

**2022-2026**



# **SOUTH CAROLINA STATE ORAL HEALTH PLAN**



# ACKNOWLEDGEMENTS



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**#teamwork**



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The 2022-2026 South Carolina State Oral Health Plan (SOHP) is the result of generous contributions of time, energy and brain power from individuals and organizations from across the state. The plan was developed over a year and included a data gathering phase, in-person and virtual convenings of diverse collaborators, and the creation of a comprehensive final version that will be shared with stakeholders and will serve as a roadmap to address oral health in South Carolina.

As a result of this process, a new vision, mission, and four guiding principles were developed. These are supported by six key priority areas that include addressing the needs of vulnerable populations across the lifespan.

## Vision

Throughout the lifespan, South Carolinians enjoy optimal oral health as part of total health and well-being.

## Mission

Through multi-sectoral collaboration with a focus on equity, we will achieve this vision by:

- Enhancing the state's oral health infrastructure through shared responsibility
- Promoting access to affordable, equitable and culturally appropriate care
- Providing up-to-date, evidence-based information about oral health
- Incorporating oral public health competencies in the health profession pipeline.
- Advocating for equity-focused health policies and practices

## Guiding Principles

- Optimal Health begins with Oral Health.
- Equity.
- Collaboration.
- Promotion with Prevention.





## PRIORITIES

**Priority 1.** Enhance the state's oral health infrastructure at the state, regional and local levels to improve the quality of life of populations disproportionately affected by oral disease.

**Priority 2.** Promote access to affordable, timely, culturally, and linguistically responsive care that is tailored to individual needs.

**Priority 3.** Provide up-to-date, evidence-based information about oral health for education, health promotion, and disease prevention using culturally and linguistically appropriate and accessible messaging and materials.

**Priority 4.** Expand the incorporation of oral health competencies in the health profession pipeline and overall network.

**Priority 5.** Identify and advocate for equity-focused health policies and practices that improve oral health, especially for populations disproportionately affected by oral disease.

**Priority 6.** Collect and report equity-stratified data to assess progress toward achieving priorities and recommend mid-course improvements where needed.



The process to develop a new 5-year State Oral Health Plan (SOHP) began in Spring 2021 with a data gathering phase to recognize accomplishments, understand the “State of Oral Health” among specific populations, and to gather perspectives from a diverse group of stakeholders on what the state should focus on over the next five years to improve oral health outcomes. Both qualitative and quantitative data were collected throughout this phase. Three focus groups and sixteen interviews were conducted. Several quantitative measures were collected to understand the oral health practice and status of child and adult populations.

## STRATEGIC PLANNING PROCESS TIMELINE

### July 2021- January 2022

Data Gathering Phase, included: stakeholder interviews, focus groups and quantitative data collection

### February-April 2022

Virtual retreat and face-to-face follow up meeting to develop and finalize State Oral Health Plan



### January- February 2022

Development of the data gathering phase report, understanding Oral Health in SC

### April 2022

Presentations to SCOHC and other groups on the Strategic Planning Process

## STRUCTURE TO IMPLEMENT PLAN

Achieving SOHP priorities will require active engagement and investment of oral health advocates throughout the state. Comprised of multi-sector leaders representing non-profit organizations, membership associations, state government agencies, and dental and medical providers and staff. The South Carolina Oral Health Coalition (SCOHC) serves as the primary leverage point for oral health change. With that said, the South Carolina Department of Health and Environmental Control’s Division of Oral Health (DOH) and the SCOHC are refining the role that they play in impacting oral health in South Carolina.

With funding from the BlueCross® BlueShield® of South Carolina Foundation, an independent licensee of the Blue Cross and Blue Shield Association, the DOH and SCOHC are collaborating to launch the SC Oral Health Institute (SCOHI). The concept is for the SCOHI to be an entity separate from, but connected to SC DHEC, the SCOHC and other key stakeholders that positively impact oral health across the state. These three key entities and their partners will collaborate so that South Carolinians enjoy optimal oral health as part of total health and well-being (SOHP vision).





## CHILDREN DATA

19.56

19.56% of kindergarten and 3rd grade children have untreated tooth decay<sup>1</sup>

12.6

12.6% of Medicaid eligible children received sealants<sup>2</sup>

42.6

42.6% of Medicaid eligible children and teens aged 1-20 years received preventive dental services<sup>3</sup>

31.4

31.4% of Medicaid eligible children aged 0-5 years received preventive oral health services<sup>4</sup>

## ADULT DATA

20.75

20.75% of Medicaid eligible adults with diabetes received dental services<sup>5</sup>

3,920

3,920 new cases of oral cavity and pharynx cancer from 2014-2018<sup>6</sup>

## OTHER DATA

68.4

68.4% of the fluoride adjusting public water systems in SC fluoridate within the optimal level<sup>7</sup>

## DATA SOURCE:

<sup>1</sup>2018 SC ORAL HEALTH NEEDS ASSESSMENT; <sup>2,3,4</sup> CMS-416 SC ANNUAL EPSDT REPORT 2020; <sup>5</sup>SCDHHS; <sup>6</sup>SCDHEC SCAN; <sup>7</sup>CDC Water Fluoridation Reporting System)

(To obtain a copy of the full data gathering phase report, *Understanding Oral Health in SC*, go to the Connecting Smiles website at <https://connectingsmilessc.org>.)





