

KANSAS ORAL HEALTH PLAN 2011-2014

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O R A L H E A L T H K A N S A S

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The Kansas Oral Health Plan is a collaborative project of the state public oral health program, the Bureau of Oral Health at the Kansas Department of Health and Environment, and the state oral health coalition, Oral Health Kansas. The state's first Oral Health Plan was drafted in 2007, and mostly completed by 2010. On June 11, 2010 oral health stakeholders met in Topeka to review our progress and update the Oral Health Plan. New objectives and strategies were created that reflects Kansas' current environment. During the next six months, meetings were held to refine the objectives and specify activities. The 2011 Oral Health Plan is result of many months of work among many partners including those listed below.

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KDHE's Vision: "Healthy Kansans Living in Safe and Sustainable Environments"

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2011 KANSAS ORAL HEALTH PLAN

EXECUTIVE SUMMARY

Section One - Educate Kansas That Good Oral Health Is Essential to Overall Wellness

Objective One - Create Meaningful Messages for Target Audiences about Oral Health

Strategies:

1. Create and Distribute Information About Caries, Oral Disease Prevention and the Importance of Early Dental Professional Visits to Increase Awareness about Dental Disease in Children under Five.
2. Increase Oral Health Literacy among All of Kansas' Diverse Populations.
3. Promote a Culturally Competent Oral Health Workforce.

Objective Two - Integrate Oral Health into All Disease Prevention Programs

Strategies:

1. Utilize Oral Health Personnel and Resources to Promote the Reduction of Tobacco Use.
2. Improve the Oral Health of Kansas' Elders.
3. Improve Oral Health for Kansans with Disabilities.
4. Integrate Oral Health Into KDHE Kansas Diabetes Prevention and Control Program, and Heart Disease and Stroke Prevention Programs.

Objective Three - Educate All Health Care and Social Service Providers about Oral Health

Strategies:

1. Educate Pediatric Medical Providers about Identifying Oral Disease and Disease Prevention.
2. Increase the Capacity of Dental Providers and Community Organizations to Address the Oral Health Needs of Pregnant Women and Children (Age 0-5).
3. Insure that Oral Health is a Part of Health Programs in Kansas Schools.

Section Two - Advocate for Better Oral Health for All Populations

Objective One - Reduce Barriers to Oral Health Access by Including Oral Health Treatment and Prevention in All Publically Funded Health Programs

Strategies:

1. Provide a Full Dental Benefit for All Enrollees of the Kansas Medicaid Program.
2. Improve the Sustainability of Oral Health Programs with Adequate Reimbursement for the Provision of Oral Health Services.
3. Support Implementation of the Oral Health Provisions of the Affordable Care Act.
4. Maintain state and federal funding for Kansas Dental Safety Net Clinics including Community Health Centers and Local Health Departments.
5. Maintain a State Bureau of Oral Health within the KDHE Kansas Division of Health.

Objective Two: Increase the Number of Kansans with a Fluoridated Community Water Supply

Objective Three: Sustain the State Oral Health Advocacy Organization, Oral Health Kansas, Inc.

Objective Four: Maintain an Oral Health Surveillance System to Monitor Progress and Educate Policy Makers about the Oral Health Status of Kansans

Section Three: Insure that the Kansas Dental Professional Workforce Can Meet the Oral Needs of All Kansans

Objective One - Utilize Dentists and Dental Hygienists to Reduce the Burden of Oral Disease in Kansas by Increasing the Number of Dentists and Hygienists Treating Underserved Populations

Strategies:

1. Coordinate all Dental Workforce Resources.
2. Provide Financial Incentives and Professional Support for Dental Professionals Working in Underserved Areas.
3. Identity Young Kansans In Underserved Communities/Populations Interested in Dental Careers.
4. Promote the Advanced Education in General Dentistry Program at Wichita State University.
5. Maximize the Use of Dental Hygienists that have an Extended Care Permit (ECP).
6. Encourage Dental Professionals to Treat Patients with Special Health Care Needs.

Objective Two - Explore the Potential of New Dental Practitioners to Improve Access in Kansas

Strategies:

1. Educate dental professionals, policy makers and advocates about all new provider models.
2. Participate in the legislative process if/when legislation is introduced.

