portion of the State Oral Health Plan. First Steps, Head Start, Early Head Start, and childcare centers are important key stakeholders and are represented on the Coalition and Advisory Council. The workgroup began their efforts in February 2007.

Logic Model:



Objectives

Access to Dental Care

Early Childhood

6(III).1 100% of all children will receive an oral health risk assessment from either a dentist or primary care provider by age 1.

South Carolina Baseline - To be inserted

Healthy People Reference - 21-1a Reduce the proportion of young children with dental caries experience in their primary teeth.

Baseline (1988-94): 18% 2010 Target: 11%

Original State Oral Health Plan Reference – Priority 5; Strategy 5.1 (See Appendix G)

Measurement Type - Impact

Data Collection Method – DHEC Oral Health Surveillance System.

7(III).2 N% of children enrolled in Medicaid will receive an oral health risk assessment from either a dentist or primary care provider by age 1.

South Carolina Baseline - To be inserted

Healthy People Reference - 21-1a Reduce the proportion of young children with dental caries experience in their primary teeth.

Baseline (1988-94): 18% 2010 Target: 11%

21-12 Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.

Baseline (1996): 20% for kids under age 19 years 2010 Target: 57%

Original State Oral Health Plan Reference – Priority 5; Strategy 5.1, 5.4, and 5.5 (See Appendix G).

Measurement Type - Impact

Data Collection Method – DHEC Oral Health Surveillance System.

7(III).3 Increase to 10% of children enrolled in Medicaid who have at least one oral health service by age 3 by June 2008.

South Carolina Baseline - 2006 Medicaid

Healthy People Reference - 21-1a Reduce the proportion of young children with dental caries experience in their primary teeth.

Baseline (1988-94): 18% 2010 Target: 11%

21-12 Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.

Baseline (1996): 20% for kids under age 19 years 2010 Target: 57%

Original State Oral Health Plan Reference – Priority 5; Strategy 5.1, 5.4, and 5.5 (See Appendix G).

Measurement Type - Impact

Data Collection Method – Medicaid claims data

7(III).4 Increase to 10% the number of dental and medical professionals who provide preventive oral health services to children aged 3 years and younger by June 2010.

South Carolina Baseline - 2006 Medicaid Dental Utilization Data.

Healthy People Reference - 21-12 Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.

Baseline (1996): 20% for kids under age 19 years 2010 Target: 57%

Original State Oral Health Plan Reference – Priority 5; Strategy 5.1, 5.3, 5.4, and 5.5 (See Appendix G).

Measurement Type - Impact

Data Collection Method – Medicaid claims data and DHEC Oral Health Surveillance System.

7(III).5 Increase to % of dentists who accept Medicaid as a form of payment by June 2009.

South Carolina Baseline - 2006 Medicaid Dental Utilization Data.

Healthy People Reference - 21-12 Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.

Baseline (1996): 20% for kids under age 19 years 2010 Target: 57%

Original State Oral Health Plan Reference – Priority 5; Strategy 5.5 (See Appendix G)

Measurement Type - Impact

Data Collection Method – Medicaid claims data

7(III).6 By June 2011, DHEC and the SC Oral Health Advisory Council and Coalition will conduct an educational campaign for primary care providers and dentists on the importance of early childhood oral health.

South Carolina Baseline - Not applicable

Healthy People Reference - Not applicable

Original State Oral Health Plan Reference – Priority 5; Strategy 5.3 (See Appendix G)

Measurement Type - Process

Data Collection Method – Primary data collection to be determined.

7(III).7 By June 2011, DHEC and the SC Oral Health Advisory Council and Coalition will develop a Health Professionals (dental and medical) Office Toolkit for early childhood oral health that includes, but not limited to, a screening chart, tooth eruption chart, risk assessment forms, and parent/caregiver education materials.

South Carolina Baseline - Not applicable

Healthy People Reference - Not applicable

Original State Oral Health Plan Reference – Priority 5; Strategy 5.3 (See Appendix G)

Measurement Type - Process

Data Collection Method – Primary data collection to be determined.

