

Mississippi State Department of Health

ORAL HEALTH PLAN



{2016-2021}

MS STATE ORAL HEALTH PLAN

MISSISSIPPI
2016 - 2021

ACKNOWLEDGEMENTS

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MISSISSIPPI STATE DEPARTMENT OF HEALTH



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LETTER FROM THE STATE HEALTH OFFICER



Dear Colleagues,

It is with great pleasure that I support the Mississippi State Oral Health Plan, 2016-2021. Over the past year, the Mississippi State Department of Health staff and the Mississippi State Health Assessment and Improvement Committee (SHAIC), in collaboration with partners across the state public health system, have worked hard to develop a comprehensive state assessment.

The findings from the *Building a Healthier Mississippi* State Health Assessment provide insight on the health and quality of life of Mississippians across the state, and inform the development of the Mississippi State Health Improvement Plan, which lays out a comprehensive roadmap for improving the health of Mississippi residents over the next five years.

The findings of the State Health Assessment highlight significant challenges for our state. We know that improved oral health outcomes in MS will positively impact the health and well-being of all. However, improving the health and quality of life of Mississippians will require an alignment of efforts throughout the state, and the inclusion of health as a consideration in everything we do. We must change our culture to be one of health, where oral health is an integral part of overall health. The MS State Oral Health Plan 2016-2021, will guide us in this way, by identifying core areas, goals and strategies of focus that further align our priorities.

As we move forward, I want to sincerely thank all of our partners across the state that contributed to this endeavor, and ask for your continued engagement in the future as we implement our State Oral Health Plan.

Sincerely,

A handwritten signature in blue ink that reads "Mary Currier". The signature is fluid and cursive.

Mary Currier, MD, MPH

Mississippi State Health Officer

OVERVIEW

The State Health Assessment was a collaborative effort that engaged a diverse range of public health partners, stakeholders, and Mississippi residents to inform a shared understanding of health and quality of life, create a common vision for a healthy future, and build collective investment in implementing strategies to address priority issues.

To guide the State Health Assessment plan, the advisory council Mississippi State Health Assessment and Improvement Committee (SHAIC) created the following vision and values:

Vision:

All Mississippians living healthier, longer lives due to a thriving public health effort that is supported by active and committed citizens and organizations

Values:

- **Integrity:** Strive to do the right thing to achieve the best public health outcomes through honesty, trustworthiness, and transparency in all we do;
- **Collaboration:** Value the diversity and unique contributions of partners, develop positive relationships, foster innovative solutions, and strengthen capacity to accomplish our mission;
- **Service:** Demonstrate a commitment to public health through compassionate actions and stewardship of time, resources, and talents;
- **Quality:** Exhibit superior performance and continuous improvement in knowledge and expertise;
- **Equity:** Promote equity through fairness and social justice within the context of health in diverse communities;
- **Effectiveness:** Utilize evidence, science, best practices, resources, and time to achieve optimal results; and
- **Accountability:** Maintain the highest standards of responsibility, transparency, and accountability to the citizens of Mississippi.

State Health Status Assessment Background & Methods

The State Health Status Assessment answers the questions:

- **How healthy are our residents?**
- **What does the health status of our community look like?**

The State Health Status Assessment was conducted through epidemiological analysis of state and national surveillance data.

Key Findings

Demographics

- Sixty percent of the state's population identified as Caucasian in the 2015 Census, thirty seven percent identified as African American, and three percent of the population identified as another race (Native American, American Indian, Asian or other). Three percent of the population identified as Hispanic or Latino.
- About ninety six percent of the population speaks English as a primary language. The next largest primary language is Spanish, with 2.4 percent of Mississippians speaking Spanish as their primary language.
- Mississippi's population is growing, but at a slower rate than the average growth nationwide. Most of the growth in Mississippi is occurring in metropolitan areas, while the majority of rural areas are losing population.

Educational Attainment

- Mississippi has a smaller proportion of population who has completed higher education compared to the U.S.
- Among Mississippi's population 25 and older, approximately 1 in 5 has not completed high school.
- **Disparities:** African Americans and individuals living in rural communities have lower high school completion rates than Caucasians and individuals living in metro areas.

