

JANUARY 2023

# ARKANSAS ORAL HEALTH PLAN 2023-28

ARKANSAS OFFICE OF ORAL HEALTH &  
ARKANSAS ORAL HEALTH COALITION



## ACRONYMS

**APA** - Arkansas Pharmacists Association

**CWF** - Community Water Fluoridation

**HPV** - Human Papilloma Virus

**NFP** - Nurse Family Partnership

**SBHCDC** - School-Based Health Center Dental Clinic

**SDF** - Silver Diamine Fluoride

**WIC** - Special Supplemental Nutrition Program for Women, Infants, and Children

## ORAL HEALTH COALITION

The Arkansas Oral Health Coalition is a voluntary not-for-profit organization representing oral health interests throughout Arkansas. The Coalition provides leadership to:

- Formulate and promote sound oral health policy
- Increase awareness of oral health issues
- Assist in promotion of initiatives for the prevention and control of oral diseases

## OFFICE OF ORAL HEALTH

The Office of Oral Health is a division of the Arkansas Department of Health Center for Health Advancement. Its mission is to promote life-long optimum oral health through:

- Primary prevention at the community, healthcare professional and family levels
- Accessible, comprehensive and culturally competent community-based oral health care provided through a variety of financing mechanisms
- Thorough educational opportunities throughout the life that will allow individuals to make better decisions for their health
- Informed compassionate policy decisions at all levels of government.

## HOW TO USE THIS PLAN

This plan should be read as an open invitation to *any person or group with an interest in improving health* to:

- consider your work and how it aligns with the plan's promising interventions
- think about what you and your colleagues can do to help bring these interventions into reality
- foster a health culture that includes oral health
- prioritize your own oral health

“*These promising interventions span four focus areas – **access, education, prevention and policy** – to promote oral health for all ages and populations in Arkansas.*”

## CALL FOR MEDICAL-DENTAL INTEGRATION

Oral diseases are linked to systemic diseases, such as heart disease, diabetes, Alzheimer's disease and pregnancy complications—with emerging research linking more conditions each year.

Given these demonstrated relationships, Arkansans deserve a collaborative approach to care in which medical and dental providers develop comprehensive care plans to treat the whole person.

## THREATS TO ORAL HEALTH



### Cavities

Decayed areas of tooth structure that harbor germs; cavities can cause pain and infection | Cavity risk increases with acid and sugar consumption, dry mouth, irregular dental care, and health conditions like diabetes.



### Gum Disease

An inflammatory disease that threatens the integrity of the gums and bones that hold teeth in place | Gum disease risk factors include smoking, irregular dental care, untreated gingivitis, plaque that stays on the teeth for more than 2 weeks without brushing, and health conditions like diabetes.



### Oral Cancers

Harmful growths of abnormal cells that can be life-threatening | Oral cancers can result from tobacco use, HPV infection and metastasis of cancers from other parts of the body.

## BUILDING BLOCKS OF ORAL HEALTH

*Oral health is built on the foundation of brushing teeth twice a day and receiving dental care twice a year.*

## EFFECTIVE INTERVENTIONS

The state of Arkansas has successfully implemented and maintained many programs in alignment with the goal of promoting optimum oral health.

### **Community Water Fluoridation**

In 2011, the Arkansas General Assembly passed Act 197 requiring Public Water Systems serving more than 5,000 persons to optimally fluoridate the drinking water. To date, 86% of Arkansans benefit from optimally fluoridated drinking water.

### **Dental Sealants**

Timely delivery of dental sealants on permanent molars can prevent over 80 percent of cavities. In Arkansas, school-based sealant programs are facilitated by funded and non-funded partners with a joint mission to expand provision of sealants to children in 3rd and 6th grades.

### **Fluoride Varnish**

Fluoride has been proven to decrease the number of bacteria in the mouth and strengthen tooth enamel. Working with local health units, the Office of Oral Health provides education and training to health care professionals who can apply fluoride varnish to patients ages 0 – 19.

### **Oral Health Surveillance**

The Office of Oral Health published the 2021 – 2026 Arkansas Oral Health Surveillance System plan. The plan combines resources from epidemiology, health statistics, and other state and national sources to assess the burden of oral diseases, use of oral health care delivery system, and status of CWF.

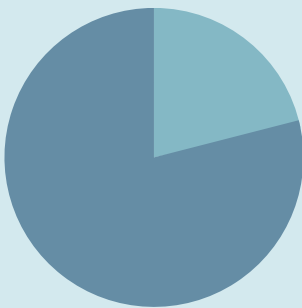
### **School-Based Health Centers with Dental Clinics**

School-based health care is an efficient way to provide equitable, economical and critical services directly in schools. This allows all children to learn and grow in a healthy environment, regardless of geographic location, while promoting a culture of health.



1 IN 5 ARKANSAS  
3RD GRADERS  
NEED DENTAL  
TREATMENT

1 IN 5 ARKANSAS  
ADULTS 65+ ARE  
MISSING ALL THEIR  
TEETH



THAT'S ENOUGH  
TO FILL  
RAZORBACK  
STADIUM MORE  
THAN 1.5 TIMES

## CHILDREN & ADOLESCENTS

In the 2019-2020 school year, the Arkansas Department of Health's Office of Oral Health, along with its partners, screened 5,084 students enrolled in 3rd grade throughout the state. Results indicated that 21.4% had untreated decay and only 37.2% of students had presence of a dental sealant.

