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Public-Private Partnership: Complementary Efforts to Improve Oral Health

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All dental professionals, whether they work in private practice or public programs, have the same ultimate goal — achieving the best oral health for patients, families and communities. The best way to meet this goal is through collaborative action. Effective collaborations depend on making sure professionals in both sectors know what their colleagues are doing and on making the best use of available resources.¹ This article is designed to increase practitioner knowledge of key public health activities at the federal level. It briefly describes efforts to improve oral health literacy, increase the number of dental visits and support effective state oral health programs.

Public oral health programs at the federal level, such as those managed by agencies and offices of the U.S. Department of Health and Human Services (HHS), provide a wide range of services. These services include helping increase access to dental care for vulnerable populations, providing training grants to improve the skills of oral health professionals and conducting surveillance of oral health diseases and conditions.² HHS priorities include expanding access to high-quality clinical preventive services, linking community-based policies and programs to support and supplement clinical prevention efforts, and supporting prevention programs that increase the quality of care delivered by both public and private systems.³

Collaborations between private practice and public programs can help to support efforts to improve oral health across the United States. These efforts include the following three goals.

Improving Oral Health Literacy

Improved oral health literacy is a stated goal of the California Dental Association and is important to private practitioners.⁴ Federal programs are also taking steps to improve oral health literacy, which is defined as a person's "capacity to obtain, process and use basic oral health information and services needed to make appropriate health decisions."⁵ In 2010, HHS published the *National Action Plan to Improve Health Literacy*, with the underlying

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assumption that all patients have the right to health information that helps them make informed decisions and that the delivery of health services should be done in ways that are “understandable and beneficial to health, longevity and quality of life.”⁶

Research indicates that adults with proficient health literacy skills are more likely to have a yearly dental visit (77 percent) than adults with less than adequate health literacy skills (44 percent).⁷ In addition to increasing the number of dental visits, proficient oral health literacy is associated with knowledge about preventive measures such as water fluoridation and greater appreciation for oral health-related quality of life.⁸

Early health literacy studies focused on patients' reading skills but did not adequately account for the importance of the written and verbal literacy skills of health care providers.⁹ To enhance the health literacy skills of dentists and other providers, federal agencies have developed and distributed resources and encouraged providers to take steps to improve their communication skills and approaches to ensure patients' understanding.¹⁰ For example, the Agency for Healthcare Research and Quality (AHRQ) developed the *Health Literacy Universal Precautions Toolkit* for primary care providers.¹¹ The “universal precautions” in the title refer to “specific actions that minimize risk for everyone when it is unclear which patients may be affected.” A survey of U.S. adults found that more than one-third had limited health literacy.¹² Because health care providers cannot easily identify which of their patients have low health literacy, the AHRQ recommends the use of proven communication techniques with all patients.

The *Health Literacy Universal Precautions Toolkit* includes information about how to improve both oral and written communication between providers and patients, empower patients to manage their own conditions and build supportive systems to improve patient compliance. It describes methods such as asking patients to repeat back instructions to ensure understanding, developing and using easy-to-read materials, making follow-up telephone calls to patients, creating action plans for patients and connecting patients to community resources.

Another new resource for oral health professionals is the oral health e-learning program on the Think Cultural Health website. This free, online educational program offers continuing education credits on how to deliver culturally competent care.¹³ In addition, a range of expert guidance is available on how to develop easy-to-understand health education information for websites, including a guide from HHS's Office of Disease Prevention and Health Promotion.¹⁴

Public-private collaboration will help give dental professionals, patients and community leaders the literacy skills and resources they need to enhance the health care delivery system and improve oral health. By increasing the health literacy of patients, we can help them understand the importance of oral health, improve their ability to find the services they need and navigate the health care system and adopt more healthy behaviors (such as self-management practices) to prevent and control oral disease.

Increasing the Number of Dental Visits

The American Dental Association's Health Policy Resources Center recently reported that Americans are making fewer visits to the dentist and spending less money on oral health.¹⁵ HHS is working to counter this trend by increasing the percentage of Americans who have an annual dental visit. For the first time, oral health was chosen as a Leading Health Indicator, which is a high-priority health objective with specific actions that can be taken to address it.¹⁶ As part of the Healthy People 2020 national health agenda, HHS is monitoring trends for the following indicator: "Persons aged 2 years and older who used the oral health care system in the past 12 months." Currently, just over 40 percent of people see a dentist each year, and the HHS objective is to increase this percentage to almost 50 percent by 2020.¹⁷

To support these efforts, several federal agencies have developed strategic objectives and are working with private practitioners to increase access to clinical and preventive services and reduce health disparities, especially among vulnerable populations.^{3,18} Some progress has been made. A recent analysis by the Centers for Medicare and Medicaid Services found that the percentage of children enrolled in Medicaid and the Children's Health Insurance Program who were using any type of dental services increased from 29 percent in 2000 to 46 percent in 2010. The percentage who received dental treatment during this period increased from 15 percent to 23 percent, and the percentage who received preventive dental services increased from 23 percent to 41 percent. Despite this improvement, these children still visited the dentist less often than children with private dental insurance (53 percent).¹⁹ In addition, only about 16 percent of children ages 6 to 14 years who were enrolled in Medicaid had a dental sealant placed in 2010.¹⁹

As stated previously, delivery of preventive services is a priority for federal agencies like the Centers for Disease Control and Prevention (CDC).^{2,3} One of the four core focus areas of CDC's National Center for Chronic Disease Prevention and Health Promotion is to explore strategies to improve community-clinical links to promote health and prevent disease.²⁰ CDC is playing a leading role in tracking the delivery of dental sealants and other preventive services to children as part of Healthy People 2020.¹⁷ In addition, CDC and the Health Resources Services Administration (HRSA) are funding states to implement or expand sealant delivery to students in low-income or rural schools in accordance with evidence-based recommendations that were developed through public-private collaborations.²¹⁻²³

Supporting State Oral Health Programs

Organized dentistry works with federal and state oral health programs in many different ways to improve the nation's oral health. Examples of these efforts include increasing awareness about oral disease prevention, fostering population-based prevention programs, ensuring a skilled workforce and the necessary infrastructure to assess and address a community's oral health needs, and improving health outcomes through collaboration.²⁴

Strong state oral health programs are needed to coordinate these efforts and promote active public-private partnerships at the state level. Examples of these partnerships include work with state and local dental associations, state dental boards, educational institutions,

philanthropic organizations and primary care associations.²⁵ State oral health programs are also performing the core functions of public health: assessment, assurance and policy development. These functions include assessing and analyzing oral health needs, setting priorities, developing policies to address the most urgent needs and implementing, managing and evaluating programs.²⁶

Federal programs support state oral health programs in various ways. For example, CDC and HRSA currently provide funding and technical assistance to states to support key oral health positions and build or maintain effective public health capacity to set up, evaluate and share best practices to prevent oral disease and improve oral health. Funded states use this support to develop state surveillance systems, generate data reports, create and maintain partnerships and oral health coalitions, and develop state oral health plans.^{21,22}

Public-private collaboration on oral health is occurring at federal, state and local levels. At the federal level, officials are working to improve oral health literacy, increase the number of dental visits and support effective state oral health programs. These efforts benefit dentists in private practices, just as the efforts of private practitioners enhance public programs. The efforts of those in private practice include participating in the Dental Practice-based Research Network,²⁷ volunteering in school-based sealant programs²⁸ and helping with statewide oral health surveys.²⁹ Maintaining and expanding public-private collaboration is essential to achieving optimal oral health for all Americans.

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