Poverty

- In 2013, the median household income in Mississippi was \$40,000 compared to \$53,000 nationally.
- 22.5% of Mississippi's population lives under the poverty level.
- **Disparities:** Statewide, 36% of African Americans live in poverty, compared with 14% of Caucasians. The poverty rate in rural counties is substantially higher than metro counties.

Access to Care

- From 2011 to 2013, 17.3 percent of Mississippians lacked health insurance.
- **Disparities:** 20% of African American residents and 38% of Latino/Hispanic Mississippians lack health insurance, compared with 15% of Caucasian Mississippians.

Mortality

- In 2012, Mississippi's age-adjusted mortality rate was 28% higher than the national rate, and the highest of all 50 states.
- The 5 leading causes of death for 2012 included: heart disease, cancer, emphysema and other chronic lower respiratory diseases, accidents/unintentional injuries, and stroke.
- **Disparities:** The 2012 age-adjusted mortality rate was higher for African American Mississippians than for Caucasian Mississippians.

Sexual Health

- In 2012, Mississippi had the highest rates of chlamydia and gonorrhea in the country, the 10th highest rate of HIV infection, and the 11th highest rate of syphilis in the nation.
- **Disparities:** Youth and young adults age 15-24 and African Americans are disproportionately affected by sexually transmitted infections (STIs).

Birth Outcomes

- Compared to national rates, Mississippi has significantly higher rates of: infant mortality, premature birth, low birth weight, and teen births.
- **Disparities:** African American Mississippians are disproportionately affected by adverse birth outcomes.

Chronic Disease Risk Factors

- In a recent survey, Mississippians reported very low reports of fruit and vegetable consumption and low rates of physical activity. Mississippi has the 5th highest smoking rate in the country.
- In 2013, Mississippi had the highest obesity rate in the nation, tied with West Virginia, and 40% of Mississippi children were overweight or obese. Mississippi's diabetes rate is higher than the national rate.
- **Disparities:** Individuals with lower educational attainment and lower income are more likely to report smoking. African American Mississippians are disproportionately affected by diabetes.

State/Community Themes and Strengths Assessment Background & Methods

The State/Community Themes and Strengths Assessment answers the questions:

- **What is important to our community?**
- **How is quality of life perceived in our community?**
- **What assets do we have that can be used to improve community health?**

To answer these questions, the Mississippi State Department of Health conducted a statewide survey and facilitated a series of focus groups and community conversations across the state.

Key Findings

Perception of Community Health

- Survey respondents most frequently described their communities as “somewhat healthy.” Only 21% of survey respondents described their communities as healthy or very healthy.
- In rating personal health, 57% of survey respondents rated their personal health as healthy or very healthy and 8% rated their personal health as unhealthy or very unhealthy.

Most Important Factors for a Healthy Community

Survey respondents rated the following as the top 5 most important factors for a healthy community:

- Good place to raise children
- Good schools
- Low crime/safe neighborhoods
- Good jobs and healthy economy
- Access to health care

Satisfaction with Quality of Life

When survey respondents were asked about satisfaction with quality of life in their community:

- 58% of Caucasian respondents reported satisfaction or strong satisfaction, compared with 43% of African American respondents.
- African American respondents were almost twice as likely to report that they were unsatisfied or strongly unsatisfied with quality of life in their communities compared to Caucasian respondents.

Community Challenges

Focus group and community conversation participants frequently cited the following as challenges they face in their communities:

- Lack of access to affordable housing, healthy food, and healthcare
- Community divisiveness and tension
- Lack of access to quality employment
- Lack of community infrastructure (lack of public transportation, sidewalks absent or in disrepair, etc.)
- Lack of access to recreational opportunities, particularly for youth and seniors
- Lack of community safety
- Distrust of healthcare providers and facilities

Community Assets

Focus group and community conversation participants frequently cited the following as the best parts of life in their communities:

- Friendly people
- Small-town feel
- Natural beauty
- Community safety

The Mississippi State Health Assessment is very relevant as we consider an oral health state plan for Mississippi. It helps to provide a framework for discussions around ensuring oral healthcare access to all Mississippians. Also, findings from the assessment, which speak to social determinants that impact good health outcomes, provide a greater view of where Mississippi stands and what is needed to truly *Build a Healthier Mississippi From the Ground Up* that includes oral health as part of overall health.

