

## **Cover Letter**

Oral health is essential to quality of life. It is fundamental to all Idahoans in the quest to achieve overall health, and it encompasses much more than just healthy teeth. It should be considered a predictor for the general health of our population. Without good oral health, our citizens and communities are faced with escalating loss of productivity, pain, and expense that infiltrates businesses, schools, and personal health. The 2021–2026 Idaho Oral Health Improvement Plan serves as a roadmap for the strategic vision for the improvement of oral health for all who live within the borders of Idaho.

Collectively, oral health champions must commit to a vision that promotes oral health, eliminates oral health disparities, and improves quality of life.

The plan was collaboratively created with input from a 51-member work group with the expectation that partners in the oral health profession and beyond will collectively engage in efforts to enhance the oral health of all who live in Idaho. Oral health champions from across the state must actively participate in eliminating barriers, promoting oral health equity, and striving to address and improve oral health outcomes for all.

It outlines a common agenda with shared measures designed to foster statewide improvement in three priority areas: Prevention, Access, and Policy and Infrastructure. It encourages individuals, organizations, educators, policymakers, private practitioners, and public health professionals to collectively and collaboratively undertake mutually reinforcing activities to create a better, healthier, and more equitable oral healthcare model that will improve the lives of our citizens.

As leaders of Idaho's oral health community, the Idaho Oral Health Alliance (IOHA), the Idaho State Dental Association (ISDA), the Idaho Dental Hygienists' Association (IDHA), and the Idaho Oral Health Program (IOHP) believe in the vision of this work and that the evidence-based and data-driven goals, metrics, and activities herein can be incorporated into private, public, medical, dental, educational, and community-based organizational efforts. Oral health needs to be considered as an important component of overall health.

We encourage you to take the time to review this document. Consider how the work you already undertake might align with the plan, and think about what else you and your colleagues could do to help. By supporting the goals, objectives, and activities, together, we will strive for the day when all Idahoans are free from oral disease and can enjoy optimal health.

We are pleased to present the 2021-2026 Idaho Oral Health Improvement Plan.



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# **Executive Summary**

In 2020, we celebrated the 20th anniversary of the United States Surgeon General's first ever *Report on Oral Health in America*. In that historic document, our nation's top health leader presented a clear message on the importance of oral health and its connection to general health and well-being—both for the individual and for the greater community. The report issued succinct collaborative directions to address the 'silent epidemic' affecting our most vulnerable citizens. We look forward to an updated 2021 report with new directives that will improve the oral health of our communities.

Also in 2020, we were overwhelmed by the challenges posed by the coronavirus (COVID-19) pandemic. Fear of receiving oral health services, reduction in access to care, increased practice expenses, the sheer disruption of normalcy, and the devastating loss of life caused many to delay or forego dental care. It may be years before the delivery of oral healthcare is redesigned, providers recover, and patients again seek regular dental treatment and preventive care.

### Success must be driven by compassion, coordinated efforts, and achievable goals.

Achieving optimal oral health for Idahoans, especially in times of disruption, means undertaking historic initiatives. Whether community water fluoridation, medical-dental collaboration, or innovative approaches (including teledentistry, minimally invasive treatments like silver diamine fluoride (SDF), and value-based care models), the oral health landscape is forever changing and requires continuous adaptation. By working together, oral health and medical providers, public health professionals, educators, and other oral health champions can make a difference. The prevention of oral disease, increased access to care, education around safe and effective dental disease prevention measures, and improved infrastructure and policy all have direct impact and improve oral health.

## The 2021–2026 Idaho Oral Health Improvement Plan embraces all aspects of oral health for Idahoans by:

- Reiterating that oral health is a critical component of overall health and well-being;
- Acknowledging that, despite being preventable, oral disease can contribute significantly to the cost of overall healthcare;
- Shining light on the detrimental impacts of health barriers, health disparities, and limited access to care in relation to the incidence of oral disease in patients at risk, and
- Demonstrating the importance of collaboration and a shared vision.

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We hope this plan will inspire and guide all who are determined to improve oral health in Idaho.



