

# Michigan State Oral Health Plan Implementation Progress Report



**Success stories of the  
activities and initiatives  
implemented from 2013  
through 2015 to improve  
oral health in Michigan**



**Michigan Department of Health and Human Services  
Oral Health Program  
April 2016**

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Hello,

We are pleased to provide you with snapshots of success stories from the 2010-2015 State Oral Health Plan (SOHP). While there are many examples to choose from, we have elected to provide an example for each of the ten goals that were published in the SOHP. Over the past number of years, we have described the burden of oral disease in the state, increased our efforts on raising awareness of the importance of oral health on overall health, increased prevention strategies and assisted with providing better access to oral health services for the population of our state.

These success stories provide an example of where we have been and provide a road map for us to continue to increase our efforts on oral health awareness, education on the importance of oral health and provide increased access to care for all individuals.

The stories describe some of the varied partners and stakeholders that are involved in improving oral health for everyone. In order to implement an SOHP, we need many committed partners, advocates and organizations in order to improve the oral health and overall health of all individuals.

We can only build upon the success of these stories to improve the overall oral health of the population.

Sincerely,

A handwritten signature in black ink that reads "Christine M. Farrell". The signature is written in a cursive, flowing style.

Christine Farrell, RDH, MPA

Oral Health Director

## ***Introduction***

The purpose of this report is to document the work that was accomplished and to publicize the impact our collective efforts had on the prevention of oral diseases and the improvement of oral health in Michigan. This report presents one-page success stories that describes the various oral health programs or initiatives implemented from 2013 through 2015 and the progress, achievements, and/or lessons learned. The stories are organized by the ten goals presented in the 2010-2015 State Oral Health Plan. To develop each story, oral health program reports, presentations, publications, and news articles were reviewed. When needed, additional information was solicited from program partners and other stakeholders.

### ***The 2010-2015 State Oral Health Plan***

In 2009, the existing State Oral Health Plan (SOHP) was 3 years old and on schedule for evaluation. Evaluation was utilized to ascertain if the previous goals of the SOHP had been met, to determine emergent oral health issues that should be addressed, and provide stakeholders with an opportunity to generate recommendations. A SOHP Evaluation Committee was formed with members representing the dental schools, community dental centers, the Michigan Oral Health Coalition, Head Start, organized dentistry and dental hygiene associations, the Oral Health Program with the Michigan Department of Health and Human Services (formerly the Michigan Department of Community Health), and other stakeholders with the assistance of an external evaluator.

The revised 2010-2015 State Oral Health Plan document was structured to inform stakeholders on the updated prevalence of oral disease in the State of Michigan and to provide stakeholders with a 5-year plan of action framework to meet the identified needs of the public.

The revised goals within the 2010-2015 oral health plan included the following:

1. Maintain a statewide oral health surveillance system to provide a routine source of actionable data
2. Implement evidence-based preventive practices that maintain optimal oral health for Michigan communities
3. Increase knowledge of the relationship between oral health and systemic health
4. Provide information about the availability of comprehensive and culturally sensitive oral health education resources
5. Develop strategies for Michigan to increase access to oral health services by establishing a dental home no later than age 1

6. Support a public and private system of care that ensures access to comprehensive oral health services for all Michigan residents
7. Increase access to oral health services in underserved populations and communities
8. Increase oral health access for persons with special needs
9. Increase oral health access for the elderly
10. Develop and sustain the necessary infrastructure to successfully implement the state oral health plan

Each goal statement was followed by the rationale for the goal along with suggested action steps to work towards goal achievement, a description of resources needed, a designation of responsible organizations, the mechanism to monitor and evaluate progress, and the desired completion dates.

In 2012, a mid-year progress report on the implementation of the 2010-2015 SOHP was published to provide a detailed account of the activities and initiatives implemented in the plan's first two years, 2010 through 2012. The progress report included a bulleted list of major activities and documented stakeholders' progress towards each goal. A complementary summary pamphlet was created to provide a thumbnail description of activities and progress of the 5-year action plan. These documents can be found on the Michigan Department of Health and Human Services (MDHHS) Oral Health Program website ([www.michigan.gov/oralhealth](http://www.michigan.gov/oralhealth)).

