



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Office of the Secretary

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Earl Ray Tomblin
Governor

Karen L. Bowling
Cabinet Secretary

February 25, 2016

The Honorable William P. Cole III, President
West Virginia Senate
State Capitol Complex
Building 1, Room 229M
Charleston, West Virginia 25305

The Honorable Tim Armstead, Speaker
West Virginia House of Delegates
State Capitol Complex
Building 1, Room 228M
Charleston, West Virginia 25305

Dear President Cole and Speaker Armstead:

As required by West Virginia Code §16-41-6, regarding the Oral Health Improvement Act, please find the enclosed West Virginia Oral Health Program Update 2015 report. This report is provided by the West Virginia Department of Health and Human Resources through the Office of Maternal, Child and Family Health.

If additional information is needed, you may contact Christina Mullins, Director, Office of Maternal, Child and Family Health at (304) 356-4292 or via e-mail at christina.r.mullins@wv.gov.

Sincerely,

A handwritten signature in blue ink that reads "Karen L. Bowling".

Karen L. Bowling
Cabinet Secretary

KLB:vc

Enclosure

cc: Rahul Gupta, MD, MPH, FACP
Anne Williams
Christina Mullins
Steve Harrison
Clark Barnes
Legislative Library



WEST VIRGINIA ORAL HEALTH PROGRAM UPDATE

December 2015

2015 Legislative Report – Oral Health

West Virginia Oral Health Program

Introduction

The mission of the West Virginia Department of Health and Human Resources (DHHR), Bureau for Public Health (BPH), Office of Maternal, Child and Family Health (OMCFH), Oral Health Program (OHP) is to promote and improve the oral health of all West Virginians. The goals of the OHP are to provide preventive education, improve access to oral health care and monitor the oral health status of the citizens across the State. The OHP is comprised of the Oral Disease Prevention Project, Dental Workforce Project, Perinatal Oral Health Project, Donated Denture Project and Pre-Employment Project all under the direction of the State Dental Director. Accomplishments of the OHP are a result of collaborative efforts with other government agencies and community partners. Activities of the OHP continue to be guided by an Oral Health Advisory Board (OHAB) consisting of key stakeholders. The OHAB was established in 2008 and continues to meet quarterly to advise the OHP in addressing the oral health issues of West Virginia.

Summary of Accomplishments

- Completion of the 2016-2020 West Virginia Oral Health State Plan.
- Collaboration with the West Virginia Department of Education to implement West Virginia Board of Education (WVBE) Policy 2423 (effective July 1, 2014), requiring dental examinations for public school children as part of a comprehensive approach to student well-being.
- Receipt of a new, three-year Health Resources and Services Administration (HRSA) grant to support activities related to dental workforce in West Virginia.
- Provision of dental and vision services to eligible West Virginians. More than 1,600 clients were referred to the Pre-Employment Project during the 2015 fiscal year, and more than 950 clients received both vision and dental services. Out of 484 applications received, a total of 434 clients were approved to receive dentures and/or partials through the Donated Denture Project.