This plan represents the collective vision of those who are engaged in improving oral health in Idaho. It outlines the state's most pressing needs in prevention, access, and policy and infrastructure, and it offers avenues for improvement in all three focus areas. It also highlights opportunities to address health disparities and health equity, reduce the social and economic costs of oral disease that impact society, and guide efforts to bring appropriate and equitable care to Idahoans at every stage of life.

It is a continuation of the collaborative work presented in the 2010–2015 and 2015–2020 Idaho Oral Health Action Plans. It incorporates information from resources including: Healthy People 2030; the 2017 Idaho Smile Survey; the 2014 Burden of Oral Disease in Idaho Report; Association of State and Territorial Dental Directors guiding documents, and the 2017 Idaho Oral Health Environmental Assessment Report.

If embraced, supported, and utilized on a daily basis, the 2021–2026 Idaho Oral Health Improvement Plan will serve as a call to action and a roadmap for all who prize the oral health and overall health of Idahoans.

Our mouths allow us to speak and smile, to smell and taste, to take in nourishment, to cry out in pain, and to convey a world of feelings and emotions through facial expressions. The mouth (the oral cavity) is also the 'gateway of the body' and often indicates the state of an individual's general health. It is simply no longer acceptable to separate the mouth from the body.

- Idaho Oral Health Program



# Goals & Objectives

The Goals, Objectives, and Activities listed in the following pages can be viewed through community, regional, and statewide lenses. Anyone who considers themselves a champion for oral health can make a positive impact on Idaho's citizens by adopting any or many of these activities. Together, we can make a difference.

## **Prevention**

This section supports the improvement of oral health prevention for all who live within the borders of Idaho.

### Oral Health of Goal Children and **Adolescents**

Reduce the proportion of children and adolescents with dental caries in their primary or permanent teeth.



Objective: Reduce dental caries experience among 3rd grade children from 65.6% to 59.1%. [Data Source: Idaho Smile Survey, 2016-2017 Survey]

Objective: Increase the percentage of children with a dental sealant on a permanent molar tooth from 67.2% to 73.2%. [Data Source: Idaho Smile Survey, 2016-2017 Survey]

### **Oral Health Goal** of Adults

Increase the proportion of oral and pharyngeal cancers detected at the earliest stage.



Objective: Reduce the number of Idahoans with oral and pharyngeal cancers from 11.5 to 9 per 100,000 persons per year. [Data Source: Cancer Data Registry of Idaho, 2017 Annual Report]

### Goal

Reduce the proportion of adults age 65 and older who have had all of their permanent teeth removed due to tooth decay or gum disease.

Objective: Reduce the number of adults age 65 and older who have had all of their permanent teeth removed due to tooth decay or gum disease by 3% from 34,974 to 33,925. [Data Source: Idaho Behavioral Risk Factor Surveillance System (BRFSS) 2018 Report]

### **Population-Based Goal Collaborations**

Enhance collaborative efforts to support population-based prevention strategies.



Objective: Create or enhance ten partnerships that support provider education, population awareness, and policymaker enlightenment. [Data Source: Annual State Plan Progress Report]

The target completion or assessment date for all Goals and Objectives is December 31, 2026.

## Access

This section supports the improvement of access to oral healthcare for all who live within the borders of Idaho.

### Access to Goal Care



Increase the proportion of children, adolescents, pregnant women, and adults who use the oral healthcare system.

Objective: Increase the percentage of Idaho adolescents who have seen a dental provider during the last 12 months from 84.9% to 86.9%. [Data Source: Idaho Youth Risk Behavior Survey, 2019 Report]

Objective: Increase the percentage of children between the ages of 1 and 17 who had a preventive dental visit in the last year from 81.8% to 84%. [Data Source: National Survey of Children's Health, 2017-2018 Survey

**Objective:** Decrease the percentage of women who did not receive routine dental care during pregnancy from 41.2% to 37.2%. [Data Source: Idaho Pregnancy Risk Assessment Tracking System (PRATS) 2017 Report]

Objective: Increase the percentage of adults with diabetes who have had a dental visit in the last 12 months from 56% to 60%. [Data Source: Idaho Behavioral Risk Factor Surveillance System (BRFSS) 2018 Report]

**Objective:** Decrease the number of emergency department visits for non-traumatic dental conditions by 5% from 3,035 to 2,883. [Data Source: Idaho Oral Health Surveillance System (IOHSS)]

### Goal

Increase the delivery of oral healthcare services in underserved Idaho communities.