# Goal 1: Maintain a statewide oral health surveillance system to provide a routine source of actionable data

### Recent Oral Health Surveillance Reports and Briefs

Oral Cancer in Michigan: 2015 Surveillance Brief

Dental Insurance among Michigan Adults (2015)

Oral Health and Cardiovascular Disease: 2015 Fact Sheet

Oral Health of Michigan Seniors (2015)

2014 Oral Cancer Fact Sheet

Michigan Oral Health Project for the Aging (2014)

Utilization of Oral Health Services Among Michigan Adults: BRFS 2012 (2013)

Oral Health & Diabetes Fact Sheet (2013)

Burden of Oral Health Report: 2013

Michigan Oral Health Surveillance Plan: 2013-2018

Oral Health During Pregnancy: PRAMS 2004-2008 (2013)

Count Your Smiles Report: 2011-2012

To access reports and briefs, go to: [www.michigan.gov/oralhealth](http://www.michigan.gov/oralhealth)

An oral health surveillance system includes ongoing, systematic collection, analysis, interpretation, and dissemination of data to inform health professionals, policy makers, and the public. Monitoring the status of oral disease in Michigan’s population is essential for setting achievable objectives, as well as for planning, implementing, and evaluating programs. It is also important for illustrating the burden of oral disease and for gaining support and funding for Michigan’s oral health programs.

The Michigan Department of Health and Human Services collaborated with oral health professionals around the state to develop Michigan’s oral health surveillance system. The creation of the Michigan oral health surveillance system and the development of an oral health surveillance plan has enabled Michigan to provide a consistent source of updated, reliable and valid information for use in developing, implementing, and evaluating programs to improve the oral health of Michigan’s citizens.

The first oral health surveillance plan was developed in 2009 and an updated plan was released in 2013. The objectives of the oral health surveillance system are to: estimate the magnitude of oral disease in Michigan, monitor trends in oral health indicators, evaluate the effectiveness of implemented programs and policy changes, identify vulnerable population groups, and communicate and provide information for decision-making. Data generated from 14 different sources are compiled, maintained, and analyzed by the state oral health epidemiologist at the Michigan Department of Health and Human Services. The data is disseminated to programs, policy-makers, oral health partners, and the general public through presentations, published reports, and briefs.

Continued efforts and funding are needed to maintain Michigan’s oral health surveillance system. An evaluation is planned to examine the relevance of data currently being collected and the need for additional indicators, to determine the value of each data source in the surveillance system, to assess the usefulness of current dissemination methods, and to examine its overall effectiveness. Based on evaluation results, new methods will be adopted to improve the oral health surveillance system.



1 in 3 adults in Michigan did not visit a dentist or dental clinic in the past year



Adults not having a dental visit decreased as household income increased



1 in 6 third grade children in Michigan did not visit a dentist in the past year



1 in 4 third grade children in Michigan had untreated dental disease



1 in 9 third grade children had pain in the past 6 months when biting or chewing



2 in 5 pregnant women in Michigan did not seek dental care when needed



1 in 3 adults in Michigan did not have dental insurance for the entire past 12 months

# Goal 2: Implement evidence-based practices that maintain optimal oral health for Michigan communities

Tooth decay and its complications are preventable. Community water fluoridation (CWF) is the controlled addition of a fluoride compound to a public water supply to achieve a concentration optimal for dental decay prevention. Most large water systems in Michigan adjust their natural levels of fluoride to bring to an optimal level and over 90% of Michigan residents on community water systems have access to fluoridated water.

## Results of the Boyne City Election

✓ Yes = 868 (68.6%)  
 ✗ No = 396 (31.4%)



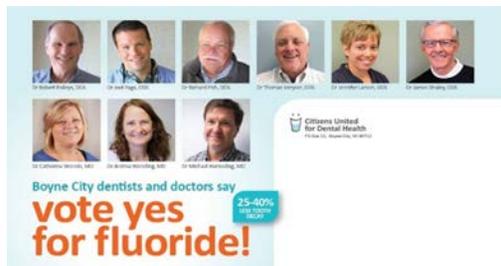
Boyne City Michigan, in Charlevoix County, with a population of just over 3700, had been fluoridating since 1973 when their City Commission, in May of 2014, voted to discontinue this evidenced-based public health measure, ignoring all public health officials and 50 years of established science. The chief water system operator for their water system felt that fluoridation was no longer indicated so approached the City Commission to have it stopped. This was an unprecedented action by a City Commission – most anti-fluoride campaigns begin with a petition and then a vote of the people.