7(III).8 By June 2011, DHEC and the SC Oral Health Advisory Council and Coalition will conduct an educational campaign for pregnant women on infant oral health

South Carolina Baseline - Not applicable

Healthy People Reference - Not applicable

Original State Oral Health Plan Reference – Priority 5; Strategy 5.3 (See Appendix G)

Measurement Type - Process

Data Collection Method – Primary data collection to be determined.

7(III).9 June 2011, DHEC and the SC Oral Health Advisory Council and Coalition will conduct an educational campaign for parents/caregivers of young children on infant oral health

South Carolina Baseline - Not applicable

Healthy People Reference - Not applicable

Original State Oral Health Plan Reference – Priority 5; Strategy 5.3 (See Appendix G)

Measurement Type - Process

Data Collection Method – Primary data collection to be determined.

7(III).10 By June 2011, DHEC and the SC Oral Health Advisory Council and Coalition will review Early Head Start communication strategies as a potential model for physicians, dentists, and parents on the importance of early childhood oral health.

South Carolina Baseline - Not applicable

Healthy People Reference - Not applicable

Original State Oral Health Plan Reference – Priority 5; Strategy 5.3 (See Appendix G)

Measurement Type - Process

Data Collection Method – Primary data collection to be determined.

7(III).11 By June 2011 , DHEC and the SC Oral Health Advisory Council and Coalition will establish a business/economic model for dental examinations conducted by dentists for children by age one.

South Carolina Baseline - Not applicable

Healthy People Reference - Not applicable

Original State Oral Health Plan Reference – Priority 5; Strategy 5.3 (See Appendix G)

Measurement Type - Process

Data Collection Method – Primary data collection to be determined.

7(III).12 By June 2011, DHEC and the SC Oral Health Advisory Council and Coalition will engage Medicaid Managed Care entities to facilitate integration of oral health risk assessments for children aged 3 years and younger.

South Carolina Baseline - Not applicable

Healthy People Reference - Not applicable

Original State Oral Health Plan Reference – Priority 5; Strategy 5.3 (See Appendix G)

Measurement Type - Process

Data Collection Method – Primary data collection to be determined.

7(III).13 By June 2008, DHEC and the SC Oral Health Advisory Council and Coalition will establish baseline county-specific market penetration for Medicaid beneficiaries aged 3 years and younger (# of kids seen by dentists in county/Medicaid enrollment rate by county).

South Carolina Baseline - 2007 Medicaid Data

Healthy People Reference - Not applicable

Original State Oral Health Plan Reference – Priority 5; Strategy 5.3 (See Appendix G)

Measurement Type - Process

Data Collection Method – Primary data collection to be determined.

7(III).14 By June 2011, increase the number of communities to 10 that have early childhood patient navigation solutions for oral health care.

South Carolina Baseline - Not applicable

Healthy People Reference - Not applicable

Original State Oral Health Plan Reference – Priority 5; Strategy 5.1, 5.4, 5.5 (See Appendix G)

Measurement Type - Impact

Data Collection Method – Evidence of infrastructure and policy changes.

7(III).15 By June 2011, DHEC and the SC Oral Health Advisory Council and Coalition will document “best practices” of patient navigation strategies that improve oral health utilization for children 3 years and younger.

South Carolina Baseline - Not applicable

Healthy People Reference - Not applicable

Original State Oral Health Plan Reference – Priority 5; Strategy 5.1, 5.4, 5.5 (See Appendix G)

Measurement Type - Process

Data Collection Method – Evidence of model.

7(III).16 By June 2011, DHEC and the SC Oral Health Advisory Council and Coalition will identify communities at highest risk for early childhood oral health problems.

South Carolina Baseline - Not applicable

Healthy People Reference - Not applicable

Original State Oral Health Plan Reference – Priority 5; Strategy 5.1, 5.4, 5.5 (See Appendix G)

Measurement Type - Process

Data Collection Method – Evidence of information.

7(III).17 By June 2011, DHEC and the SC Oral Health Advisory Council and Coalition will identify funding for replication of best practices and demonstration projects for early childhood oral health patient navigation models.