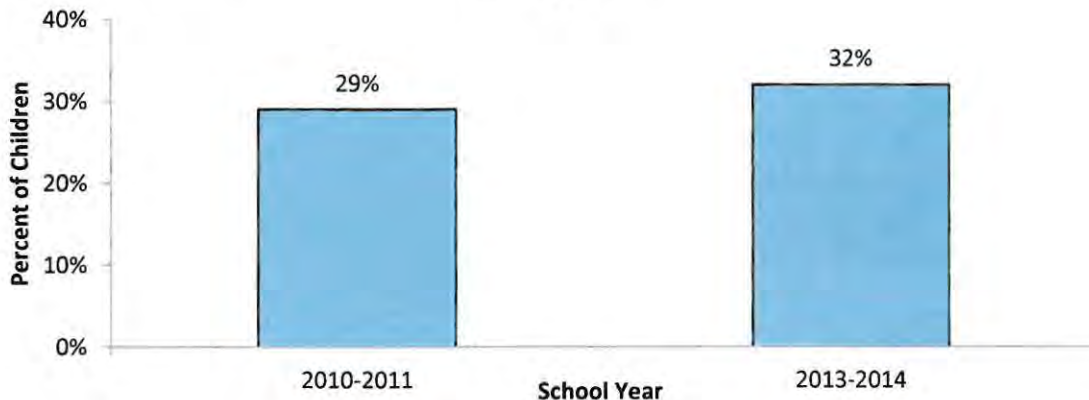
Oral Disease Prevention Project

West Virginia is one of twenty-one (21) recipients awarded a “State Oral Disease Prevention Programs” grant from the Centers for Disease Control and Prevention (CDC). The aim of this grant is to assist state health departments with improving the oral health of their state residents, especially those children and adults who are most at risk for oral diseases such as tooth decay (cavities). With these grant funds, the OHP has been working closely with the West Virginia Department of Education, local dental providers and other community partners to reduce the incidence of childhood caries (cavities) through the application of dental sealants to children who might not otherwise receive preventive dental services.

Even though tooth decay can be prevented, most children in West Virginia still get cavities. Through the West Virginia Oral Health Survey conducted among the third grade population during select school years (SY), it was noted that the prevalence of dental sealants on at least one permanent molar had increased from the 2010-2011 SY to the 2013-2014 SY.

As noted below, sealant placement has slightly increased over the past several years; however, two out of three children are still not receiving dental sealants. The West Virginia Oral Disease Prevention Project (ODPP) is using the awarded CDC funding to develop and implement school-based oral health services that will reach an additional 109 (35%) of the State’s high-need schools during the five-year project period.

Figure 1. Prevalence of dental sealants on at least one permanent molar among third grade children in West Virginia during 2010-2011 and 2013-2014 school years

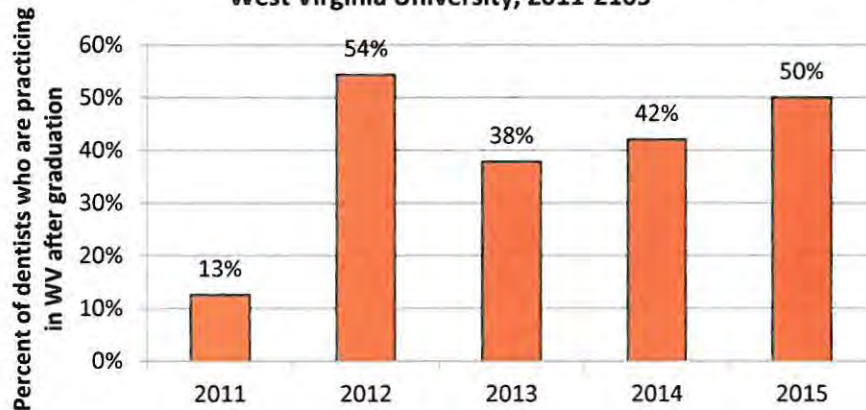


Source: West Virginia Oral Health Survey, 2010-2011 & 2013-2014

Dental Workforce (DW) Project

From 2012-2015, the OHP was awarded approximately 1.5 million dollars from HRSA for the DW Project, which utilizes funds to provide loan reimbursement and technical assistance to new dental school graduates choosing to practice in dental professional shortage areas around the state. The 2012-2015 DW Project successfully recruited and retained 18 dental school graduates from the West Virginia University School of Dentistry (WVU SOD) in rural West Virginia, providing much needed access to oral health services. During this same period, the WVU SOD experienced an increase in in-state retention rates for new graduates, with an average of 46% of graduates remaining in West Virginia to practice after graduation (Figure 2). Prior to this project, the WVU SOD only retained 13% of graduates from its 2011 class.

Figure 3: Retention rates of dentists graduating from West Virginia University, 2011-2105



Source: West Virginia University School of Dentistry

The OHP recently received another three-year grant to continue supporting the dental workforce in the State. The goals of the DW Project are to increase the number of dental school graduates choosing to provide services in West Virginia and to increase the number of persons with an identified dental home within dental health provider shortage areas.