The Michigan Department of Health and Human Services, the Michigan Oral Health Coalition and the Michigan Dental Association sent letters and documentation of the effectiveness of maintaining a community water fluoridation program and urged the City Commission to re-think their decision.

Local area supporters, including dental and medical professionals, business owners, school officials and others for fluoridation, were recruited to form **Citizens United for Dental Health**. Carl VanDomelen, a local businessman, was delegated as Chairman of this newly formed group. Activity to reverse this decision by the City Commission and re-instate fluoridation, was initiated. An Initiatory Petition was completed along with 20% of Boyne City registered voter support for placement on the November 2014 ballot. The tactic was an overwhelming success –558 signatures were needed to place the initiative on the ballot and 674 were gathered in a matter of two weeks. This was a shock to the City Commissioners that voted to eliminate fluoride. The signatures were validated by the City Clerk and the Fluoridation Campaign was on. Due to the efforts of the Citizens United for Dental Health and the significant support given by the American Dental Association, the Michigan Dental Association, Delta Dental, the Michigan Department of Health and Human Services, and the Michigan Oral Health Coalition, the citizens of Boyne City voted to resume fluoridation.

## The Media Campaign

In order to win the November ballot initiative in favor of fluoridation, the campaign had 4 strategies to distribute reliable information to voters and a campaign plan was developed. The campaign consisted of: (1) targeted direct mail, (2) newspaper advertising, (3) press releases, and (4) the social media site Facebook. These flyers went out in October and November prior to voting:



## Goal 3: Increase knowledge of the relationship between oral health and systemic health

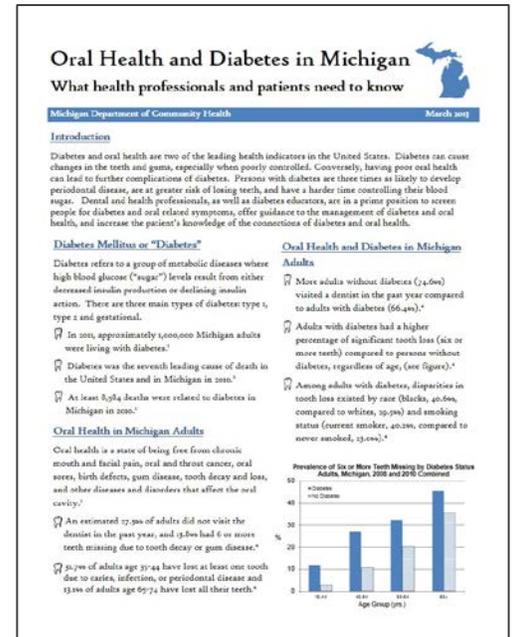
### Connecting Oral Health to Diabetes Management

Diabetes is a serious and common chronic condition. In Michigan there were a total of 790,176 diagnosed cases of diabetes and an estimated 57,000 new cases of diabetes diagnosed in 2013. Uncontrolled diabetes can lead to serious diseases affecting the heart and blood vessels, eyes, kidneys, nerves and teeth.

Diabetes is a major risk factor for periodontitis, a severe form of gum disease that damages the soft tissue and bone that supports the teeth. Even though periodontitis exists in patients without diabetes, it is more common and more severe among those with diabetes. A two-way relationship exists between diabetes and periodontitis, with diabetes increasing the risk for periodontitis and periodontal inflammation negatively affecting blood sugar levels. Other oral health problems associated with diabetes include dental caries (cavities), burning mouth syndrome, xerostomia (dry mouth), candidiasis (thrush), salivary dysfunction, and other neurosensory disorders. Patients with diabetes also develop a range of oral bacterial and fungal infections, which can progress quickly and lead to serious complications.

