

The State of Oral Health In Colorado

Where are we now with children's oral health?

- 25% of Colorado's 3rd graders have untreated decay
- 35% of Colorado's Hispanic 3rd graders have untreated decay

- 42% of Colorado 3rd graders have sealants placed on first molars
- 31% of Colorado 3rd graders have sealants placed on first molars

- 46% of Colorado children with Medicaid had a dental visit in the past 12 months—an increase from only 34% in 2004
- 15% of Colorado children had a serious dental problem in 2010, including pain, cavities, broken or missing fillings, and teeth pulled because of cavities or bleeding gums

- Six percent of Colorado children aged 1-14 had to forego needed dental care in the past 12 months.
- In 2010, only 3% of children aged one through 5 had their first dental visit by their first birthday, as recommended by the American Academy of Pediatric Dentists, the American Dental Association and the American Academy of Pediatricians.

- Only 20% of Colorado dentists accept Medicaid
- Very few general dentist provide care for children aged 3 and younger
- Nine Colorado counties have no licensed dentists
- 11 Colorado counties have no licensed dental hygienists

What are we doing about it?

- Oral health is one of the governor's “winnable battles”, and is one of the top three priorities
- CASBHC is providing guidance and support to expand oral health in school based health centers

- A major media education campaign will start in July, 2012, sponsored by the ADA, the Ad Council, and coordinated with local advocates
- Cavity Free at Three trains medical practitioners, early childhood councils and general dentists to provide oral health exams, fluoride varnish and parent education
- Cavity Free at Three encourages general dentists to provide a first dental visit by age 1

- Workforce needs and skills are being examined by a number of different entities
- A growing number of community oral health coalitions are identifying gaps in oral health coverage and collaborating to develop solutions

- Oral Health Colorado is utilizing a planning grant to develop a sustainable model of in-school oral health care

The Colorado In-school oral health Initiative

- **Goal 1: Increase prevention services and enhance the public health infrastructure by developing sustainable models and systems that expand school based oral health care in Colorado**
- **Goal 2: The dental care delivery system in Colorado is strengthened by maximizing use of direct access dental hygienists to provide school based oral health care**

Our Vision

Colorado communities have the tools to ensure their children have access to preventive oral health care and a dental home.

Colorado Oral Health Plan

DRAFT SUMMARY

Goal

- All Coloradans have access to, and use, patient-centered comprehensive oral health care and education.

Purpose

A comprehensive state oral health improvement plan provides vision and guidance that will result in Coloradans realizing the best oral health in the nation.

Focus Areas

- **Workforce**—Activities will assure both access to oral health care and the development of a workforce that is diverse, competent, and representative of the population.

- **Infrastructure**—Consists of an interconnected set of structural elements that support a framework supporting a system capable of meeting the oral health needs of Colorado residents.
- Infrastructure includes systems, people, relationships and resources

- **Financing**—Pursues effective financing of both the systems of oral health care and the activities of the Colorado Oral Health Plan.

- **Systems of Care**—Assures the coordination of systems of care for more efficient and effective application to oral health. It includes promising practices that are directed at successful, evidence-based strategies, decision-making practices and activities that can be replicated and applied to oral health problems.

- **Health Promotion**—Outcomes directed at educating the public on the relationship between oral health and general health and on individuals' roles and responsibilities for their own health.

- **Health Equity**—Health Equity is achieving the highest level of health for all people. It includes focused efforts to address avoidable inequalities by equalizing the conditions for health for all groups.

Who makes this plan work?

- **Community-based Organization:** Any group with a mission to improve health in its community.
- **Educator:** An individual who provides knowledge or training to promote oral health.

- **Funder:** A public, private or non-profit entity or individual that provides financial support.
- **Individual:** A person acting to better his/her personal health or that of others.

- **Policy Maker:** A person with power to influence or to determine laws, policies, and practices at a federal, state, regional, or local level.
- **Provider:** An oral health or primary care professional responsible for delivering oral health care.

- **Safety-net Organization:** A network of providers that offers a wide-range of health services to low-income, uninsured and underinsured people.
- **State or Local Public Health Agency:** Any entity that contributes to the delivery of essential public health services within a jurisdiction that promotes the health and well-being of the community or state.

- **Oral Health Coalition:** A statewide or local alliance whose purpose is to connect Colorado's oral health advocates to ensure the best oral health care, access, and outcomes for all Coloradans.

And you!