**Objective:** Increase the number of Federally Qualified Health Center (FQHC) options for accessing oral healthcare services from 42 to 47. [Data Source: Idaho Primary Care Association]

**Objective:** Increase the number of individuals utilizing Idaho FQHC oral healthcare services by 5%. (43,522 unique patients served in 2019.) [Data Source: Health Resources and Services Administration (HRSA) Uniformed Data System]

Objective: Increase the percentage of FQHCs that have intentional oral health integration efforts from 80% to 100%. [Data Source: Idaho Primary Care **Association**1

# Policy & Infrastructure

This section focuses on support for the development and promotion of oral health policy and necessary infrastructure for all who live within the borders of Idaho.

## **Oral Health Goal** Interventions



Increase opportunities to support the standard of care and the evolution of innovative care delivery systems, (i.e. teledentistry, SDF, value-based models, minimally invasive procedures).

**Objective:** Increase the number of dental providers utilizing innovative care methods. [Data Source: ISDA survey, baseline to be established in 2021]

**Objective:** Expand healthcare services by developing 1 – 3 initiatives or programs that utilize innovative care models. [Data Source: Annual State Plan Progress Report]

### Goal

Increase the proportion of Idaho's population served by community water systems with optimally-fluoridated water.

Objective: Increase the percentage of Idaho's population receiving optimallyfluoridated water from 33% to 39%. [Data Source: Water Fluoridation Reporting System (WFRS)/Centers for Disease Control and Prevention (CDC) My Water's Fluoride 2020 Report]

### Surveillance & Goal Infrastructure



Participate in national efforts to increase the number of states that have an oral and craniofacial health surveillance system.

Objective: Maintain the Idaho Oral Health Surveillance System. [Data Source: Idaho Oral Health Program]

Objective: Issue an Annual State Plan Progress Report highlighting statewide efforts to improve the oral health and overall health of those who live in Idaho.

The target completion or assessment date for all Goals and Objectives is December 31, 2026.

## **Call to Action**

The 2021-2026 Idaho Oral Health Improvement Plan, the third iteration of the state's plan, follows best practice guidelines outlined by federal and national organizations. The Idaho plan outlines the possibilities for collaborative efforts that can be undertaken by all who desire an improved oral health landscape in Idaho. Goals encompass evidence-based best practices that are designed to be embraced by those within and outside the oral health profession, through private and public partnerships, and through community outreach.

This plan and this Call to Action are intended to inspire oral health champions, healthcare professionals, educators, and all Idahoans to work together toward the vision of optimal oral health. By bringing individual and organizational expertise and experience together, the oral health status of Idahoans is enriched. Through collective coordination, improved oral health and reduction in oral disease can be achieved. This vision is especially important for those who face health disparities that affect members of racial and ethnic groups, individuals of lower socioeconomic status, those who are geographically isolated, and all who are vulnerable due to special healthcare needs.

Over the next five years and beyond, let us embrace the goals, objectives, activities, and metrics that align with existing, expanded, and new programs that promote oral health. Consider this Call to Action as an open invitation to join us as we do all we can to improve the oral health and overall health of Idahoans.

To join this effort, contact the Idaho Oral Health Alliance at info@idahooralhealth.org.

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The Idaho Oral Health Alliance prepared this report through a contractual agreement with the Idaho Oral Health Program. Contributors and reviewers include: Matt Zaborowski, MPH, CPH; Jennifer Wheeler; Kara Mastalski, MA; Robert Graff, Ph.D.; Angie Bailey, MSDH, RDH-EA, and Sonja Schriever, RN.

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