KANSAS ORAL HEALTH PLAN

Introduction

The oral health plan contains three sections: Education, Advocacy and Workforce. Within each section there are broad strategies and specific activities. All strategies have an associated responsible party. It was a requirement that in order to be included in the plan, there must be a group or association willing to commit to an activity and have appropriate staff and funding to get it completed within the plan's time frame (2011-2014). Descriptions of the responsible parties have been provided when appropriate. The plan also includes Healthy People 2020 oral health objectives that are relevant to the strategies and activities. Healthy People 2020 objectives are a set of national benchmarks developed by the Centers for Disease Control and Prevention and the Health Resources and Service Administration. Plan progress and annual updates will be posted on the Bureau of Oral Health's website. Comments should be directed to the Bureau of Oral Health at KBOH@kdheks.gov.

Section One - Educate Kansas That Good Oral Health Is Essential to Overall Wellness

Objective One - Create Meaningful Messages for Target Audiences about Oral Health

Strategies:

1. Create and Distribute Information About Caries, Oral Disease Prevention and the Importance of Early Dental Professional Visits to Increase Awareness about Dental Disease in Children under Five
Responsible Party: Coordinated by the Early Childhood Oral Health Advisory Council

The Kansas Early Childhood Oral Health Advisory Council (ECOHAC) is on-going work group composed of multidisciplinary professionals across the state that are committed to improving the oral health of pregnant women and young children ages birth to five through education and advocacy at the local and state levels.

Activities:

- By August of 2012, develop a social media campaign targeting young parents to encourage families to focus on oral health and seek dental services.
- On a continuing basis, provide culturally and literacy level appropriate educational materials and training to community agencies and schools that work with parents and pregnant women, which includes an assessment of how the information is utilized and retained.
- On a continuing basis, oral health communications to parents and children by promoting existing media campaigns; including oral health messages in existing social media outlets such as newsletters, webpages, Facebook, texting, billboards and public service announcements; and reviewing oral health educational materials for consistent messaging and accuracy; and creating a resource library and sharing it on a webpage.
- By 2014 Oral Health Kansas will secure funding and implement a scientific survey of Kansans from all socioeconomic levels to determine what they know about oral health and to what extent they take care of their own oral health.

Coordinating Healthy People 2020 Objectives:

- Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year.
- Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.

2. Increase Oral Health Literacy Among All of Kansas' Diverse Populations

Responsible Parties: KDHE Center for Health Disparities, Kansas Bureau of Oral Health, Oral Health Kansas

Activities:

- By 2014 collaboratively create core messages that address the common myths about oral health and identify appropriate audiences for the oral health messages. Ex. Baby teeth DO matter, bleeding gums ARE NOT healthy and fluoride IS helpful.
- Provide oral health providers, advocates and public health educators with up to date information on health disparities and influential factors that impact health equity in Kansas.
- Assist with assessment of culturally tailored health promotion strategies and evaluation of materials that target populations at risk of oral disease.
- Promote understanding among oral health providers, public health educators, and their community partners and advocates of the national standards for culturally and linguistically appropriate services (CLAS) and their use in improving services to minority/underserved populations.

3. Promote a Culturally Competent Oral Health Workforce

Responsible Parties: KDHE Center for Health Disparities, Kansas Bureau of Oral Health, Oral Health Kansas, Kansas Association for the Medically Underserved

Activities: All Activities (all are on-going):

- Increase capability of oral health professionals and public health educators to deliver culturally sensitive and appropriate treatment through continuing education presentations, written educational materials, and other resources.
- Support recruitment and retention efforts to develop and maintain an oral health workforce that reflects the diversity of populations served in Kansas.

Objective Two - Integrate Oral Health into All Disease Prevention Programs

Strategies:

1. Utilize Oral Health Personnel and Resources to Promote the Reduction of Tobacco Use

Responsible Parties: Oral Health Kansas, KDHE Tobacco Use Prevention Program, Kansas Dental Hygienists' Association, Kansas Dental Association

Activities:

- By 2011, Oral Health Kansas will form a Tobacco and Oral Health Advisory Group to address policies and public awareness issues related to tobacco's effects on oral health.
- By 2012 referrals to the Kansas Tobacco Quit Line will be promoted through the Kansas Dental Hygienists' Association.



- On a continuing basis, oral health advocates will participate in the Kansas Tobacco Free Coalition, and support legislation targeted to reduce tobacco use (smoking and smokeless) in Kansas.
- The Kansas Tobacco Use Prevention Program will present information regularly at oral health conferences.
- In 2011, as a pilot project with the Kansas Quit Line Program, the Kansas Mission of Mercy will provide tobacco cessation education as part of its dental services.