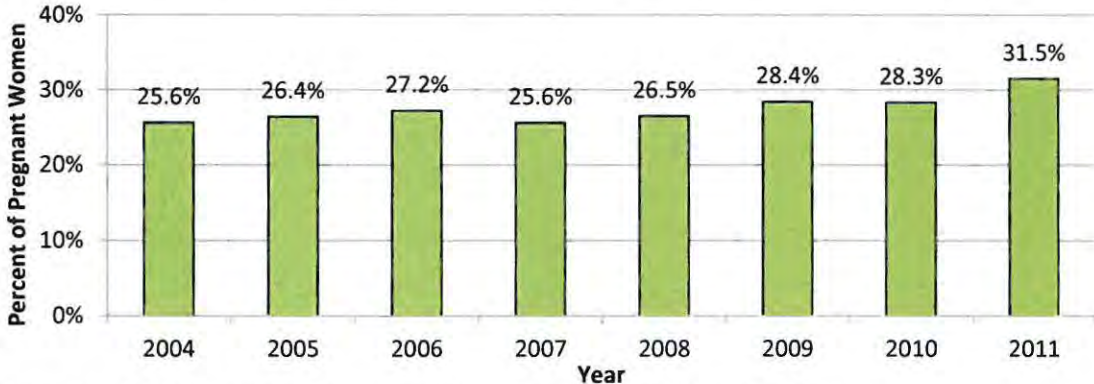
The DW Project for 2015-2018 will focus on providing low-interest loans and grants to currently practicing dental providers in West Virginia to support activities such as: practice transition, practice management, preventive services and improving access in rural areas. The DW Project is partnering with the Center for Rural Health Development, Inc. in this initiative to expand availability of support to all areas of the state, with an emphasis on dental health professional shortage areas.

The OHP has recently completed updated surveillance of the state's dental and dental hygiene workforce. While workforce recruitment and retention have improved over the last three years, the OHP also knows that one in three (34%) dentists plan to retire within the next 10 years.

Perinatal and Infant Oral Health Quality Improvement (PIOHQI) Pilot Project

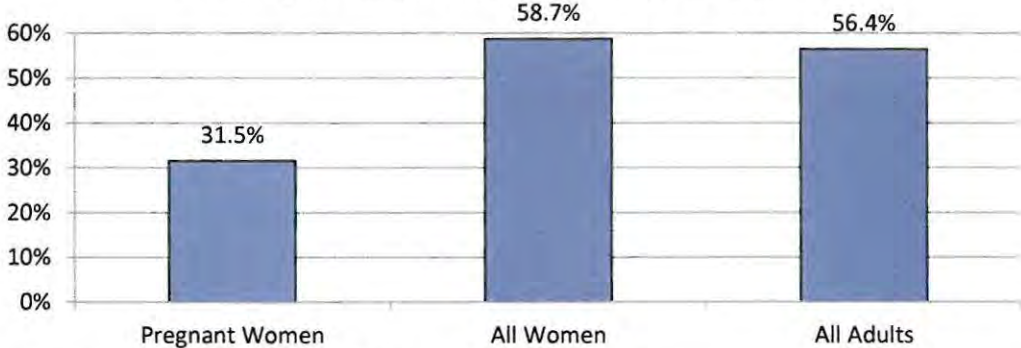
An oral health question focusing on pregnant women in West Virginia who received teeth cleanings during their most recent pregnancy has been consistently asked on the Pregnancy Risk Assessment Monitoring System (PRAMS) survey from 2004-2011. From an oral health perspective, this question is used as a preconception health indicator, as teeth cleanings are recommended in order to avoid consequences of poor health. Data from this survey showed that, although there has been a gradual increase in the number of pregnant women getting their teeth cleaned during pregnancy, the rates are still extremely low (Figure 3). In comparison with all women and all adults in West Virginia, the percent of pregnant women who have their teeth cleaned is much lower (Figure 4). More efforts to encourage pregnant women to visit a dentist during their pregnancies are important.