The Oral Health Program has been collaborating with the Diabetes Section within the Michigan Department of Health and Human Services (MDHHS) for several years. In 2013, the fact sheet “Oral Health and Diabetes in Michigan” was released to educate health professionals and the public on the relationship between diabetes and oral health problems. In 2014, Susan Deming, Education Coordinator with the MDHHS Oral Health Program, and Dawn Crane, DSMT Certification Program Coordinator with the MDHHS Diabetes Section, developed the webinar “Making the Diabetes and Oral Health Connection” as part of the Grand Rounds Program through the Michigan Center for Rural Health. The webinar was developed to train health professionals on diabetes and the impacts of diabetes management on oral health, as well as inform professionals on programs and resources on diabetes management and prevention of oral complications. The MDHHS Oral Health Program is actively involved with the Diabetes Partners in Action Coalition (DPAC). Susan Deming, attends bi-annual meetings, often setting up a display on oral health.

Future collective efforts for the MDHHS Oral Health Program and Diabetes Section include updating the “Diabetes and Oral Health” patient brochure and collaboratively writing for a grant opportunity to integrate oral health education into the MDHHS Diabetes Self-Management Education Programs.



In 2014, Susan Deming was awarded the Sally Joy Leadership Award for her exceptional leadership in connecting her expertise in oral health to diabetes prevention and management. The award was presented jointly by the Michigan Diabetes Partners in Action Coalition and the American Diabetes Association.

## Goal 4: Provide information about the availability of comprehensive and culturally sensitive oral health education resources

### Michigan Oral Health Coalition Community Mini-Grant Program

The Michigan Oral Health Coalition's mission is to improve oral health in Michigan by focusing on prevention, health promotion, oral health data, access, and the link between oral health and overall health. The Michigan Oral Health Coalition is comprised of primary care clinicians, oral health clinicians, dental benefit providers, advocacy and provider organizations, state and local government officials, and consumers working together to improve oral health in Michigan.



In January 2015, the Michigan Oral Health Coalition announced its 2015 Community Mini-Grant Program. The objective of the program was to assist local communities in developing and furthering local coalitions to establish a foundation for creating social change toward oral health. This approach allowed communities to find solutions to health problems and determine which solutions worked best in their particular community.

In March 2015, the Coalition announced the recipients of its 2015 Community Mini-Grant Program: Holland Free Health Clinic, Kent County Oral Health Coalition, Saginaw Health Plan, and Tri-County Dental Health. The four community grantees were selected based on their potential for program development, broad community involvement, and the needs of their community. Each grantee received \$1,875 to support coalition-building strategies, in addition to training and services valued at \$20,000.

#### 2015 Community Mini-Grant Program Recipients

##### Holland Free Health Clinic

Funding from the Michigan Oral Health Coalition's 2015 Community Mini-Grant Program is enabling the Holland Free Health Clinic to create a community coalition for Ottawa and Allegan counties. This network of community partners and dental professionals will help improve access to dental care for local residents in need.



##### Saginaw Health Plan (SHP)

The Michigan Oral Health Coalition grant funding is being used to refine and improve Saginaw County's oral health system of care for low-income uninsured and underinsured residents. By identifying the unique contribution of each organization within the system, how the organizations interface, and the services and populations for which gaps in the system remain, SHP can develop an understanding of how the gaps can be reduced or eliminated.



##### Kent County Oral Health Coalition (KCOHC)

KCOHC is using the Michigan Oral Health Coalition grant funds to develop and deliver oral health education training to home visiting staff, early childhood educators, and non-traditional early childhood service providers through the BRUSH! curriculum. This curriculum was developed by the McMillen Center for Health Education and Delta Dental.



##### Tri-County Dental Health

Tri-County Dental Health is using the Michigan Oral Health Coalition grant funding to continue the forward momentum of the Oral Health Coalition for Adults with Disabilities by expanding activities they started in Oakland and Wayne counties.