Coordinating Healthy People 2020 Objective:
 Increase the proportion of adults who received information from a dentist or dental hygienist focusing on reducing tobacco use or smoking cessation in the past year.

2. Improve the Oral Health of Kansas' Elders

Responsible Parties: Oral Health Kansas, Kansas Dental Association

Activities:

- Develop public awareness messages for older Kansans on the risks of periodontal disease, oral cancer and xerostomia (dry mouth conditions).
- Explore funding sources to implement Smiles for a Lifetime Oral Health Program for Vulnerable Elders in Kansas Area Agencies on Aging and home health agencies.
- Advocate with the Kansas Department on Aging to include oral health in the assessment and service planning tools.
- During 2011, re-establish Promoting Oral Health for Elderly Kansans (POHEK), recruiting provider and consumer organizations, state agencies, and educational institutions that are committed to increasing the level of oral care for Kansas' seniors.

Coordinating Healthy People 2020 Objectives:

- Reduce the proportion of older adults aged 65 to 74 years with untreated coronal caries.
- Reduce the proportion of older adults aged 75 years and older with untreated root surface caries.
- Reduce the proportion of older adults aged 65 to 74 years who have lost all of their natural teeth.
- Reduce the proportion of adults aged 45 to 74 years with moderate or severe periodontitis.

3. Improve Oral Health for Kansans with Disabilities

Responsible Parties: Oral Health Kansas

Activities:

- Partner with Kansas organizations serving people with disabilities to establish an ongoing oral health staff development system for training and development.
- During 2011, establish a Disability Oral Health Advisory Council to address advocacy, public awareness and education goals for people with disabilities.
- Develop public awareness messages addressing strategies to prevent oral disease in people with disabilities.
- During 2011, develop a process to increase the partnerships among Kansas safety-net dental clinics and Kansas Community Developmental Disability Organizations.

4. Integrate Oral Health Into KDHE Kansas Diabetes Prevention and Control Program, and Heart Disease and Stroke Prevention Programs.

Responsible Parties: KDHE Bureau of Health Promotion, Bureau of Oral Health

Activities:

- During 2011, the Bureau of Oral Health will participate in joint planning sessions with the KDHE Health Promotion Programs to discuss joint activities that will improve all health indicators. Both Bureaus commit to collaborating to fund and implement the planned activities.
- Annually the Bureau of Oral Health will assist the Bureau of Health Promotion in the planning and execution of the Kansas Chronic Disease Conference. Oral Health representatives will attend the conference and present and exhibit if appropriate.
- Oral Health activities will be included in Healthy Kansans 2020, and participate in planning and implementation sessions.

Coordinating HP 2020 Performance Measure:

Increase the proportion of adults who are tested or referred for glycemic control from a dentist or dental hygienist in the past year.

Objective Three - Educate All Health Care and Social Service Providers about Oral Health

Strategies:

1. Educate Pediatric Medical Providers about Identifying Oral Disease and Disease Prevention

Responsible Parties: Kansas Chapter of the American Academy of Pediatrics, Bureau of Oral Health, Kansas Health Policy Authority

Activities:

- Continue to educate medical providers about caries risk assessment and providing oral health screenings, especially during Kansas KanBE Healthy Examinations (EPSDT) in young children on Medicaid and Healthwave through educational presentations at medical conferences and online training.
- Thorough 2014, continue to inform medical providers about how to apply fluoride varnish and bill Medicaid for the procedure with both an online training program and in-office hands on demonstrations.
- Collect claims data on the number of Medicaid medical providers are applying fluoride varnish to children on an annual basis.

2. Increase the Capacity of Dental Providers and Community Organizations to Address the Oral Health Needs of Pregnant Women and Children (Age 0-5)

Activities:

- Through August of 2014, provide community-based oral health preventive services, caries risk assessment, and parent education using dental hygienists for pregnant women and children age zero to five.

Responsible Parties: Kansas Cavity Free Kids, Kansas Safety Net Clinics

Kansas Cavity Free Kids (KCFK), <http://www.ksheadstart.org/Cavity-Free-Kids>, believes every child in Kansas should enter Kindergarten cavity free and ready to learn. Everyone coming in contact with children can play a vital role in supporting their better oral health. KCFK is committed to improving the oral health of pregnant women and young children through education, advocacy and increased access to care.