The Mississippi State Department of Health (MSDH), Office of Oral Health, is responsible for the prevention and control of oral diseases through assessment, policy and program development, and assurance, which are further defined by the 10 Essential Public Health Services to Promote Oral Health (see page 12). Our programs address children, adults, families and communities through public health clinics, and schools.

The MSDH, Office of Oral Health, envisions a Mississippi where every person enjoys optimal oral health; where prevention and health education are emphasized and treatment is available, accessible, affordable, timely, and culturally competent. However, it is recognized that the attainment of such begins with increasing the value of oral health to overall health and improving perceptions about oral health and its relationship to overall well-being among the general public and healthcare providers.

The First Surgeon General's Report on oral Health in 2000 by Dr. David Satcher, emphasized this point "oral health is essential to the general health and well-being of all Americans and can be achieved by all Americans" while also stressing that oral health means much more than healthy teeth.

In September of 2016, the FDI World Dental Federation launched a new definition of the term oral health.

As defined by the FDI, oral health:

- Is multi-faceted and includes the ability to speak, smile, taste, touch, chew, swallow and convey a range of emotions through facial expressions with confidence and without pain, discomfort and disease of the craniofacial complex
- Is a fundamental component of health and physical and mental well-being. It exists along a continuum influenced by the values and attitudes of individuals and communities;
- Reflects the physiological, social and psychological attributes that are essential to the quality of life;
- Is influenced by the individuals changing experiences, perceptions, expectations and ability to adapt to circumstances.

In correspondence received by the American Dental Association (ADA) from Dr. Glick, co-chair of FDI's Vision 2020 think tank, Dr. Glick shares the significance of the new definition of oral health. He expressed that "the new definition of oral health moves dentistry from treating disease to treating a person with disease; it uses language that resonates with language commonly used in the healthcare realm-words that healthcare professionals across disciplines can understand and use". As proclaimed by Dr. David Williams, oral health does not occur in isolation, but is embedded in the wider framework of overall health".

It is this framework that will provide the building block for Mississippi to create a culture of health that includes oral health. Mississippi is the 4th most rural state in the nation with over 50% of the state's 2.9 million people living in areas classified as rural by the Census Bureau. The 2014 median family income in Mississippi was \$39,464 and 21.5% of the population lived below the federal poverty level. Yet, as shared in the State Health Assessment findings under perceptions of the community health, the following was noted: "In rating personal health, 57% of survey respondents rated their personal health as healthy or very healthy and 8% rated their personal health as unhealthy or very unhealthy. Similarly, focus group and community conversation participants cited distrust of healthcare providers and facilities as a challenge faced in their communities. The America's Health Rankings 2016 Annual Report noted, "Mississippi ranks as the state with the greatest opportunity for improvement, dropping from 49th to 50th this year". This report ranks each state across 34 measures of behaviors, community and environment, policy, clinical care and outcomes. While the variance of patient beliefs regarding their health and the reality in the outcomes is alarming, it provides the opportunity to uproot misconceptions about health through more education on prevention and maintaining healthy lifestyles, as we move towards *Building a Healthier Mississippi from the Ground Up*.

Hence, the burden of dental disease is far worse for those who have restricted access to prevention and treatment services. Behaviors that affect general health such as tobacco use, excessive alcohol use and poor dietary choices are also associated with poor oral health outcomes. This connection between oral health and general health reinforces the importance of oral health care as an essential component of health programs and policies. "Interdisciplinary care is necessary to achieve optimal oral and general health." As we work to improve the value of oral health to overall health, optimal health will be seen for all Mississippians.

The Association of State and Territorial Dental Directors (ASTDD) provides program guidance to State Oral Health programs in the following Ten Essential Public Health Services to Promote Oral Health.

Ten Essential Public Health Services to Promote Oral Health:

Assessment

1. Assess the oral health status and implement an oral health surveillance system
2. Analyze determinants of oral health and respond to health hazards in the community
3. Assess public perceptions about oral health issues and educate/empower them to achieve and maintain optimal oral health

Policy Development

4. Mobilize community partners to leverage resources and advocate for/act on oral health issues
5. Develop and implement policies and systematic plans that support state and community oral health efforts

Assurance

6. Review, educate about, and enforce laws and regulations that promote oral health and ensure safe oral health practices
7. Reduce barriers to care and assure utilization of personal and population-based oral health services
8. Assure an adequate and competent public and private oral health workforce
9. Evaluate effectiveness, accessibility and quality of personal and population-based oral health promotion activities and oral health services
10. Conduct and review research for new insights and innovative solutions to oral health problems

While MSDH, Office of Oral Health staff embrace the core functions identified in these guidelines, there is still work to be done to assure our state oral health program is productive and successful.