## Goal 5: Develop strategies to increase access to oral health services by establishing a dental home no later than age one

In the Healthy People 2020 report, increasing the proportion of children, adolescents, and adults who use the oral health care system is considered one of the 12 leading health indicators. There are many factors that influence utilization of oral health services, including limited access and availability, lack of education regarding oral health, cost, and many social determinants including income, education level, and race or ethnic group. The goal for the Healthy People 2020 indicator is to increase, by 10%, the proportion of people over the age of two years that have had a dental visit in the past year.

In line with recommendations from the American Academy of Pediatrics (AAP) and the American Academy of Pediatric Dentistry (AAPD), the Michigan Department of Health and Human Services (MDHHS) recommends all children to have their first dental visit by age one and encourages medical providers to incorporate oral health into well-child visits. Early oral screenings, early preventive interventions, such as fluoride varnish applications and oral health education to parents of young children, can greatly reduce the risk of early childhood caries and associated costs, dental treatment, pain and suffering.

The Smiles for Life curriculum is a national curriculum used in Michigan to increase the number of medical providers integrating oral health into primary care. The Smiles for Life curriculum consists of eight 45-minute modules covering core areas of oral health relevant to medical clinicians. User competencies are measured through assessments at course completion. For each course a user must score an 80% or higher to receive credit. It is widely used and endorsed by numerous national organizations, state oral health programs, professional schools, and post-graduate training programs. After completing the Smiles for Life curriculum, providers are certified through the MDHHS Oral Health Program and can receive reimbursement for fluoride varnish applications through Medicaid. Altarum Institute, through their Michigan Caries Prevention Program, has assisted tremendously in recruiting and certifying medical providers in the Smiles for Life curriculum. Since they have started this program in 2015, over 700 medical providers have been trained in oral health with special recommendations to connect children to a dental home by age one.



**FREE Training**  
Physicians, Nurse Practitioners, & Physician Assistants

The Michigan Caries Prevention Program is offering training and support tools to implement preventive oral health services during well-child visits. The training will support primary care providers, including clinical staff, in providing the number one chronic disease among children: dental caries. These services include oral health screenings, oral health risk assessments, and fluoride varnish applications. This training program is provided at no charge to participants under a federal grant to improve oral health care for children.

**The training will provide:**

- Smiles for Life certification. Providers will be eligible for up to \$23 in reimbursement from Medicaid for providing preventive oral health services
- Comprehensive technical assistance
- Starter kit of fluoride varnish
- Electronic dental referral and patient tracking kit

**Training and cycles of performance assessment and improvement will help participants:**

- Incorporate oral health screenings, oral health risk assessments, and fluoride varnish applications into clinical work flows
- Successfully refer high-risk children in need of a dental home to an available dentist
- Code and bill for preventive oral health services
- Ensure their patients are receiving the appropriate preventive oral health care

Participants may be eligible for Maintenance of Certification (MOC) credits and Continuing Medical Education (CME) credits (see reverse side for details).

**TO ENROLL: Call 844-4-MITTEETH (844-464-8338)**

**Michigan CARIES PREVENTION PROGRAM**

© 2015 Michigan Caries Prevention Program, an Altarum Institute program. Reimbursement for a free dental visit was supported by grant number 1270002007 from the Department of Health and Human Services, Office for Health Promotion Services. The content of this publication and the relative responsibilities of the authors and contributors are the sole responsibility of the Department of Health and Human Services, and its employees.



The Varnish Michigan Babies Too! program is a state-based program that encourages Medicaid medical providers to incorporate oral screenings and apply fluoride varnish to infant and toddler teeth (age 0-35 months) during well-child visits as well as refer infants to a dental home by age one. Providers receive free fluoride varnish from the MDHHS Oral Health Program in exchange for the collection of screening data and are reimbursed through Medicaid for oral-screenings and fluoride varnish applications. Twenty four agencies in the 2014-2015 fiscal year, including several WIC programs, participated in the Varnish Michigan Babies Too! program.