## QUALITATIVE FINDINGS

### THEMES FROM STAKEHOLDER SESSIONS AND INTERVIEWS

Three positive changes, over the past 5-10 years, for improving OH were *Awareness of OH and its Link to Overall Health; Dental Care Programs that Serve Low-Income Populations; and Medicaid Policy Improvements.*

Efforts to continue to improve OH were to *Prioritize Oral Health Education, Preventative Health Services, and Treatment* and *Adopt Innovative Strategies to Increase Access to Care and Awareness of OH.*

A few opportunities were mentioned to catalyze the progress of improving OH among vulnerable populations. Those mentioned were the *South Carolina Cancer Alliance's Interest in OH; Statewide School Survey of OH Screenings and Referral Services; and to Revisit the Structure of the South Carolina Oral Health Coalition.*

(To obtain a copy of the full data gathering phase report, *Understanding Oral Health in SC*, go to the Connecting Smiles website at <https://connectingsmilessc.org>.)





## Vision

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- Incorporating oral public health competencies in the health profession pipeline.
- Advocating for equity-focused health policies and practices

## Foundational Principles

### ***Optimal Health begins with Oral Health.***

The separation of mouth from the rest of the body has created a major public health challenge. Oral health advocates recognize that to achieve optimal health, we should integrate and prioritize oral health. This plan outlines strategies that facilitate re-integration through promotion and prevention.

### ***Equity.***

The sole focus of South Carolina's state oral health plan is to achieve health equity. ***To do this, all strategies in the state Oral Health Plan are aimed at improving the oral health of populations disproportionately affected by oral disease across the lifespan.*** These populations include individuals of all racial and ethnic backgrounds who are impoverished, lack health insurance or have inadequate access to oral health prevention and treatment services.

### ***Collaboration.***

No one organization can successfully achieve health equity. Multi-sectoral collaboration is imperative if we expect to improve oral health in South Carolina. Individuals and organizations from a wide variety of settings are needed to implement the SOHP's priorities.

### ***Promotion with Prevention.***

Increasing access to oral health services alone will not improve oral health. This is not just about service delivery. The integration of oral health policies, practices, and messages into our routine activities, regardless of setting, will reduce the need (and costs) for extensive oral health services. By integrating promotion with prevention, we can take steps toward achieving equity in oral health.

## **Priority 1. INFRASTRUCTURE**

Enhance the state's oral health infrastructure at the state, regional and local levels to improve the quality of life of populations disproportionately affected by oral disease.

### **Priority 1 Strategies**

- 1.1** Secure and sustain long term investments from the state that support the Division of Oral Health to meet oral health needs and improve the quality of life across the lifespan. Investments of multi-sourced funding streams are targeted at supporting infrastructure and human resources.
- 1.2** Maintain SCDHEC Division of Oral Health's ability to engage in the regulatory process related to oral public health infrastructure and policy.
- 1.3** To effectively achieve SOHP priorities, we will:
  - Establish the South Carolina Oral Health Institute (SCOHI) to implement an action plan that supports SOHP strategies.
  - Broaden the SCOHC membership to include community members and business representation.
  - Revisit and update SCOHC structure to support the achievement of SOHP priorities and strategies.

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*“Our state has experienced the importance of infrastructure to advance oral health as a priority for overall health and wellness through a diverse set of key stakeholders and organizations, but one entity of most significance is the South Carolina Oral Health Coalition (SCOHC). For over 20 years the SCOHC has consistently contributed to the success of improving community oral health promotion activities by addressing oral health issues and expanding their state-wide network of stakeholders for the purpose of elevating the value of oral health for South Carolinians.”*

- Dr. Joni Nelson  
Medical University of SC  
School of Dental Medicine

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## **Priority 2. ACCESS**

Promote access to affordable, timely, culturally, and linguistically responsive care that is tailored to individual needs.

### **Priority 2 Strategies**

- 2.1** Spread the use of Medical-Dental Integration Quality Improvement strategies and to facilitate the integration of oral health in non-dental settings including but not limited to primary health care, chronic disease management, public health, early childhood and school health systems, pharmacy services, long term care, and perinatal health care.
- 2.2** Provide evidence-based oral health services to children and adults, regardless of insurance status. Services such as those defined as Grade A or B by the United States Preventive Task Force (USPSTF) or the Community Preventive Services Taskforce (CPSTF).
- 2.3** Leverage a community-based workforce, such as community health workers, to facilitate and/or provide oral health promotion and education.