- Through August of 2011, collaborate with social service providers to advocate to include oral health in the assessment and service planning tools in systems such as, Parents as Teachers, Head Start, and Kansas University Specialty Clinics (for children with disabilities).
Responsible Parties: Oral Health Kansas, Kansas Head Start Association
- Through August of 2014, Provide dentists with educational materials, continuing education sessions (live and online) and technical support to increase their willingness to provide a dental home for children age zero to five (Head Start children in particular) and pregnant women.
Responsible Parties: Kansas Chapter of the American Academy of Pediatric Dentistry, Bureau of Oral Health, Kansas Cavity Free Kids
- Through August of 2014 provide training for early childhood service providers about oral health and oral health disease prevention.
Responsible Parties: Kansas Cavity Free Kids, Oral Health Kansas
- On an annual basis the Kansas Head Start Association will provide oral health data to be posted on the Kansas Bureau of Oral Health website.
Responsible Parties: Kansas City Free Kids, Bureau of Oral Health.

Coordinating Health People 2020 Objectives

- Reduce the proportion of young children aged 3 to 5 years with dental caries experience in their primary teeth.
- Reduce the proportion of young children aged 3 to 5 years with untreated dental decay in their primary teeth.
- Increase the proportion of children aged 3 to 5 years who have received dental sealants on one or more of their primary molar teeth.

3. Insure that Oral Health is a Part of Health Programs in Kansas Schools.

Responsible Parties: Bureau of Oral Health, Kansas Safety Net Dental Clinics

Activities:

- On an ongoing basis, continue and expand the number of schools that comply with the Kansas Dental Screening Law and provide data to the Bureau of Oral Health about children's oral health.
- Through 2014, expand the number of children that have access to school based oral health services including topical fluoride, sealants and restorative care.
- On an annual basis collect data on the numbers of children receiving oral health services in Kansas schools.

Coordinating Healthy People 2010 Objectives:

- Reduce the proportion of children aged 6 to 9 years with dental caries experience in their primary and permanent teeth.
- Reduce the proportion of adolescents aged 13 to 15 years with dental caries experience in their permanent teeth.
- Reduce the proportion of children aged 6 to 9 years with untreated dental decay in their primary and permanent teeth.
- Reduce the proportion of adolescents aged 13 to 15 years with untreated dental decay in their permanent teeth.
- Increase the proportion of school-based health centers with an oral health component that includes dental sealants.
- Increase the proportion of school-based health centers with an oral health component that includes dental care.
- Increase the proportion of school-based health centers with an oral health component that includes topical fluoride.
- Increase the proportion of children aged 6 to 9 years who have received dental sealants on one or more of their permanent first molar teeth.
- Increase the proportion of adolescents aged 13 to 15 years who have received dental sealants on one or more of their permanent molar teeth.

Section Two - Advocate for Better Oral Health for All Populations

Objective One - Reduce Barriers to Oral Health Access by Including Oral Health Treatment and Prevention in All Publically Funded Health Programs

Strategies:

1. Provide a Full Dental Benefit for All Enrollees of the Kansas Medicaid Program.
Responsible Parties: Oral Health Kansas, Kansas Association for the Medically Underserved, Kansas Dental Association, Kansas Dental Hygienists Association, Kansas Hospital Association, Kansas Health Care Association, Kansas Association of Homes and Services for the Aging
Activities:
 - Recruit partners to advocate for a comprehensive adult dental benefit in the Kansas Medicaid program, including non-traditional allies such as disability and aging services providers.
 - Conduct a survey of Kansas emergency departments of the number of people who present for dental pain only.
 - Advocate for a comprehensive adult dental benefit in the Kansas Medicaid program.
2. Improve the Sustainability of Oral Health Programs with Adequate Reimbursement for the Provision of Oral Health Services.
Responsible Parties: Kansas Dental Association, Kansas Association for the Medically Underserved, Oral Health Kansas, Kansas Dental Hygienists Association
Activities:
 - On an annual basis monitor Medicaid reimbursement rates for dental services and work with partners to determine a political strategy for advocacy on raising reimbursement rates.
 - Determine a way to appropriately reimburse for preventive oral health services and education in community settings, ex. Head Start programs, early childhood centers, long term care facilities, schools. Identify how to change policy to enact this reimbursement strategy. Change policy through targeted advocacy during the 2011 legislative session.
 - Encourage providers who treat underserved populations to be Medicaid providers by educating them about the current claims process, and promoting current provider's best practices through newsletters and provider to provider contact.
3. Support Implementation of the Oral Health Provisions of the Affordable Care Act.
Responsible Party: Oral Health Kansas
Activities:
 - Advocate with the Kansas Insurance Department and the Kansas Legislature to ensure the Affordable Care Act's guarantee of dental insurance for all children is implemented in Kansas.
 - Advocate for funding for the Affordable Care Act's oral health infrastructure, safety net and education provisions.
4. Maintain state and federal funding for Kansas Dental Safety Net Clinics including Community Health Centers and Local Health Departments.