Figure 3. Percent of women who had their teeth cleaned by a dentist or hygienist during their most recent pregnancy in West Virginia: 2004-2011



Source: West Virginia Pregnancy Risk Assessment Monitoring System (PRAMS), 2004-2011

Figure 4: Percent of pregnant women, all women, and all adults in West Virginia who had their teeth cleaned in 2011



Sources: West Virginia Pregnancy Risk Monitoring System (PRAMS), 2012 West Virginia Behavioral Risk Factor Surveillance Report (BRFSS)

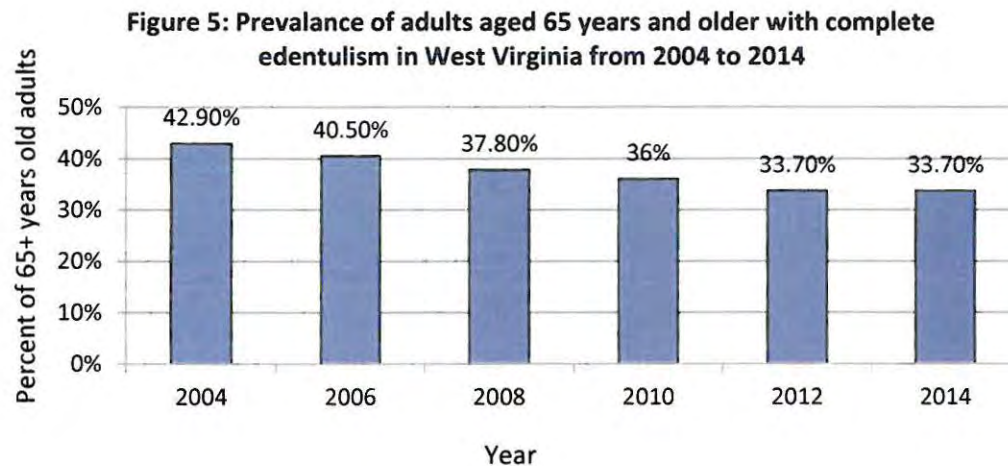
In 2013, HRSA awarded the OHP the PIOHQI grant to improve the oral health of pregnant women in West Virginia, spanning over four years. The pilot project's main goal is to expand upon the Helping Appalachian Parents and Infants (HAPI) Project so that at-risk mothers and infants across the state can have access to comprehensive preventive and restorative care.

During the project's second year, the OHP coordinated with Marshall University and the Association of State and Territorial Dental Directors (ASTDD) to conduct a needs assessment among the perinatal population. The OHP is also working with partners at West Virginia University to provide on-going evaluation for the quality improvement portion of the project. For example, the results from a "Plan, Do, Study, Act" quality improvement cycle on dentists and hygienists who treat pregnant women and children under two years old inform future project plans to establish a statewide approach to deliver oral health care to low-income pregnant women and to increase the number of low-income children who have an established dental home.

The state has made improvements in oral health insurance coverage for perinatal oral health this year. As of June 1, 2015, one of the four managed care organizations (MCOs) began providing coverage for preventive oral health services (up to two cleanings, x-rays, and one examination) for women during pregnancy and up to 60 days postpartum. Over the next year, the PIOHQI Project hopes to work with all four of the MCOs to provide education about the importance of perinatal oral health in order to prevent transmission of bacteria to young children.

Donated Denture (DD) Project

The most common causes of tooth loss in adults are tooth decay and poor periodontal (gum) health. Many adults who lose their teeth later in life start to develop tooth decay and periodontitis during childhood or adolescence. Figure 5 illustrates the trend in complete edentulism (tooth loss) among West Virginia adults aged 65 and older over the past 10 years.



Source: Behavioral Risk Factor Surveillance System (BRFSS) 2004 -2014

The OMCFH administers the DD Project in which dentists donate their time to fit low-income senior citizens and adults with disabilities, deemed eligible under the DD Project's guidelines, for dentures or partials. The dentists are reimbursed up to \$500 for the lab fee to make the dentures. The project has 60 participating dentists throughout West Virginia.

