Dental Public Health Activity Descriptive Report

Practice Number: 25010
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SECTION I: PRACTICE OVERVIEW

Name of the Dental Public Health Activity: Coalition for Oral Health for the Aging

Public Health Functions:
Assessment – Acquiring Data
Assessment – Use of Data
Policy Development – Collaboration and Partnership for Planning and Integration
Policy Development - Oral Health Program Policies
Policy Development - Use of State Oral Health Plan
Policy Development - Oral Health Program Organizational Structure and Resources
Assurance – Population-based Interventions
Assurance – Building Linkages and Partnerships for Interventions
Assurance – Building State and Community Capacity for Interventions
Assurance - Access to Care and Health System Interventions
Assurance – Program Evaluation for Outcomes and Quality Management

Healthy People 2020 Objectives:
OH-3 Reduce the proportion of adults with untreated dental decay
OH-4 Reduce the proportion of adults who have ever had a permanent tooth extracted because of dental caries or periodontal disease
OH-5 Reduce the proportion of adults aged 45 to 74 years with moderate or severe periodontitis
OH-6 Increase the proportion of oral and pharyngeal cancers detected at the earliest stage
OH-7 Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year
OH-11 Increase the proportion of patients who receive oral health services at Federally Qualified Health Centers each year
OH-14 Increase the proportion of adults who receive preventive interventions in dental offices

State:	**Federal Region:**	**Key Words for Searches:**
MI		Oral Health, Aging, Coalition, Education, Networking, Collaborative Practice

Abstract:
The mission of the Coalition for Oral Health for the Aging (COHA; www.micoha.org) of Michigan is to improve the oral health of older people through advocacy, professional education, public education, and research by focusing on prevention, health promotion, and evidence-based practices. This mission is achieved through COHA's organizational goals: 1) to be a resource for providers of care for the aging and special needs populations; 2) to promote the implementation of policies that support evidence based strategies that provide optimal oral health for the aging; and 3) to develop collaborative partnerships that address the oral health needs of the aging and special needs populations.

COHA workgroups are established to accomplish projects and tasks. The current workgroups include Research Workgroup, Education Workgroup, Communications and Development Workgroup, Providers and Practice Models Workgroup, and Aging Issues Workgroup.

Projects of the Aging Issues workgroup have included lecturing to, providing consultation to, and serving on boards of health services organizations, providing assistance in the development of the Michigan Developmental Disabilities Council's Health Issues Workgroup Oral Health Position Paper, and collaborating with an Area Agency on Aging (AAA's) and students from the University of Michigan School of Dentistry to collect oral health care supplies which were disseminated through the AAA's Meals on Wheels program.

The focus of education in COHA is three pronged including 1) the education of dental professionals, 2) the education of health services providers, and 3) the education of patients and their caregivers. Identification, creation, and dissemination of educational resources for these groups have been accomplished through lecture, in print and by electronic modality.

With the assistance of Delta Dental and the Michigan Department of Health and Human Services (MDHHS), formerly the Michigan Department of Community Health, COHA surveyed all dental professionals in the state of Michigan to determine and define current oral health care provided as well as what providers were interested in doing in the future to provide care to this population (http://www.micoha.org/vulnerable-elderly-survey.html). From this project, MDHHS developed a Vulnerable Elderly Provider Directory for the state (http://www.micoha.org/provider-directory.html).

In collaboration with non-profit agencies, COHA has sponsored Dental Days which utilize a Michigan Public Act 161 model for hygienists to provide care to underserved populations.

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SECTION II: PRACTICE DESCRIPTION

History of the Practice:

COHA was established in March 2006 as the Michigan Geriatric Dentistry Coalition by a group of persons representing the Michigan Oral Health Coalition, the Michigan Dental Association, Delta Dental, the University Of Michigan School Of Dentistry, and the Michigan Department of Health and Human Services. Currently, in addition to these groups, COHA is comprised of representatives from the Michigan Dental Hygienists' Association, the University of Detroit Mercy School of Dentistry, community public health dental providers, private practitioners, interested lay persons, and organizations that serve the aging and persons with developmental disabilities, among others.

The mission of the Coalition for Oral Health for the Aging (COHA; www.micoha.org) of Michigan is to improve the oral health of older people through advocacy, professional education, public education, and research by focusing on prevention, health promotion, and evidence-based practices. This mission is achieved through COHA's organizational goals: 1) to be a resource for providers of care for the aging and special needs populations; 2) to promote the implementation of policies that support evidence based strategies that provide optimal oral health for the aging; and 3) to develop collaborative partnerships that address the oral health needs of the aging and special needs populations.