Responsible Parties: Kansas Association for the Medically Underserved, Bureau of Local and Rural Health

Activities:

- On an on-going basis, collect data on the number of dental patients seen at Community Health Centers.
- Annually advocate with the state legislature for funding for primary care clinics that provide dental services to underserved patients.
- Annually distribute state funding to safety net clinics through the primary care grant programs.
- On an on-going basis, provide technical support to dental safety net clinics on dental clinic productivity and sustainability, as well as encourage all safety net clinics to include oral health into their primary care services.

- Increase the proportion of Federally Qualified Health Centers that have an oral health care program.
- Increase the proportion of local health departments that have oral health prevention or care programs.
- Increase the proportion of patients who receive oral health services at Federally Qualified Health Centers each year.

5. Maintain a State Bureau of Oral Health within the KDHE Kansas Division of Health.

Responsible Party: Kansas Bureau of Oral Health

Activities:

- On an annual basis provide information to the Kansas legislature about the activities of the Bureau of Oral Health, and provide them with all data produced in the last year.
- On an on-going basis, monitor federal funding public health opportunities, and apply for all appropriate grants to fund statewide oral health programs.
- On an on-going basis, work with state and community partners to collaborate on programs and grant applications to assist with program sustainability.

Increase the proportion of States and local health agencies that serve jurisdictions of 250,000 or more persons with a dental public health program directed by a dental professional with public health training.

Objective Two: Increase the Number of Kansans with a Fluoridated Community Water Supply

Responsible Parties: Sedgwick County Oral Health Coalition, Kansas Bureau of Oral Health, Oral Health Kansas, Kansas Dental Association, Kansas Dental Hygienists Association

Activities:

- On an on-going basis build local support through community oral health coalitions.
- By 2014, educate the public about the benefits of community water fluoridation.
- By 2012, provide population friendly data about water fluoridation that can be utilized to support advocacy efforts.
- On an on-going basis, partner with local dental and medical professionals and state and national funders to move the issue in areas in Kansas where water is not fluoridated.

Increase the proportion of the U.S. population served by community water systems with optimally fluoridated water.

Objective Three: Sustain the State Oral Health Advocacy Organization, Oral Health Kansas, Inc.

Responsible Party: Oral Health Kansas

Activities:

- By the end of 2011, a sustainability plan will be developed that identifies long-term funding partners for advocacy work and includes target percentages of each type of funding.

Objective Four: Maintain an Oral Health Surveillance System to Monitor Progress and Educate Policy Makers about the Oral Health Status of Kansans

Responsible Party: Bureau of Oral Health

Activities:

- By 2012, create a burden of oral health disease document for Kansas.
- Complete the 2012 Smiles Across Kansas Basic Screening Survey.
- By 2012, Kansas will contribute an annual state synopsis to the Association of State and Territorial Dental Directors, and provide information to the Centers for Disease Control and Prevention on community water fluoridation.
- By 2011, The Bureau of Oral Health will collaborate with early childhood organizations to add data on children ages 0-5 into our state oral health screening database.

Increase the number of States and the District of Columbia that have an oral and craniofacial health surveillance system.