Success Story

Recently, a gentleman was referred to the Donated Denture Project by his dentist who had extracted all his teeth due to a severe heart problem. The patient had a heart attack, major bypass surgery, and had to have all his teeth pulled because of ongoing infection. He was unable to eat properly and had lost much weight. The Donated Denture Project was able to place him at a dental facility to make him a set of dentures. He is now able to chew his food and is recovering nicely from his heart surgery. He commented that the two happiest days of his life were when the Donated Denture Project called to inform him that he was being placed to get his dentures, and the day he had the appointment to get his dentures. He hopes he is not disabled for long, as he wants to go back to work.

Most persons on the current waiting list (through June 2015) will be placed with a dental provider to receive dentures or partials within two months of their approval if they are "denture-ready" (do not need extractions or other dental work which may prevent them from wearing dentures). The demand for this project remains high throughout the state, and is a valuable tool to help some low-income persons improve their health by being able to eat properly, as well as enhance their self-esteem, speech and appearance.

Pre-Employment Dental/Vision Project

The OMCFH administers the Bureau for Children and Families, Pre-Employment Dental/Vision Project which supports services to assist adults in transitioning from the Temporary Assistance to Needy Families Program (TANF) into the workforce. In FY 2015, dental and vision referrals were issued by county DHHR workers to eligible individuals on the WV WORKS Program. To qualify for the WV WORKS Program, an individual must: 1) have a child or children in the home; 2) meet the low-income requirements; and 3) be able to work or attend school. Referrals are good for one year. Dental services, with a lifetime maximum benefit of \$3,300 as determined by the Pre-Employment Project fee schedule, include exams, x-rays, cleanings, fillings, extractions, dentures/partials, root canals and crowns. Vision benefits cover an exam and glasses.

Success Story

Julie from Lincoln County was a participant in the Pre-Employment Project, and has recently landed a job working with small children. Julie stated that while the job is not the highest paying, it does provide for her and her son. Julie further stated that had it not been for this project, she would have never landed a job working in/with the public. She learned that she does not need glasses through a vision exam she received through this project. Julie holds her dental and vision provider in high regard, stating they treated her with respect and dignity. Julie feels the Pre-Employment Project was instrumental in helping her to become employable by not only enhancing her appearance, but also building her confidence and self-esteem. Julie hopes others will utilize the project to improve their overall health and build their confidence and self-esteem to find gainful employment.

In FY 2015, approximately 1,600 clients were referred for dental and vision services, with more than 950 clients (unduplicated count) utilizing their referral(s). Throughout West Virginia, more than 500 providers participate in the Pre-Employment Project – approximately 300 for dental and just over 200 for vision. This Project is a very integral component of the WV WORKS Program, primarily focusing on helping clients become employable while boosting self-esteem and confidence, and improving their general health through the provision of dental and vision services.

Surveillance

The West Virginia Oral Health Surveillance System (WVOHSS) accounts for the collection of statewide oral health data. Recently completed surveillance includes the Pre-K population and dental workforce (dentists and dental hygienists). The *2014 WV Burden of Oral Disease*, which highlights the State's oral health status as compared with the nation's status and the Healthy People 2020 targets, will be updated through issue briefs to share the most recent data. In addition to the National Oral Health Surveillance System (NOHSS) indicators, the WVOHSS also monitors Healthy People 2020 indicators, dental workforce and youth tobacco use (Table 1).