Burden of Oral Disease in Mississippi, 2015

The information below further illustrates the burden of oral disease in Mississippi and populations most impacted by poor oral health outcomes.

- Nearly 31% of the 3rd graders (8-9years) had untreated tooth decay. Less than one-fourth (23.5 %) of the children had dental sealants¹.
- Children and adolescents of some racial and ethnic groups and those from lower-income families have more untreated tooth decay. For example, among those eligible for the FRL program, 42% of Non-Hispanic Black children aged 8–9 years² have untreated decay, compared with 28% of non-Hispanic whites.
- One-fourth of Mississippi adults aged 65 or older have lost all of their teeth³. Over 1.2 million Mississippi adults have had at least one permanent tooth removed. 38 % of adults aged 45 and over have had at least one permanent tooth removed.
- 44% of adults in Mississippi did not visit a dentist or a dental clinic within the past year³.
- 37% of Mississippi adults do not have dental insurance³. Mississippi Blacks (52 %) were less likely to have had a dental visit for any reason than Mississippi Whites (37%).
- Each year, more than 400 new cases of cancer of the mouth and throat (oral cavity and pharynx) are diagnosed in Mississippi and 590 people, mostly older Mississippians, died from oral and pharyngeal cancers between 2008 -2012⁴. Males accounted for more number of deaths (n = 442) compared to females (n = 148)⁴. The 5-year survival rate for these cancers is only about 50%.
- 61 % of Mississippi population received fluoridated water⁵.
- 3176 were the total number of children screened in the year 2014-15⁶ under the school based dental sealant program out of which 2082 were sealed.
- 71% of women had not visited the dentist or dental clinic during their most recent pregnancy. 54% of women had not had their teeth cleaned in more than 12 months⁷. White women are more likely (40%) to have visited the dentist or dental clinic during their most recent pregnancy than black women (25%)⁷.
- 17% of Mississippi Medicaid children 6 through 14 years old received a sealant on a permanent molar in 2013, compared to 14% nationally⁸.

¹ Mississippi Head Start Dental Survey, 2007-2008; ² Mississippi Third grade Children Survey, 2009-2010. ³ Behavioral Risk Factor Surveillance System, CDC 2014; ⁴ Mississippi Cancer Registry, 2008-2012; ⁵ Water Fluoridation Reporting System, 2015; ⁶ Mississippi SEALS database, 2015; ⁷ Pregnancy Risk Assessment and Monitoring System, 2011; ⁸ Health Policy Institute ADA, 2015.

The Mississippi State Oral Health Plan was a collaborative effort that engaged a diverse range of public health partners and stakeholders, which helped to form an Oral Health Advisory Committee. Face to face work meetings and conference calls over the last 2 years have assisted the team to inform a shared understanding of health and quality of life, create a common vision for a healthy future, and build collective investment in implementing strategies to address priority issues. While a multiplicity of goals has been identified, the State of Mississippi chooses to implement a plan which can serve as a blueprint for communities and stakeholders to take action and improve the oral health of her population. Strategy ideas fall within these three core focus areas:

- 1. Oral health infrastructure**
- 2. Prevalence of oral disease**
- 3. Workforce shortage**

The strategies developed for the 2016-2021 Mississippi State Oral Health Plan reflect national evidence-based interventions as well as give consideration to the resources, conditions, and opportunities that exist in the state. Though current baseline data for some key oral health indicators in Mississippi show the need for improvement when compared to national statistics, it is important to note challenges and emerging issues that have been identified as part of a national trend. In addition, lack of access to oral healthcare services for all ages remains a public health challenge, which is exacerbated for those living in rural and/or dental healthcare professional shortage areas. Figure 3 in the appendix illustrates current dental health professional areas in Mississippi, along with the location of community health centers and other dental safety net facilities throughout the state. Strategies to improve oral health for 2016-2021 include those recognized by the CDC as potential interventions to address these issues. Some of these interventions include implementing sealant programs throughout the state, promoting fluoride varnish application in dental and primary medical care settings, improving state oral disease monitoring, increasing access to oral health care services and increasing the number of dentists located in high priority dental health professional shortage areas in the state (See Figures 2 and 3).