South Carolina Baseline - Not applicable

Healthy People Reference - Not applicable

Original State Oral Health Plan Reference – Priority 5; Strategy 5.1, 5.4, 5.5 (See Appendix G)

Measurement Type - Process

Data Collection Method – Evidence of information.

7(III).18 By June 2011, DHEC and the SC Oral Health Advisory Council and Coalition will document “best practices” of support systems that increase dental appointment keeping.

South Carolina Baseline - Not applicable

Healthy People Reference - Not applicable

Original State Oral Health Plan Reference – Priority 5; Strategy 5.1, 5.4, 5.5 (See Appendix G)

Measurement Type - Process

Data Collection Method – Evidence of information.

7(III).19 By June 2011, DHEC and the SC Oral Health Advisory Council and Coalition will seek funding for replication of best practices and demonstration projects aimed at enabling parents to keep dental appointments for their children.

South Carolina Baseline - Not applicable

Healthy People Reference - Not applicable

Original State Oral Health Plan Reference – Priority 5; Strategy 5.1, 5.4, 5.5 (See Appendix G)

Measurement Type - Process

Data Collection Method – Evidence of information.

Pregnant Women

7(III).20 The number of dentists willing to see pregnant women will increase to N% by 2011.

South Carolina Baseline - To be inserted

Healthy People Reference - Not applicable

Original State Oral Health Plan Reference – Priority 5; Strategy 5.3 (See Appendix G)

Measurement Type - Impact

Data Collection Method – Medicaid claims data and primary data collection (to be determined).

7(III).21 The number of pregnant women with improved oral health utilization will increase to N% by June 2011.

South Carolina Baseline - To be inserted

Healthy People Reference - Not applicable

Original State Oral Health Plan Reference – Priority 5; Strategy 5.3 (See Appendix G)

Measurement Type - Impact

Data Collection Method – Primary data collection (to be determined).

7(III).21 By June 2011, DHEC and the SC Oral Health Advisory Council and Coalition will develop a financial case for third-party payers that supports reimbursing oral health care for pregnant women.

South Carolina Baseline - To be inserted

Healthy People Reference - Not applicable

Original State Oral Health Plan Reference – Priority 5; Strategy 5.3 (See Appendix G)

Measurement Type - Process

Data Collection Method – Evidence of the product.

7(III).22 By June 2011, DHEC and the SC Oral Health Advisory Council and Coalition will secure funding for a pilot project that demonstrates the value of oral health care during pregnancy.

South Carolina Baseline - PRAMS

Healthy People Reference - Not applicable

Original State Oral Health Plan Reference – Priority 5; Strategy 5.3 (See Appendix G)

Measurement Type - Process

Data Collection Method – Evidence of the product.

7(III).23 By June 2011, the SC Oral Health Advisory Council and Coalition will advocate for expansion of Medicaid coverage to include oral health care for pregnant women.

South Carolina Baseline - To be inserted

Healthy People Reference - Not applicable

Original State Oral Health Plan Reference – Priority 5; Strategy 5.3 (See Appendix G)

Measurement Type - Process

Data Collection Method – Evidence of advocacy work.

Standards of Care

Early Childhood Oral Health

7(III).24 By June 2009, DHEC and the SC Oral Health Advisory Council and Coalition will form a workgroup to develop a publication of clinical practice guidelines established by AAP and AAPD (similar to a product from New York State) for early childhood oral health in South Carolina.

South Carolina Baseline - Not applicable

Healthy People Reference - Not applicable

Original State Oral Health Plan Reference – Priority 5; Strategy 5.3 (See Appendix G)

Measurement Type - Process

Data Collection Method – Evidence of the product.

7(III).25 By September 2009, DHEC and the SC Oral Health Advisory Council and Coalition will engage Medicaid Managed Care entities and SC Blue Cross/Blue Shield to promote early childhood oral health clinical practice guidelines.

South Carolina Baseline - Not applicable

Healthy People Reference - Not applicable

Original State Oral Health Plan Reference – Priority 5; Strategy 5.3 (See Appendix G)

Measurement Type - Process

Data Collection Method – Evidence of presentation through meeting minutes and dissemination strategies by partners.

