

The Journal of the Michigan Dental Association

Volume 104 | Number 3

Article 5

3-1-2022

The 2025 Michigan State Oral Health Plan

Ellen Sugrue Hyman JD

Michigan Oral Health Coalition, hyman@mohc.org

Follow this and additional works at: <https://commons.ada.org/journalmichigandentalassociation>



Part of the [Community Health and Preventive Medicine Commons](#), [Dental Public Health and Education Commons](#), [Health Law and Policy Commons](#), [Health Policy Commons](#), [Health Services Administration Commons](#), [Health Services Research Commons](#), [Human Resources Management Commons](#), and the [Leadership Commons](#)

Recommended Citation

Sugrue Hyman, Ellen JD (2022) "The 2025 Michigan State Oral Health Plan," *The Journal of the Michigan Dental Association*: Vol. 104: No. 3, Article 5.

Available at: <https://commons.ada.org/journalmichigandentalassociation/vol104/iss3/5>

This Feature Article is brought to you for free and open access by the State & Local Dental Publications at ADACOMMONS. It has been accepted for inclusion in The Journal of the Michigan Dental Association by an authorized editor of ADACOMMONS. For more information, please contact commons@ada.org.

The 2025 Michigan State Oral Health Plan

By Ellen Sugrue Hyman, JD
Michigan Oral Health Coalition

In its efforts to optimize the oral health of all Michiganders, the Michigan Oral Health Coalition recently brought together more than 100 people from across the state to develop the 2025 Michigan State Oral Health Plan. This plan will benefit all Michiganders, while specifically addressing economic and racial disparities. The Plan development was supported by the Michigan Department of Health and Human Services as well as all of MOHC's partners, including the Michigan Dental Association. Many MDA members and staff participated in the plan development.

The Plan's strategies and activities are organized around three goals:

Goal One: Increase Awareness and Education — Michiganders understand the value of daily oral health care and preventive dental care and have the tools to care for their mouths every day.

Goal Two: Dental-Health Integration — Michiganders, dental professionals, and health care providers understand the connection between oral health and overall health.

Goal Three: Access and Infrastructure — Michiganders have access to preventive and restorative oral health care because the state

has developed the necessary infrastructure to effectively serve everyone.

The Plan was developed over several months through a development and discovery process guided by a steering committee. The goal of this process was to include as many individuals as possible and to ensure that participants represented a diversity of experience, racial and cultural backgrounds, geography, and ideas. One-on-one interviews and focus groups were held with individuals around the state to gather feedback and insight into the state of oral health in Michigan.

One of the most illuminating discussions was with a focus group of dentists practicing throughout Michigan. MOHC convened more than 35 oral health advocates to review the collected data, react to and prioritize objectives, identify critical plan elements, and define activities and desired outcomes.

Oral health outcomes need improvement

In 2020, Michigan ranked 40 out of 50 states in overall health outcomes.¹ Despite clear guidance that preventive (and restorative) dental care is



Read or download the Plan — To read the entire 2025 Michigan State Oral Health Plan, visit <https://mohc.org/state-oral-health-plan>.

essential to overall health, one-third of Michigan adults do not access care from a dental professional each year. This percentage is higher for Michiganders who are Black (35%) and who lack dental insurance (55%). While children are more likely to see a dentist than adults, tooth decay re-

(Continued on Page 54)

Exploring a new, three-part plan, developed by a statewide coalition including the MDA, to benefit all Michigan residents, with a special emphasis on addressing economic and racial disparities.

Michigan State Oral Health Plan (Continued from Page 52)

mains the state's most common chronic childhood disease, four times more prevalent than asthma. Nearly 50% of Michigan children experience tooth decay.¹

The impact of poor oral health care and lack of access to dental care is correlated with heart disease, diabetes, and pre-term labor in pregnant women.² Yet, there seems to be a lack of awareness of the connection between oral health and overall health among the general public and many medical professionals.

Through the process of developing the Plan, MOHC identified and promoted ways that dental professionals can impact overall health, by:

- Providing dental exams, cleanings, and treatment that eliminate bacteria in the mouth.
- Measuring blood pressure.
- Performing oral cancer screenings.
- Identifying and providing advice on known risk factors, such as smoking and diet.
- Coordinating care with and referring to primary care and specialty care.
- Educating patients on proper daily oral health care.
- Diagnosing and treating gum disease.

Workforce issues impact care

A robust dental workforce is necessary for Michiganders to have access to and a choice of dental professionals within their community. The U.S. Health Resources and Services Administration maintains a list of designated areas of the country that need additional oral health care providers in order to adequately address a community's oral health needs. As of April 2021, HRSA has designated 65 geographic dental health profession-

al shortage areas in the state of Michigan, representing mostly rural counties and much of the city of Detroit.

All but one of the designations are assigned specifically for the low-income residents of each community, meaning that low-income individuals are likely to have a more difficult time accessing care than more wealthy residents. HRSA estimates that 1.6 million Michiganders have inadequate access to dental services, and that an additional 400 dentists are needed to serve them.