## ADULTS & OLDER ADULTS

In 2020, 21% of adults in Arkansas reported that they had no natural teeth remaining. In the same year, only 52% of adults with diabetes had visited a dentist within the past year—significant because of increased oral health risks linked with the disease.

## SPECIAL POPULATIONS

Many special populations within the state face extensive barriers to optimum oral health care. These populations include: racial and ethnic minorities; people with intellectual and physical disabilities; rural residents; people with diabetes, heart disease, and asthma; women of childbearing age; and people residing in congregate care settings such as nursing homes, residential treatment centers, and correctional facilities. Each of these populations face unique barriers—including cultural, economic, geographic, physiological, and environmental—to daily oral hygiene and accessing appropriate and affordable oral health care. These populations are at higher risk of tooth decay, periodontal disease (gum disease), and moderate to extensive tooth loss over their lifespan. Strategic and collaborative efforts across the state's stakeholders are necessary to support equitable oral health care among these populations.

# INTERVENTIONS WITH PROMISE



CHILDREN  
AGED 0 - 5



CHILDREN  
AGED 6-18

	Access	Education	Prevention	Policy
<p><b>Increase pediatric dentistry workforce*</b></p> <p>Ensure Medicaid enrollment for eligible individuals</p>	<p>Partner with WIC, NFP, HeadStart</p> <p>Educate caregivers directly</p> <p>Partner with APA</p>	<p>Increase oral screenings and fluoride varnish applications conducted by pediatricians</p> <p>Provide oral health kits at birth</p>	<p>Expand Dental Hygiene Collaborative Care</p> <p><b>Expand Medicaid coverage for SDF and fluoride varnish (4x/yr)*</b></p>	
<p><b>Increase pediatric dentistry workforce*</b></p> <p>Increase SBHCDCs</p> <p>Ensure Medicaid enrollment for eligible individuals</p>	<p><b>Partner with public school educators; incorporate robust oral health curriculum*</b></p> <p>Communication campaigns</p> <p>Partner with APA</p>	<p>Increase oral screenings and fluoride varnish applications conducted by pediatricians</p> <p>Increase HPV vaccination rates</p> <p>Promote school-based toothbrushing programs</p>	<p>Expand Dental Hygiene Collaborative Care</p> <p>Empower school nurses to apply fluoride varnish</p> <p>Incorporate school-based oral health screenings with required vision, hearing, BMI and scoliosis screenings</p>	

\*Indicates intervention detailed in Action Plan on Page 09

# INTERVENTIONS WITH PROMISE



ADULTS  
AGED 19-26

Access	Education	Prevention	Policy
Provide dental treatment on/near campuses of technical schools & colleges	Conduct communication campaigns on oral health behaviors and dental care options	<b>Increase HPV vaccination rates*</b>  Increase number of individuals with a dental home	Ensure coverage for special needs adults & those between coverage options



ADULTS  
AGED 27-64

Ensure Medicaid enrollment for eligible individuals  Increase number of dentists in rural communities	Conduct communication campaigns on oral health behaviors	Increase bi-directional medical/dental referrals  Increase oral cancer screenings	Ensure separate benefits for tobacco cessation counseling provided by oral health professionals that doesn't subtract from dental benefits
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ADULTS  
AGED 65+

Provide transportation to dental appointments  Provide services close to patients	Educate dentists on Medicare supplemental plans	Increase number of home care services conducting oral screenings	Promote universal dental coverage through Medicare
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\*Indicates intervention detailed in Action Plan on Page 09



# ACTION PLAN

## GOAL 1 - IMPROVE ACCESS TO QUALITY ORAL HEALTH CARE

*Strategy: Increase pediatric dentistry workforce*

- Objective 1: Provide supplemental training in pediatric dentistry to general dentists practicing in key areas of high need
- Objective 2: Recruit provider(s) to work in established School-Based Health Center(s) with no dental provider

## GOAL 2 - INCREASE ORAL HEALTH EDUCATION FOR ARKANSANS

*Strategy: Partner with public school educators; incorporate robust oral health curriculum*

- Objective 1: Investigate and evaluate the need for oral health education curriculum
- Objective 2: Develop high quality, robust oral health curriculum
- Objective 3: Disseminate oral health curriculum to educators
- Objective 4: Provide technical assistance for the incorporation of oral health curriculum into the classroom

## GOAL 3 - PROMOTE PREVENTION OF ORAL DISEASE

*Strategy: Increase HPV vaccination rates among young adults*

- Objective 1: Pilot an HPV vaccination clinic on campus of an Arkansas college or university
- Objective 2: Empower oral health professionals to educate patients on the oral health benefits of HPV vaccination

## GOAL 4 - EDUCATE AND INFORM ORAL HEALTH POLICYMAKERS

*Strategy: Expand Medicaid coverage for SDF and fluoride varnish (4x/yr)*

- Objective 1: Work with partners to inform policymakers on the benefits of and need for SDF and fluoride varnish