CORE AREA 1: IMPROVED ORAL HEALTH INFRASTRUCTURE

The significance of having a robust oral health infrastructure is important because it will promote resilience of other basic programs. Capacity building of oral health as part of total health and well-being requires vision and equitable leadership. There is great value in having a state dental director with adequate staff who are committed to implementing health promotion and disease prevention programs and have the resources to do so. Many states have established better surveillance of oral health issues by working in concert with epidemiology, other agencies within the health system and partners outside traditional industry sectors. Supporting and encouraging funding diversity is important, especially during periods of economic instability. Notably, an investment in a dynamic diverse oral health infrastructure would provide multiple benefits and a decline in treatment costs for the State of Mississippi.

The goal is to build capacity for sustainable, efficient and effective oral health programs. This speaks to prevention and proactively reducing the burden of oral disease within the State of Mississippi. This goal seeks to strengthen evaluation and implementation of programs that have been identified through epidemiological and quality measured surveillance parameters. The Oral Health plan will look statewide to incorporate partners that want to take action to improve the oral health of its population. Conceptually, this includes aggressive oral health education, decreasing barriers to dental care, improving data collection and developing viable support of oral health policy.

We can approach disparities and best practices with verifiable confidence by readily identifying effectiveness and/or areas that require improvement.

GOAL 1

To sustain and improve Mississippi's oral health infrastructure, to promote oral health and prevent oral diseases, conditions, and injuries among all Mississippians.

Objective 1.1

Oral health is integrated as a part of the overall health and well-being of children, adolescents, adults and older adults (>65) in Mississippians. By 2021, increase oral health inclusion in all state program policies by 50%

Strategies:

- A. Fully integrate oral health into all programs within the MSDH
- B. Increase the number of primary care medical providers trained on fluoride use in preventing caries in a primary care setting.
- C. Partner with state health coalitions, dental and primary care health professionals to develop an integrated approach that promotes oral screenings, exams, referrals, and access to oral health resources.
- D. Increase the capacity of oral health programming in the state by increasing the total amount of state funding dedicated to oral health and grant funding.
- E. Demonstrate dedication to oral health through collaborative efforts.

Objective 1.2

By 2021, increase the proportion of the population in Mississippi served by community water systems with optimally fluoridated water from 61% to 65%.

Strategies:

- A. Provide technical assistance and resources to help communities install new water systems.
- B. Provide technical assistance and resources to help communities maintain or update aging fluoridation equipment.
- C. Provide education to water works operators on the importance of water fluoridation and its links to oral health.
- D. Develop and implement a program recognizing water workers and engineers as oral health leaders in the state.

CORE AREA 2: REDUCE PREVALENCE OF ORAL DISEASE

GOAL 2

Reduce the prevalence of tooth decay among all Mississippians

Objective 2.1

By 2021, increase by 10% the proportion of underserved Mississippians and vulnerable age groups, those with disabilities and special health care needs who receive evidence-based preventive dental care, which include sealants and fluoride varnish application.

Strategies:

- A. Conduct the third grade Basic Screening Survey at least once every three years.
- B. Convene a school-based sealant work group that includes dentists, dental hygienists, school representatives, school nurses, public health professionals, health plans, researchers, community representatives and parent representatives to provide support for the school sealant program.
- C. Create and publish a comprehensive state sealant plan through partnership with MSDH and the Mississippi Department of Education.
- D. Increase the supply and statewide distribution of dental services by increasing the number of active dentists in the state in rural or underserved areas.
- E. Promote and increase usage of the Mississippi Rural Dentists Scholarship Program.
- F. Develop and coordinate comprehensive, statewide school-based prevention programs that target high-risk children and include those with disabilities and special needs.
- G. Partner with the Mississippi Chapter of the American Academy of Pediatrics, dental health professional organizations and oral health educators to provide general dentists with education and training on how to use best practices in caring for infants and toddlers (0-3 years old) and coordination referrals.

Objective 2.2

By 2021, reduce the number of children age 9 and under with dental caries experience from 63% to 57%.