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*“Simply stated, the mouth is a part of the body and someone cannot have good overall health if their mouth and teeth are not healthy. The concept of medical-dental integration fosters communication between physicians and dentists for their patients who have chronic diseases, such as diabetes. When healthcare professionals regularly share information about patients, the result is improved oral health and overall health.”*

- Dr. James Curtis  
Prisma Health

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## **Priority 3. PROMOTION**

Provide up-to-date, evidence-based information about oral health for education, health promotion, and disease prevention using culturally and linguistically appropriate and accessible messaging and materials.

### **Priority 3 Strategies**

- 3.1** Develop materials and messaging that is culturally and linguistically appropriate and achieves accessibility.
- 3.2** Continue the implementation of a comprehensive social marketing campaign that includes culturally and linguistically appropriate messaging that emphasizes oral health as an essential component of integrated healthcare and predictor of overall health status.
- 3.3** Maintain and promote the Connecting Smiles website's on-line library of public health endorsed oral health education and training resources and care guidelines for specific populations (i.e., pregnant women, long term care residents, victims of domestic violence and abuse)
- 3.4** Integrate evidence-based oral health policies, messaging, and interventions within targeted public health priorities and efforts including, but not limited to, diabetes, HPV vaccination, and cancer prevention.
- 3.5** Increase the number of community water advocacy teams across the state, that includes representatives from the community, primary care, dentistry, early childhood systems and local water system operators to monitor local water systems' fluoridation and educate, advocate, and promote for optimal fluoridation levels.
- 3.6** Develop a network of advocates who are responsible for providing PANDA training targeting oral health providers on how to identify and report domestic violence and child and elder abuse.

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***“Promoting oral health within communities is a key factor in promoting total overall health and wellness. Good oral health and hygiene should be a component of any healthy community plan. Oral health education and practices help to reduce chronic disease conditions which helps every person in every community achieve their best health throughout their life.”***

**- C. Suzette McClellan**  
Community Systems Director,  
SC Dept. of Health & Environmental Control

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## **Priority 4. COMPETENCE**

Expand the incorporation of oral health competencies in the health profession pipeline and overall network.

### **Priority 4 Strategies**

- 4.1** Support the expansion of oral public health knowledge to all health profession programs (i.e. behavioral health, medical, dental, dental hygiene, nursing, public health) students, residents, and faculty including those within the state's public and private university and technical college systems. This includes the incorporation of oral health concepts and/or competencies within training and education curricula.
- 4.2** Educate community-based workforce members, such as community health workers, in oral health concepts and/or competencies to incorporate into their work.
- 4.3** Collaborate with South Carolina Area Health Education Consortium (AHEC) to develop and offer oral health competency trainings for continuing education credit.

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*"It is critical to educate members of the public health workforce, such as Community Health Workers, about oral health and prevention. These professionals are trusted messengers and interact with high priority community members. They spread key messages and support the understanding of information and the navigation of resources."*

- Julie Smithwick  
Executive Director,  
Center for Community Health Alignment

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## **Priority 5. POLICY AND ADVOCACY**

Identify and advocate for equity-focused health policies and practices that improve oral health, especially for populations disproportionately affected by oral disease.

### **Priority 5 Strategies**

**5.1** Develop and implement an oral health advocacy agenda that:

- Supports a long-term investment of core funding in dental public health
- Promotes evidence-based oral health benefits to adults and children, regardless of insurance status
- Expands availability of oral health services to nontraditional settings including, but not limited to Telehealth, Rural Access Programs, and mobile services
- Enhances incentive programs including the Rural Dentist Loan Repayment Program

**5.2** Expand the integration of oral health policies and practices within routine activities (or workflow) in a variety of settings to include, but not limited to, primary health care, chronic disease management, public health, early childhood and school health systems, pharmacy services, long-term care, and perinatal health care.

**5.3** Engage oral health policy experts to enhance the state's dental public health environment.

**5.4** Expand the network of oral health policy advocates.

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*“The development and implementation of strategic policies are critical to facilitate systematic changes to improve access to oral health services in our state. We have seen where payment policies, screening services policies and oral health practices in settings like Head Start and elementary schools have made a positive difference. It is important to continue to build on successes and innovate to continue to strive for optimal oral health for all in our state.”*

- Lisa F. Waddell, MD, MPH  
Chief Medical Officer,  
CDC Foundation

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## Priority 6. EVALUATION

Collect and report equity-stratified data to assess progress toward achieving priorities and recommend mid-course improvements where needed.

### Priority 6 Strategies

- 6.1 Develop and implement an evaluation plan that includes a core set of equity-stratified process and outcome indicators to monitor and measure the impact of oral health plan strategies that align with identified oral health objectives including but not limited to Healthy People 2030 oral health objectives.
- 6.2 Annually communicate oral health plan progress and evaluation results to all stakeholders.

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*“How do we know if what we are doing is making a difference if we don’t measure it? It is important that we identify measures that are important to us to understand our progress in achieving goals. In addition, our evaluation of this work must put principles of diversity, equity and inclusion into practice from the very beginning to advance equity in oral health.”*

- Pamela S. Gillam, MPA  
Director, Center for Applied  
Research and Evaluation, UofSC

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