Structure of COHA
In March 2011, COHA obtained status as a 501c3 non-profit organization incorporated in the state of Michigan governed by a member-elected Executive Board consisting of an Executive Committee (Chair/Treasurer/Secretary/Past-Chair) as well as workgroup chairs. COHA workgroups are established to accomplish projects and tasks. The current workgroups include Research Workgroup, Education Workgroup, Communications and Development Workgroup, Providers and Practice Models Workgroup, and Aging Issues Workgroup. COHA meets quarterly for a two hour meeting which includes a one hour business meeting as well as a one hour guest presenter and discussion. See Table for guest presenter and collaborator information.

Table: COHA Guest Presenters/Collaborators

Presenter	Organization	Website
Stuart Boekeloo	Aleydis Centers	http://aleydiscenters.com/
Mary Ablan	Area Agencies on Aging Association of Michigan	http://www.mi-seniors.net
Kristin Wilson	Area Agency on Aging 1-B	http://www.aaa1b.com/

Michael Helgeson	Apple Tree Dental	http://www.appletreedental.org/
Nancy Hostetler	Delta Dental Foundation	http://www.deltadentalmi.com
Gregory Bator	Graceful Aging TV	http://www.gracefulaging.com
Pat Anderson	Health Care Association of Michigan	http://hcam.org/
Damita Zweiback (no longer the contact for this program)	Healthy Aging Initiative	http://michigan.gov/miseniors
Rick Lantz	Health Kids Dental Delta Dental	http://www.deltadentalmi.com/Individuals/Healthy-Kids-Dental-and-MIChild/Healthy-Kids-Dental.aspx
Marna Robertson	Meadow Brook Medical Care Facility	http://www.meadowbrookmcf.com/
John Barnas	Michigan Center for Rural Health	http://www.mcrh.msu.edu/
Greg Heintschel	Michigan Community Dental Clinics	http://www.midental.org/
Jeff Dwyer	Michigan Geriatric Education Center	http://gecm.msu.edu/
Karlene Ketola	Michigan Oral Health Coalition	http://mohc.org/
Sarah Slocum	Michigan State Long Term Care Ombudsman	http://michigan.gov/miseniors
Leo Goddeyne	Non-profit Attorney	http://www.millercanfield.com/LeoGoddeyne
Christine Farrell	Oral Health Program; Michigan Department of Health and Human Services	http://www.michigan.gov/mdhhs/0,5885,7-339-73971_4911_4912_6226---,00.html
Gregory Folse	Outreach Dentistry Mobile Dentistry Legislation	GFolsedds@aol.com
Thomas Dimmer	Renaissance Dental Plan	http://renaissancedental.com/
Sybill Jeannin	Smiles Across Michigan Program	http://www.mohc.org/communityprograms.htm
Frank Scannapieco	University at Buffalo The State University of New York	http://dental.buffalo.edu/Oralbiology
Paul Glassman	University of the Pacific	http://dental.pacific.edu/
Jason Allen	Senior Deputy Director, Veterans Affairs	http://www.michigan.gov/dmva
Marcia Olson and Bobbie Will	Bridging the Dental Gap & North Dakota Department of Health-Oral Health Program	http://www.bridgingthedentalgap.com/
Jill Moore and Beth Anderson	Michigan Department of Community Health Michigan Oral Health Project for the Aging	http://www.michigan.gov/documents/mdch/NACDD_2013-2014-MSSS-R1A-2-_JMoore-BAnderson_474983_7.pdf
Nancy Kropiewnicki	Area Agency on Aging of Western Michigan Dental Days	http://www.aaawm.org/
Heidi Halverson RDH BSDH LAP	Dental Hygiene at Home	http://dhhome.me/Dental_Hygiene_At_Home/Welcome.html
Barbara Smith, PhD, RDH, MPH	American Dental Association *Dentistry in Long-term Care: Creating Pathways to Success*	https://www.youtube.com/watch?v=p9FWY0WaAro&feature=youtu.be
Marcia Manter	Oral Health Kansas	http://www.oralhealthkansas.org/
Karen Lewis	Washington Dental Service Foundation	https://www.deltadentalwa.com/guest/public/aboutus/wds-foundation.aspx
Samuel Zwetchkenbaum, DDS, MPH	New Jersey Coalition for Oral Health for the Aging	https://www.facebook.com/groups/NJCOHA/
Gregory Bator	Graceful Aging TV	http://www.youtube.com/playlist?list=PL-4tdL6xyXcsCrXvfrG6w-c1sBYYsMvzw
Frank A. Scannapieco, DMD, PhD	University at Buffalo The State University of New York	Oral Health & Pulmonary Disease: https://docs.google.com/file/d/0Bw2TjNNw2CA2cVphd3FLQnp2bUE/edit?usp=sharing

Justification of the Practice:

From the start of the organization, it was evident that there was not a clear understanding of the need and resources for education and clinical care for the oral health of the aging. Therefore, COHA has been structured to address these information gathering and dissemination needs as well as establishment of clinical care resources for the aging in the state of Michigan.