Strategies:

- A. Develop a collaborative education campaign among providers of services targeted toward children, ages 0-9, children with special needs and pregnant women with Head Start, Early Head Start, state agencies, child care providers and pediatricians to promote basic oral hygiene.
- B. Offer trainings for pre-school staff, head start coordinators, school nurses, and lay community health workers to recognize signs and factors for early childhood caries.
- C. Promote fluoride varnish programs as part of immunization, well-child visits, and child dental exams.
- D. Apply for funding to increase availability and access to health supplies at local health departments and community health centers.

Objective 2.3

By 2021, conduct a MS State Oral Health Assessment that will serve as a baseline to identify oral health needs during the lifespan of Mississippians.

Strategies:

- A. Evaluate via surveying and focus groups the public perceptions of the value of oral health to overall health
- B. Evaluate the number of emergency room visits in Mississippi due to oral pain.

CORE AREA 3: ADDRESS WORKFORCE SHORTAGE

In Mississippi, there are many rural communities and low population areas. Dentists are disproportionately distributed in the two major metropolitan areas of the state (See Appendices, Figures 1 and 2). In 2015, the state of Mississippi had only 1,314 practicing dentists, serving 2.9 million citizens.

Additionally, Mississippi has one dental school that produces most practicing dentists in the state. The viable workforce needed to provide treatment to our culturally diverse population is deficient, specifically in rural communities. Appendices Figure 1 and 2 shed light on the distribution of dentists in MS based on county, age and gender. Also shown is Figure 3, a map of MS's counties depicting dental health professional shortage areas, along with the safety net facilities in those communities. Hinds and Rankin counties share a large population of dentists in the state while in other counties, providers are scattered throughout.

As we consider a Mississippi where oral health for all is priority, we must address our workforce sparsity of dentists.

GOAL 3

Enhance the adequacy of the Mississippi dental health workforce to address the oral health needs of all Mississippians.

Objective 3.1

Promote innovative and effective oral healthcare delivery practice models for rural populations on an ongoing basis.

Strategies:

- A. Explore opportunities that will better retain healthcare providers graduating from state supported institutions and better distribute those providers throughout the state.
- B. Promote and increase the use of tele-dentistry.
- C. Train the workforce to meet the needs of disadvantaged communities.
- D. Inform and encourage provider participation in loan forgiveness programs available at the local and federal level.

Objective 3.2

Incorporate health literacy and cultural competency training into the curriculum of state oral health provider education programs.

Strategies:

- A. Implement the CDC health literacy certification program.
- B. Promote the use of a usability checklist that assures that oral health information meets health literacy principles.
- C. Partner with professional associations to create continuing education courses for oral health professionals focused on health literacy and cultural competency concepts.
- D. Work with Community Health Workers and Master Wellness Volunteers to promote culturally sensitive oral disease prevention strategies in their communities.

Objective 3.3

By 2021, integrate public health training and educational competencies into the curriculum of state oral health provider education programs.

Objective 3.4

By 2021, increase the diversity of the dental health work force in Mississippi so that it is reflective of the state population.

Strategies:

- A. Strengthen existing and develop new outreach programs that recruit potential dental professionals from diverse backgrounds.
- B. Advocate for funding for the expansion of dental education scholarships and loan forgiveness programs
- C. Partner with University of Mississippi, School of Dentistry administrators to offer more student external rotations within underserved communities and to encourage public health dentistry as a career option

Objective 3.5

By 2021, increase the proportion of Mississippians in low-income and low (dental care) access areas exposed to oral health education through a minimum of four targeted, culturally sensitive campaigns.

Strategies:

- A. Support and increase the dissemination of fluoridation messages that provide cultural and age appropriate information to specific population groups to encourage fluoridated drinking water.
- B. Increase oral health literacy among the elderly and their caregivers; emphasizing problems that result from medications that increase xerostomia (dry mouth), root caries etiology, periodontal disease, and oral cancer.
- C. Ensure educational materials are available in multiple languages, including visuals for the non-reading population.
- D. Monitor social media presence and traffic to oral health websites and other partner sites to determine usage.

SUMMATION

There are many socioeconomic issues which influence health outcomes. As MSDH, Office of Oral Health continues to *Build a Healthier MS from the Ground Up*, we must stay connected to the value of partnerships and collaborative efforts while creating a culture of health where oral health is an integral part of overall health and well-being. Doing so will enable us to see positive change and improved outcomes statewide.