7(III).26 By June 2009, DHEC and the SC Oral Health Advisory Council and Coalition will engage the state’s medical and dental education programs to incorporate early childhood oral health clinical practice guidelines into curricula.

South Carolina Baseline - Not applicable

Healthy People Reference - Not applicable

Original State Oral Health Plan Reference – Priority 5; Strategy 5.3 (See Appendix G)

Measurement Type - Process

Data Collection Method – Evidence of curricular changes.

7(III).27 By September 2009, DHEC and the SC Oral Health Advisory Council and Coalition will disseminate early childhood oral health clinical practice guidelines to dental hygienist and dental assistant professional organizations.

South Carolina Baseline - Not applicable

Healthy People Reference - Not applicable

Original State Oral Health Plan Reference – Priority 5; Strategy 5.3 (See Appendix G)

Measurement Type - Process

Data Collection Method – Evidence of presentation through meeting minutes or conference proceedings.

6(III).28 By September 2009, DHEC and the SC Oral Health Advisory Council and Coalition will engage the state’s dental hygiene and assisting programs to incorporate early childhood oral health clinical practice guidelines into curricula.

South Carolina Baseline - Not applicable

Healthy People Reference - Not applicable

Original State Oral Health Plan Reference – Priority 5; Strategy 5.3 (See Appendix G)

Measurement Type - Process

Data Collection Method – Evidence of curricular changes.

Oral Health Care for Pregnant Women

7(III).30 By June 2008, DHEC and the SC Oral Health Advisory Council and Coalition will form a workgroup to develop a publication of clinical practice guidelines established by New York State based on recommendations from professional organizations for oral health care of pregnant women in South Carolina.

South Carolina Baseline - Not applicable

Healthy People Reference - Not applicable

Original State Oral Health Plan Reference – Priority 5; Strategy 5.3 (See Appendix G)

Measurement Type - Process

Data Collection Method – Evidence of the product.

7(III).31 By June 2011, DHEC and the SC Oral Health Advisory Council and Coalition will engage Medicaid Managed Care entities and SC Blue Cross/Blue Shield to promote oral health care clinical practice guidelines for pregnant women.

South Carolina Baseline - Not applicable

Healthy People Reference - Not applicable

Original State Oral Health Plan Reference – Priority 5; Strategy 5.3 (See Appendix G)

Measurement Type - Process

Data Collection Method – Evidence of presentation through meeting minutes and dissemination strategies by partners.

6(III).32 By June 2011, DHEC and the SC Oral Health Advisory Council and Coalition will conduct an education campaign for dentists and medical providers who deliver babies on oral health practice guidelines for pregnant women.

South Carolina Baseline - Not applicable

Healthy People Reference - Not applicable

Original State Oral Health Plan Reference – Priority 5; Strategy 5.3 (See Appendix G)

Measurement Type - Process

Data Collection Method – Evidence of the product and primary data collection (to be determined).

7(III).33 By 2011, DHEC and the SC Oral Health Advisory Council and Coalition will conduct an education campaign for pregnant women on the clinical practice guidelines for their oral health care.

South Carolina Baseline - To be inserted

Healthy People Reference - Not applicable

Original State Oral Health Plan Reference – Priority 5; Strategy 5.3 (See Appendix G)

Measurement Type - Process

Data Collection Method – Evidence of the product and primary data collection (to be determined).

6(III).34 By 2011, DHEC and the SC Oral Health Advisory Council and Coalition will engage the state’s medical and dental programs to incorporate oral health care clinical practice guidelines for pregnant women into curricula.

South Carolina Baseline - Not applicable

Healthy People Reference - Not applicable

Original State Oral Health Plan Reference – Priority 5; Strategy 5.3 (See Appendix G)

Measurement Type - Process

Data Collection Method – Evidence of curricular changes.

7(III).35 By 2011, DHEC and the SC Oral Health Advisory Council and Coalition will disseminate oral health care clinical practice guidelines for pregnant women to dental hygienist and dental assistant professional organizations.