## Goal 6: Support a public and private system of care that ensures access to comprehensive oral health services for all Michigan residents

**Healthy Kids Dental** was established in 2000 through a public-private partnership between the Michigan Department of Health and Human Services and Delta Dental of Michigan with the purpose of helping low-income children and young adults get dental care. Since then, counties that have implemented the Healthy Kids Dental program have seen substantial improvements in access to dental care. More dentists are willing to be Healthy Kids Dental providers compared to regular Medicaid and children are more likely to get preventive care and have an established dental home. The American Dental Association recognizes Michigan's Healthy Kids Dental program as one of five national models for improving access to dental care for underserved children.

Prior to October 2015, the program was available to children and young adults (up to age 21) in all but three Michigan counties: Kent, Oakland and Wayne. In 2015, Governor Snyder proposed to expand the Healthy Kids Dental program to all counties in Michigan. Michigan lawmakers approved the expansion and appropriated \$12.7 million to include the remaining three counties. As of October 1, 2015, the program was offered to eligible children through age 12 in Wayne, Oakland, and Kent counties, and through age 21 in all other counties in Michigan. The expansion of the Healthy Kids Dental program means that children in all Michigan counties have the opportunity to have a regular source of dental care and receive preventive treatment and comprehensive follow up when needed.

### The expansion of the Healthy Kids Dental Program has improved access to dental care for children in all Michigan counties.



#### Oral Exam Payment Rate, 2015

Healthy Kids Dental:  
\$28.00

Medicaid Fee-for-Service:  
\$14.89



#### More Providers

A greater number of dentists in Michigan accept Healthy Kids Dental than regular Medicaid



#### Less Travel Time

Children with Healthy Kids Dental travel less miles to receive dental care than those with regular Medicaid (average of 7.6 miles vs. 24.5 miles)



#### Greater Utilization

Dental visits are 50% higher for children enrolled in Healthy Kids Dental compared to those enrolled in regular Medicaid

## Goal 7: Increase access to oral health services in underserved populations and communities

### SEAL! Michigan Dental Sealant Program

Children from low-income families disparately experience the burden of oral disease. Michigan data from the 2010 Count Your Smiles Survey indicate that children eligible for the free and reduced lunch program, a proxy for low-income status, were more likely to have a caries experience, have untreated tooth decay, and have immediate dental care needs than children not enrolled in the program. Dental sealants are a proven means to reduce decay, yet only 24% of children enrolled in the free and reduced lunch program had dental sealants compared with 29% of children not enrolled in the program.

The SEAL! Michigan dental sealant program was established in 2007 to increase the number of Michigan children with dental sealants and to reduce tooth decay. The program works by providing dental sealants, fluoride varnish, and oral health education to Michigan students in school-based settings. School-based sealant programs are a cost effective means of dental sealant delivery and eliminate barriers to access that some parents experience, like transportation and taking time off work.

To operate the program, the Michigan Department of Health and Human Services (MDHHS) fund qualifying applicants for three years through a competitive grant process. All grantees are required to take an annual dental sealant training. To be an eligible SEAL! Michigan site, more than half of a school's population must participate in the free and reduced-price lunch program. SEAL! Michigan programs serve all first, second, sixth, and seventh grade students who return a completed parental permission slip. Registered dental hygienists place the dental sealants on students' teeth in approved PA 161 programs. Services are provided at no charge to the family, though if the child has dental insurance (including Medicaid/CHIP), the programs must bill for services, as additional income from insurance billing assists with sustainability of the programs.

The SEAL! Michigan program is funded under Maternal & Child Health Block grant funds, a five-year CDC Cooperative Agreement, Delta Dental Foundation of Michigan, and by a three-year grant from the U.S. Health Resources and Services Administration (HRSA). The MDHHS Oral Health Program constantly seeks out new grant opportunities to sustain current sealant programs and ensure sealant program growth across the state.