Table 1. Healthy People 2020 Oral Health Indicators, Target Levels, & Current Status in the U.S. & West Virginia			
Healthy People 2020 Objective	Target (%)	National Status^a (%) (NHANES 1999-2004)	West Virginia Status (%) (2012-2013)
OH-1: Dental caries experience			
Children aged 3 – 5 years	30.0	33.3	34.0 ^h
Children aged 6 – 9 years*	49.0	45.0 ^f	56.0 ^k
Adolescents aged 13 – 15 years	48.3	53.7	DNC
OH-2: Untreated caries (tooth decay)			
Children aged 3 – 5 years	21.4	23.8	21.0 ^h
Children aged 6 – 9 years*	25.9	16.9 ^f	21.0 ^k
Adolescents aged 13 – 15 years	15.3	11.4 ^f	DNC
OH-3: Adults with untreated dental decay			
Adults aged 35 – 44 years	25.0	27.8	DNC
Adults aged 65 – 74 years	15.4	17.1	DNC
Adults aged 75 years and older	34.1	37.9	DNC
OH-4: Permanent tooth loss			
Adults aged 45 – 64 years (any)	68.8	96.2 ^f	72.8 ⁿ
Adults aged 65 – 74 years (lost all teeth)	21.6	15.3 ^f	33.8 ⁿ
OH-5: Destructive periodontal disease			
Adults aged 45 – 74 years	11.5	12.8 ^b	DNC
C-6: Oral & pharyngeal cancer death rates reduction (per 100,000 population)			
	2.3	2.5	2.6 ^j
OH-6: Early detection of oral & pharyngeal cancers			
	35.8	31.2 ^e	DNC
OH-7: Use of oral health care system; all ages			
	49.0	41.8 ⁱ	DNC
OH-8: Dental services for low-income children & adolescents			
	33.2	35.2 ^g	DNC
OH-10: Health Centers with oral health component			
Oral health care program at Federally Qualified Health Centers	83.0	76.5 ^j	55.9
Oral health prevention or care programs at local health department	28.4	25.8 ^d	24.5
OH-9: School-based centers with an oral health component			
Dental Sealants	26.5	24.1 ^c	34.1
Dental Care	11.1	10.1 ^c	13.4
Topical Fluoride	32.1	29.2 ^c	34.1
OH-11: Receipt of oral health services at health centers			
	33.3	20.5 ^j	DNC
OH-12: Dental sealants			
Children aged 3 – 5 years on 1 or more primary molar	1.5	1.4	DNA
Children aged 6 – 9 years on 1 or more permanent molar*	28.1	32.1 ^f	32.0 ^k
Children aged 13 – 15 years on 1 or more permanent molar	21.9	50.5 ^f	DNC
OH-13: Community water fluoridation			
	79.6	72.4 ^d	91.1 ^o
OH-14: Preventive dental screening & counseling (Developmental)			
	DNA	DNA	DNA
OH-15: Systems that record cleft lip/palate & referrals (Developmental)			
	DNA	DNA	DNA
OH-16: Oral & craniofacial state-based health surveillance system			
	51 (50 states & the District of Columbia)	32 states ^e	Yes
OH-17: Health agencies with a dental professional directing dental program			
States & local health agencies	25.7	23.4 ^d	1 ^m
Indian health service areas & Tribal health programs	12 programs	11 programs ^g	1 ^m

*West Virginia collects data on 3rd Graders, whereas HP 2020 & National data reports children aged 6-9 years old.

DNA = Data Not Available; DNC = Data Not Collected (at this time); ^aData from 1994-2004, unless otherwise noted (National Health and Nutrition Examination Survey); ^bData from 2001-2004; ^cData from 2007-2008; ^dData from 2008; ^eData from 2009; ^fData from 2009-2010; ^gData from 2010; ^hData from 2010-2011; ⁱData from 2011; ^jData from 2012; ^kData from 2013-2014; ^lState Cancer Profiles 2006-2010; ^mBRFSS 2009; ⁿBRFSS 2012; ^oCDC Water Fluoridation Statistics 2012; **Table 1 Source:** U.S. Department of Health and Human Services. *Healthy People 2020*. Available at <http://www.healthypeople.gov/2020/topicsobjectives2020/default.aspx>

Future Plans

The OHP will continue to:

- Build on existing state infrastructure, including more collaboration with tobacco and chronic disease programming;
- Build surveillance and evaluation capacity for future efforts, including oral health basic screening surveillance for pregnant women, adults, seniors and dental workforce surveys;
- Strengthen partnerships, support the West Virginia Oral Health Coalition and encourage collaboration with other state and local coalitions;
- Provide support to the dental workforce and increase the number of West Virginians with identified dental homes through the Dental Workforce Project;
- Expand the school-based dental sealant project and provide technical assistance for WVBE Policy 2423 through the Oral Disease Prevention Project;
- Work toward expanding Medicaid dental benefits for adults aged 21+, with an emphasis on pregnant women; and
- Train additional non-dental providers and their ancillaries on fluoride varnish application and foster the integration of the medical and dental professional communities.