Inputs, Activities, Outputs and Outcomes of the Practice:

Highlighted Activities:

Research Workgroup: Vulnerable Elderly Survey and Vulnerable Elderly Provider Directory
Providers and Practice Models Workgroup: COHA Care PA 161 Program and Dental Days
Aging Issues Workgroup: Stakeholders Survey and Stakeholders Meeting
Education Workgroup: Oral Health Education for Long Term Care Residents
Research Workgroup: Vulnerable Elderly Survey and Vulnerable Elderly Provider Directory

Research Workgroup: Vulnerable Elderly Survey and Vulnerable Elderly Provider Directory

Inputs: Workgroup representation included members of the Coalition for Oral Health for the Aging, Delta Dental, Michigan Dental Association, Michigan Dental Hygienists' Association, Michigan Department of Health and Human Services, and Michigan Oral Health Coalition. Delta Dental provided funds and personnel to complete the mailing. The Michigan Department of Community Health provided all technical assistance required to create the electronic survey, collate and analyze data, and develop the report and directory.

Activities: COHA surveyed all dental professionals in the state of Michigan to determine and define current oral health care provided as well as what providers were interested in doing in the future to provide care to the aging and adults with special needs in the state of Michigan.

Outputs: Products developed include the 2009 Oral Health Care of Vulnerable Elderly Patients Survey of Dentists and Dental Hygienists (http://www.micoha.org/vulnerable-elderly-survey.html) and the Directory of Dental Providers of Vulnerable Elderly in the state of Michigan (http://www.micoha.org/provider-directory.html)

Outcomes:
About half of the respondents indicated vulnerable elderly patients make up 5% or less of their total patient population (49% of dentists; 43% of hygienists).

The majority of the dentists only saw patients who were able to come to their dental office. Only 20% of the dentists and 6% of the hygienists indicated that they provided services to patients in nursing homes or long term care facilities.

70% of dentists and 59% of hygienists reported that those on Medicaid comprised 5% or less of the vulnerable elderly for whom they provided care.

The Public Act (PA) 161 program is managed through the Michigan Department of Community Health and allows dental hygienists to practice under a collaborative agreement with dentists to serve unassigned and underserved populations. Of the respondents,, only 8% of dentists and 31% of hygienists knew about PA 161. The majority of both groups indicated that they would like to learn more about this program (67% of dentists; 85% of hygienists).

The largest barriers to dental care for the vulnerable elderly, as perceived by the respondents, are the inability to pay for services (90% of dentists; 93% of hygienists) and the lack of providers that accept Medicaid (75% dentists; 99% hygienists).

When asked to indicate interest in different activities to enhance oral health care of vulnerable elderly in their communities, the majority of dentists (84%) indicated accepting referrals to their private practice. The hygienists were most interested in education for nursing homes or assisted living,

working with these facilities to provide on-site care, and collaborating with dental professionals in these facilities.

Providers and Practice Models Workgroup: COHA Care PA 161 Program and Dental Days

Inputs: In August 2011, the Coalition for Oral Health for the Aging established COHA Care a Public Act 161 of 2005 (PA 161) collaborative practice program. (A collaborative practice in Michigan is commonly referred to as a PA 161 program.) It was clear that many organizations which provided resources and services to the elderly and adults with special needs in the state of Michigan desired to identify providers for oral health care for their clients, but few were able to identify providers willing to provide these services. In collaboration with these organizations, COHA established Dental Days to assist in identifying community resources and treatment needs of clients utilizing Michigan PA 161 program models for hygienists to provide care to underserved populations. The first Dental Day occurred in May 2010 in collaboration with a non-profit organization providing care for adults with special needs with Medicaid for whom Michigan Medicaid dental benefits had been cancelled.