#### Program Cost\*

**\$94**



**vs.**

**\$201**



SEAL! Michigan

Private Practice

\*The cost of one child receiving a screening, sealants, fluoride varnish, and oral health education

#### Schools Served



In 2014, 122 schools were SEAL! Michigan sites, an increase of 44% since 2010

#### Students Reached



In 2014, 5,133 students were served through SEAL! Michigan, an increase of 69% since 2010

#### Sealants Placed



In 2014, 18,764 sealants were placed through SEAL! Michigan, an increase of 64% since 2010

**SEAL!**  
**MICHIGAN**

## Goal 8: Increase oral health access for persons with special needs

### Michigan Donated Dental Services Program

Due to complex treatment needs, limited dental coverage, and lack of providers who accept Medicaid insurance, many disabled and elderly persons experience neglected oral care and advanced dental disease. According to the 2013 Burden of Oral Disease in Michigan report, compared to non-disabled adults, disabled adults are less likely to have dental insurance, less likely to have visited a dentist or had a cleaning in the past year, and more likely to be missing 6 or more teeth. The report also indicates that approximately 1 in 5 disabled persons identified cost as a significant barrier to accessing dental care in the past year.



**478 Patients Treated**

↑ **1.3%**  
FY2014 to FY2015



**6,098 Procedures**

↑ **27.0%**  
FY2014 to FY2015



**829 Dentists**

↑ **2.1%**  
FY2014 to FY2015



**217 Dental Labs**

↑ **6.9%**  
FY2014 to FY2015



**\$1,703,451 in  
Donated Treatment**

↑ **21.3%**  
FY2014 to FY2015

To help elderly individuals or those with a physical or mental disability obtain dental care, the Michigan Dental Association (MDA) and the Dental Lifeline Network (formerly the National Foundation of Dentistry for the Handicapped) launched the statewide Michigan Donated Dental Services (DDS) project in 1995. Since its inception, the MDA has donated office space and other support services as well as played a key role in maintaining and expanding the program. The DDS program is managed by two coordinators who act as liaisons between patients, referring organizations, dentists, and labs.

In 2015, program goals for the number of individuals served were met and goals for donated care and donated laboratory fabrications were exceeded. Since the program began 20 years ago, more than \$19 million worth of services have been provided to 5,808 patients who had no other way of getting needed care.

More volunteers are still needed throughout the state, especially in the City of Detroit where there are many requests for help. The program goals for next year will be to intensify recruiting activities to encourage more dentists and laboratories to become involved.

If you are a dentist or laboratory who would like to contribute to the program, go to [www.smilemichigan.com/pro/DDS](http://www.smilemichigan.com/pro/DDS)

## Goal 9: Increase oral health access for the elderly

### Jackson County Senior Smiles Survey Pilot Program

Aging populations have an increased risk for oral health problems. Natural changes associated with aging, the effects of some medications, nutrition, physical limitations, as well as access to regular dental care all play a role in oral health and present unique challenges in ensuring good oral health for all seniors. A statewide survey among adults 65 years and older is needed to provide additional information on the oral health status of this population which will allow for the modification of public health programs, workforce, and funding to meet the needs of seniors in Michigan.

The Michigan Department of Health and Human Services worked with the Jackson County Smiles on Wheels mobile dental program to identify best practices for collecting oral screening data among adults 65 years and older. The 18-month pilot program took place at varying congregate meal site locations, including senior centers, faith-based centers, and township halls and consisted of an open mouth assessment and a paper-based survey to assess the individual's current and past oral health. Each screening was staffed by two registered dental hygienists and one assistant. Additional surveys were administered to the site supervisor and the Smiles on Wheels staff to obtain feedback on the program operation at each site visit.

The pilot program explored a wide variety of techniques to help Michigan launch a successful statewide oral health survey for the aging population. Using privacy screens, seeking a highly supportive site coordinator, marketing the project with posters and advertisements, and offering a wide variety of high quality incentives are suggested in order to increase the number of adults who consent to an open mouth assessment. Additionally, as the survey population was racially diverse but primarily female, efforts should focus on reaching a more diverse population. After the Jackson County Pilot, an 18-month grant was provided by the National Association of Chronic Disease Directors to allow for the completion of screening projects in the City of Detroit and Hillsdale and Lenawee counties.