Section Three: Insure that the Kansas Dental Professional Workforce Can Meet the Oral Needs of All Kansans

Objective One - Utilize Dentists and Dental Hygienists to Reduce the Burden of Oral Disease in Kansas By Increasing the Number of Dentists and Hygienists Treating Underserved Populations

Strategies:

1. Coordinate all Dental Workforce Resources.

Responsible Parties: Bureau of Oral Health, Kansas Association for the Medically Underserved, Bureau of Local and Rural Health, Kansas Dental Association, Oral Health Kansas

Activities:

- On an on-going basis, create and maintain online job postings for dental professionals.
- On a regular basis, update the underserved areas reports and designate dental professional shortage areas.
- On an annual basis monitor the numbers of new dentists coming into Kansas, total number of dentists, and hygienists.
- Advocate with the Kansas Board of Regents to negotiate with UMKC School of Dentistry to require that Kansas students receiving in-state tuition practice in Kansas for the number of years they received the tuition benefit.

2. Provide Financial Incentives and Professional Support for Dental Professionals Working in Underserved Areas

Responsible Parties: Bureau of Local and Rural Health, Dental Workforce Cabinet, Kansas Association for the Medically Underserved, Kansas Dental Association, Kansas Dental Hygienists Association

Activities:

- On on-going basis promote National Health Service Corps and State Loan Re-Payment Programs. Create new incentives for dentists practicing in areas of high need i.e. the KDHE Oral Health State Loan Re-Payment Program., new loan programs.
- On an on-going basis, encourage dentist working in remote areas to connect with professional colleagues through their associations (KDA and KDHA) and clinician's networks.
- Encourage dental professionals to participate in creative programs to treat Medicaid and underserved populations, ex. KMOM, pilot programs, Give Kids A Smile.

The Dental Workforce Cabinet is comprised of dental professionals, safety-net clinic administrators and other stakeholders who advise and direct the activities of the Bureau of Oral Health's Dental Recruitment Program.

3. Identify Young Kansans In Underserved Communities/Populations Interested in Dental Careers
Responsible Parties: Bureau of Oral Health, Delta Dental of Kansas Foundation, Wichita State University

Activities:

- Through 2014, provide Kansas high school students for opportunities to expose themselves to dental careers through the KDHE Dental Club.
- In the summer of 2012, create a summer educational program "Dental Camp" at Wichita State University for interested students to get hands on experience in dental education and dental and hygiene practice.

4. Promote the Advanced Education in General Dentistry Program at Wichita State University.

Responsible Parties: Wichita State University

Activities:

- Annually recruit residents to program that are interested in practicing in Kansas.
- By 2014, provide residents with opportunities to do work in underserved areas in Kansas.
- Annually report out the practice locations of residents after they have left the program.

5. Maximize the Use of Dental Hygienists that have an Extended Care Permit (ECP)

Responsible Parties: Dental Workforce Cabinet, Dental Hygienists Association, Oral Health Kansas

Activities:

- During the 2011 Legislative season, identify barriers to ECP practice and sustainability, draft changes (if needed) to current statute and propose new legislation if necessary.
- Through 2014, educate dentists, hygienists and safety net clinics about ECP utilization, and provide technical on how to better utilize ECPs.
- By 2012, update and post a Tool Kit on the ECPs on the Oral Health Kansas website.
- Through 2014, provide information on ECPs to dental hygienists, dentists and dental professional students.
- Through 2014, create programs to support ECP staffed community based programs, for example, grants for startup funding.
- On an on-going basis, monitor numbers of ECPs and where they are working.

6. Encourage Dental Professionals to Treat Patients with Special Health Care Needs

Responsible Parties: Oral Health Kansas, Bureau of Oral Health, Kansas Dental Charitable Foundation

Activities:

- Through 2011, provide one annual professional educational session on special needs populations.
- Through 2011, partner with private and public organizations serving children and adults with special health care needs to provide oral health educational material, preventive services and referrals to care.
- On an on-going basis utilize the Donated Dental Services Program to assist patients with special health care needs by securing funding for the program and encouraging more dentists to participate.

Objective Two - Explore the Potential of New Dental Practitioners to Improve Access in Kansas

Responsible Party – Kansas Dental Project

Strategies:

1. Educate dental professionals, policy makers and advocates about all new provider models.
Activities: All done in the 2011.
 - Provide information about the benefits and concerns surrounding each model.
 - Create opportunities for discussions of the models with all partners.
 - Provide input about the drafting of any legislation creating a new Kansas dental practitioner.
2. Participate in the legislative process if/when legislation is introduced. (2011 legislative session).
 - Provide information to dental professionals, policy makers and oral health advocates on the content and progress of the legislation.
 - Monitor the outcome of the legislation, assist with implementation if passed and re-evaluate if legislation does not succeed.