Our oral health surveillance plan is being developed and will aid in capturing the data needed to show improvement and better measure outcomes.

The task of implementing a statewide oral health plan can be daunting without vision and inclusion of all health parameters. To translate and promote oral health to non-traditional entities requires training and cultural sensitivity. CDC guidelines and recommendations are geared toward effective prevention. Many individuals may present for health care in a variety of ways--whether via social services, trauma, behavioral health, or primary care. An oral health component should be a part of assessments and health history.

Utilizing the knowledge base of community outreach organizations, school health, primary care, behavioral health professionals and community health centers creates a greater bandwidth to identify needs and channel patients to much needed services.

To generate a multidimensional infrastructure is imperative for long-term sustainability in an oral health plan. The dynamic that oral health is part of total health and well-being requires a thought shift to creating a culture of health.

APPENDIX

Figure 1: Demographics of Dentists Practicing in Mississippi, 2015

Figure 2: Dental Health Professional Shortage Areas and Safety Nets, 2016

Figure 3: Number of Dentists by Mississippi County, 2015

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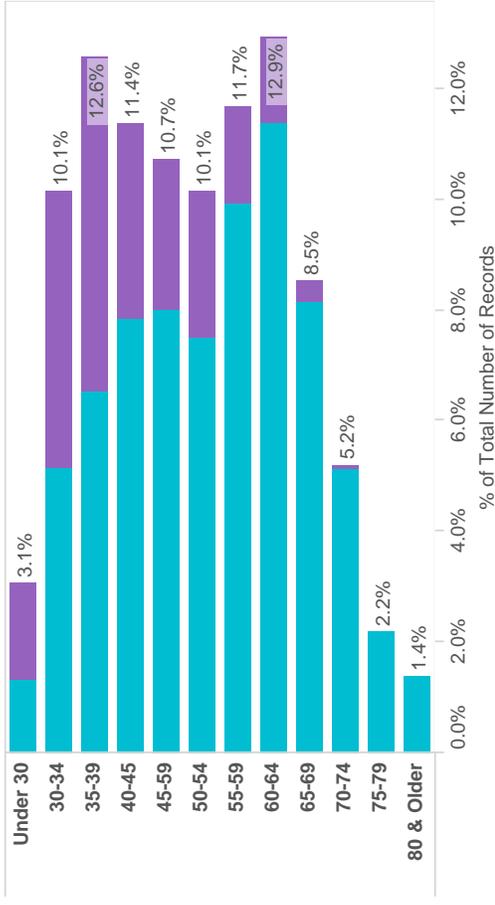
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Demographics of Dentists Practicing in Mississippi (As of 8/7/2015)

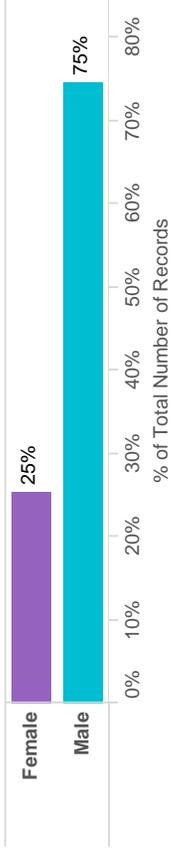
Total # of Dentists:

1,314

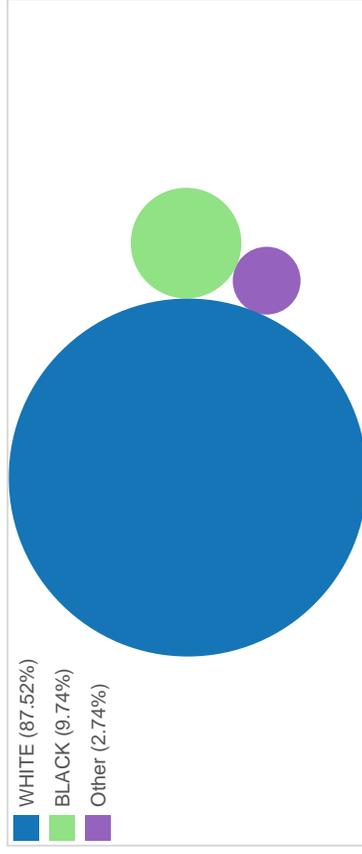
Age Group



Gender



Race



Gender

Male Female

Race by Year of Graduation