#### Of the 192 older adults who were screened:

- 9%** Were in need of periodontal care or urgent treatment
- 49%** Did not have insurance that covered dental
- 33%** Did not receive dental care in past year due to cost

#### Several poor oral health conditions were identified:

- 23%** Severe dry mouth
- 9%** Suspicious soft tissue lesions
- 23%** Substantial oral debris
- 13%** Severe gingival inflammation
- 11%** Untreated decay



## Goal 10: Develop and sustain the necessary infrastructure to successfully implement the State Oral Health Plan

### Strengthening Michigan's Oral Health Program

The role of State Oral Health programs is to improve oral health by preventing oral disease, promoting healthy behaviors and ensuring access to dental care for all residents. To carry out its role, a strong oral health infrastructure is needed. To build a more stable and sustainable program in Michigan, the Michigan Department of Health and Human Services (MDHHS) Oral Health Program developed internal collaborations within other public health disciplines and worked to promote oral health as an interdisciplinary approach to improving overall health.

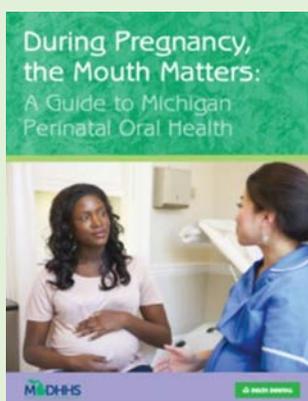
The Oral Health Program fostered collaborations within other areas of the MDHHS by initiating dialogue, promoting oral health within other programs, and by providing examples of how integration could occur into existing programs. Partnerships were broadened by participating in coalitions and advisory groups within other disciplines and by inviting staff from other areas to participate in oral health initiatives. Through their efforts, collaborative agreements were developed with the Maternal and Child Health Section, the Michigan Diabetes and Prevention Control Program, the Michigan Tobacco Section, the Michigan Cardiovascular Health, Nutrition and Physical Activity Section, the Michigan Cancer Prevention and Control Section, the Michigan Women, Infant, Children (WIC) Division, and the Michigan Office of Services to the Aging.

As different disciplines within the MDHHS experience many of the same challenges, collaboration makes sense. Through collaboration, the Oral Health Program was able to diversify funding sources. Multiple sources aid in funding staff and programs and not all staff position funds are from one source. A broader array of staff working on the same initiatives increases program capacity, enhances marketing and conserves resources. Additionally, the combined approach on disease prevention benefits the people of Michigan.

#### Perinatal Oral Health Program

Michigan's focus on perinatal oral health is part of an ambitious state plan to reduce infant mortality, an initiative proposed by Governor Rick Snyder in 2011. Michigan's Infant Mortality Reduction Plan is a statewide strategic effort to improve infant mortality and strengthen the system of perinatal care available to women and infants. Recent studies have reported associations between oral diseases, particularly periodontal disease and an increased risk for poor birth and pregnancy outcomes such as preterm birth, low birth-weight and gestational diabetes.

The Perinatal Oral Health Conference held in August, 2013 demonstrated oral health interest from a variety of medical providers, public health providers and academia. The conference laid a framework for an oral health plan with objectives for the next five years. Since the conference, a number of participants were actively engaged in the plan's activities. Champions were identified in both the medical and dental community. In addition, the perinatal oral health conference allowed people from a variety of disciplines to network and engage in activities. The perinatal oral health coordinator has become a participant in the infant mortality advisory committee and also recruited dental advocates and providers to the committee.



In 2015, the Perinatal Oral Health Program developed a guide for health professionals that provides information on infant mortality and perinatal oral health in Michigan, a visual guide for common oral health conditions, and referral resources to assist in facilitating timely and important oral health care for pregnant women.

*We would like to acknowledge the partners listed in the success stories:*

Citizens United for Dental Health, Boyne City

Carl VanDomelen, Boyne City

Michigan Oral Health Coalition

Kent County Oral Health Coalition

Holland Free Health Clinic

Saginaw Health Plan

Tri-County Dental Health

Michigan Caries Prevention Program and Altarum Institute

Delta Dental Plan of Michigan, Ohio and Indiana

Michigan Dental Association

Smiles on Wheels

Jackson Area Agency on Aging

SEAL! Michigan grantees

MDHHS Lifecourse Epidemiology and Genomics Division

MDHHS Diabetes Section

MDHHS Oral Health Program

Thank you for improving the overall health of Michigan residents!