The oral health care system in Michigan is currently strained, while serving only two-thirds of Michiganders; the COVID-19 pandemic has made the situation worse, with many dental hygienists and front office staff leaving the profession.³ To have everyone in the state gain access to care, the state needs to revitalize the oral health care system; build the workforce among all levels of providers; increase access to preventive services and oral health education;

and implement innovative practices such as teledentistry and embedding dental professionals in medical offices and hospitals.

Whether or not there are sufficient dental professionals is a community-wide issue with both economic development and public health implications. Factors straining the dental profession include the cost of dental education and the cost of establishing a dental practice. For example, the average dental student graduates with more than \$250,000 worth of debt.⁴ Many dental hygiene students struggle to afford the licensing and supply fees not covered by school loans. During the Plan's development and discovery process, dentists reported that they could not access loan forgiveness programs even after working in public dentistry for years, and dentists in private practice in rural areas were not able to sell their practices when they retired. Dentists also reported that the cost to purchase all of the equipment and sup-

About the Michigan Oral Health Coalition

The mission of the Michigan Oral Health Coalition is to advocate for policies and resources to connect Michiganders to optimal oral health. MOHC was formed in 2003 in response to the elimination of the Medicaid adult dental benefit. Since then, MOHC has been a collective voice of oral health in the state. MOHC's members and partners include a broad-based network of oral health advocates, oral health providers and provider organizations, dental and hygiene schools, third party payers, government, local health departments and grassroots oral health coalitions, and health care and advocacy organizations dedicated to improving oral health access and assuring optimal oral health for all Michiganders.

For more information, about MOHC and its partners, visit www.mohc.org.

plies to establish a dental practice is a minimum of \$300,000.

Workforce issues are so critical that MOHC has convened a Dental Economic Workgroup that will bring together oral health advocates and economic development experts to address broad economic issues at the individual, community, and state level. The workgroup will identify ways to strengthen the oral health workforce, build infrastructure so that dentists are supported by adequate well-trained staff, reduce the economic burden of educational debt and the cost of establishing a dental practice, and encourage and incentivize Black and other people of color as well as people from rural areas to enter dental professions.

This workgroup started meeting in January 2022. MOHC is looking for additional funding to host community conversations throughout the state.

Implementing the Plan

MOHC is leading the implementation of the Michigan State Oral Health Plan along with the Michigan Department of Health and Human Services and its other partners and members. The Plan is organized into strategies and activities for each of its three goals, which are assigned to MOHC workgroups (below) and the new Dental Economic Workgroup. Accomplishing the plan will require the ac-

MOHC will recruit or partner with diverse organizations and entities to implement the Plan, utilize data to measure impact, and monitor progress on implementation. MOHC is also seeking funding to implement many aspects of the Plan.

tive participation and investment of oral health advocates through the state.

The MOHC workgroups are described below:

- The Policy Committee will advocate for legislative and regulatory changes.
- The Data Dashboard and Framework Workgroup will track the measures identified in the SOHP and disseminate this data regularly.
- The Continuing Education Workgroup will promote Plan recommen-

dations through the MOHC annual conference and other continuing education events throughout the year.

■ The Local Coalition Leaders/ Oral Health Equity Team will meet regularly with MOHC to support implementation of the Plan at the community level.

MOHC will recruit or partner with diverse organizations and entities to implement the Plan, utilize data to measure impact, and monitor progress on implementation. MOHC is also seeking funding to implement many aspects of the Plan.

To read the entire 2025 Michigan State Oral Health Plan, visit <https://mohc.org/state-oral-health-plan>. To get involved in plan implementation, contact Ellen Sugrue Hyman, MOHC executive director, at hyman@mohc.org. •

References

1. America's Health Rankings, United Health Foundation, Michigan Summary 2021. At: https://www.americashealthrankings.org/explore/annual/measure/Overall_a/state/MI.
2. Research links poor dental health to low birth weight and preterm babies. Today's RDH, Dec. 14, 2018. At: <https://www.todaysrdh.com/research-links-poor-dental-hygiene-to-low-birth-weight-preterm-babies>.
3. Versaci MB. Understaffed and ready to hire, dentists face applicant shortages as they emerge from COVID-19 pandemic. ADA News, June 9, 2021. At: <https://www.ada.org/publications/ada-news/2021/june/dentists-face-applicant-shortages-as-they-emerge-from-covid-19-pandemic>.
4. American Dental Education Association. Dental School Seniors. At: <https://www.adea.org/data/seniors>.

About the Author

Ellen Sugrue Hyman is executive director of the Michigan Oral Health Coalition. She served as a consultant to the Michigan Department of Health and Human Services on Self-Determination and Person Centered Planning for nearly 17 years. She is both a writer and attorney, having received her JD degree from Loyola University Chicago School of Law and a BA in English language and literature from the University of Michigan, respectively. She also previously worked as a consultant with the Michigan Elder Justice Initiative, the Michigan Disability Rights Coalition, and The Arc Michigan.



Hyman