South Carolina Baseline - Not applicable

Healthy People Reference - Not applicable

Original State Oral Health Plan Reference – Priority 5; Strategy 5.3 (See Appendix G)

Measurement Type - Process

Data Collection Method – Evidence of presentation through meeting minutes or conference proceedings.

7(III).36 By 2011, DHEC and the SC Oral Health Advisory Council and Coalition will engage the state’s dental hygiene and assisting programs to incorporate oral health clinical practice guidelines for pregnant women into curricula.

South Carolina Baseline - Not applicable

Healthy People Reference - Not applicable

Original State Oral Health Plan Reference – Priority 5; Strategy 5.3 (See Appendix G)

Measurement Type - Process

Data Collection Method – Evidence of curricular changes.

Licensed Childcare Centers

6(III).37 By 2011, N% of childcare centers will have received early childhood oral health education from the DHEC/EdVenture collaborative using “General Oral Health 101” or “Oral Injury Prevention,” in order to meet their health and safety requirements for licensure.

South Carolina Baseline - Not applicable

Healthy People Reference - Not applicable

Original State Oral Health Plan Reference – Priority 5; Strategy 5.3 (See Appendix G)

Measurement Type - Process

Data Collection Method – Evidence of trainings

7(III).38 By 2011, the DHEC/EdVenture collaborative will provide “Train-the-trainer” support to (insert number) Early Head Start and other key stakeholders.

South Carolina Baseline - Not applicable

Healthy People Reference - Not applicable

Original State Oral Health Plan Reference – Priority 5; Strategy 5.3 (See Appendix G)

Measurement Type - Process

Data Collection Method – Evidence of meeting minutes and resulting standards.

6(III).39 By 2011, DHEC and the SC Oral Health Advisory Council and Coalition will engage First Steps in developing oral health promotion standards for childcare centers in South Carolina.

South Carolina Baseline - Not applicable

Healthy People Reference - Not applicable

Original State Oral Health Plan Reference – Priority 5; Strategy 5.3 (See Appendix G)

Measurement Type - Process

Data Collection Method – Evidence of meeting minutes and resulting standards.

7(III).40 By 2011, DHEC and the SC Oral Health Advisory Council and Coalition will engage SC Strengthening Families Leadership Team in developing oral health promotion standards, in conjunction with First Steps, for childcare centers in South Carolina.

South Carolina Baseline - Not applicable

Healthy People Reference - Not applicable

Original State Oral Health Plan Reference – Priority 5; Strategy 5.3 (See Appendix G)

Measurement Type - Process

Data Collection Method – Evidence of meeting minutes and resulting standards.

7(III).1 The Division of Oral Health staff will provide training to First Steps programs lacking an oral health program, as well as child care center training at the 16 technical colleges on including oral health as part of total health by January 2006.

South Carolina Baseline - Not applicable

Healthy People Reference - 7-11u: Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs, with regards to oral health.

Baseline (1996-97): 25%

2010 Target: 50%

Original State Oral Health Plan Reference – Priority 5; Strategy 5.3 (See Appendix G)

Measurement Type - Process

Data Collection Method – Evidence of deliverables, which will be monitored through the Coalition.

7(III).2 By January 2011, 50% of all child care centers with an oral health component will adopt “Good Start, Grow Smart” guidelines.

South Carolina Baseline - Not applicable

Healthy People Reference - 7-11u: Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs, with regards to oral health.

Baseline (1996-97): 25%

2010 Target: 50%

Original State Oral Health Plan Reference – Priority 5; Strategy 5.3 (See Appendix G)

Measurement Type - Process

Data Collection Method – Evidence of deliverables, which will be monitored through the Coalition.

Comments

The two objectives identified to date reflect existing programs implemented by DHEC in coordination with Coalition partners. The early childhood component will be developed by a Coalition workgroup beginning February 2007.

Chapter 7. Special Populations

Population IV: Senior Adults

Background – The Coalition will develop the Senior Adult portion of the State Oral Health Plan in late 2007. Representatives on the Coalition committed to developing a public oral health agenda centered around senior adults began meeting in 2008 to develop their plan.

Logic Model – in development

Objectives – in development

Comments – in development

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