Activities: The organization was responsible for recruiting 25 clients, obtaining completed required forms (registration/consent/HIPAA/medical history/medication lists/photo release), providing transportation and oversight onsite, and donating breakfast and lunch for volunteers. Ten dental hygienists from across the state (some from greater than 3 hours away) volunteered to provide preventive hygiene services (cleanings/full month radiographs/oral hygiene instruction) under general supervision. Michigan's PA 161 allows dental hygienists in a PA 161 program to provide services under the supervision of a dentist without being assigned by a dentist. In order to determine appropriate referral, each patient received an oral and radiographic examination, a treatment plan was established by a dentist, and a Daily Oral Care plan with necessary fluoride prescriptions administered. A local dentist donated the use of their office for the day.

Outputs: The purpose of Dental Days has not been for COHA Care to provide regular care to these clients, but assist the local organizations to connect to and advocate for oral health care services for their clients. The local hygienists have been able to provide referrals for care as well as further preventive services through local PA 161 programs.

Over ten Dental Days have occurred from 2010-2012 in a number of locations across the state in collaboration with Area Agencies on Aging (AAA) and organizations that provide services to adults with special needs and adults with traumatic brain injuries. At each event, 12-25 persons are served with donated oral health care ranging from $4,000-$8,000.

Outcomes: Dental Days have elucidated the many challenges that surround provision of care for vulnerable elderly and adults with special needs and the indigent elderly. As indicated in the Vulnerable Elderly survey results, dentists in private practice are willing to accept clients who can be transported to private offices and can provide payment for services. Since most of the vulnerable elderly and adults with special needs do not fit these criteria, few dentists have been willing to provide needed follow up care. Persons able to obtain care at a Federally Qualified Health Center or dental school have been referred to these locations. However, the reasons for lack of regular care for these persons often include limitations of finances, transportation accessibility, transportation feasibility, and behavior.

Due to the inability to obtain follow up care for some of the clients seen due to severe behavioral issues, a subgroup of Dental Day participants have only been able to access regular preventive care (3 month recall interval/use of daily prescription fluoride gel) through local Dental Days resulting in a stability of their oral health status. These findings regarding the impact of regular preventive care on reduction of future restorative and surgical needs have directed COHA's educational pursuits to further provide access to preventive care.

Proposed legislation of mobile dentistry in the state of Michigan has the ability to severely limit the expansion of Dental Days to the vulnerable elderly who required oral health care delivery in a long term care facility setting. Due to concerns of liability and administrative burden, Dental Days have been volunteer efforts to date.

Aging Issues Workgroup: Stakeholders Survey and Stakeholders Meeting

From the results of the Vulnerable Elder Survey, it was clear that models exist in the state of Michigan to provide oral health services to those who have access to a dental clinic and who have funds to

cover the cost of care. However, the group that for the most part has no access to oral health care in the state of Michigan is those vulnerable elderly who are unable to be transported to a dental clinic and who do not have financial means to pay for care. These persons are typically served by mobile dentistry in long term care facilities. At this time, Michigan does not have a model of care that provides access to this care similar to the Apple Tree Dental model from Minnesota.

Inputs: In discussion with persons from Delta Dental and Michigan Community Dental Clinics (which provide care to indigent in clinics), it was determined that it was necessary to advocate to obtain a funding stream for the elderly and adults with special needs similar to the Michigan Healthy Kids Dental model. In addition, it would be necessary to convene stakeholders from across disciplines to address a proposed Michigan Apple Tree Dental model.

Activities: Stakeholders in oral health care for the elderly have various backgrounds (dentistry, aging, and government). A pre-doctoral dental student from the University of Michigan as a Leadership Program project developed and administered the Stakeholders' Survey, analyzed the data, and created a manuscript report. The aim of this survey was to provide an evaluation of the level of stakeholders' knowledge of programs and resources that impact access and funding for oral health care for the elderly. An online survey was completed by 37 respondents (21 dentistry, 10 aging, 6 government) with a response rate of 50%. Descriptive statistics were reported. (http://www.micoha.org/stakeholders-survey.html).

Outputs: Results demonstrate that although the stakeholders agree both on the problem of oral health care access for the elderly as well as the barriers to access, there is tremendous variation among professional fields regarding knowledge and involvement in existing programs, policies, and agencies. Stakeholders from all three professional fields need first to be educated and familiarized with existing programs and resources in order to effectively collaborate to improve access to oral health care for the elderly.

Outcomes: In collaboration with the Michigan Association of Area Agencies on Aging as well as other aging and governmental organization, COHA is developing plans to host a Stakeholders meeting in 2017 to begin to move beyond an agreement of the challenge of access to care for the vulnerable elderly, but to the identification of existing and future collaborative resources to design solutions to improve care. There is interest in establishing an oral health care model replicating Apple Tree Dental to provide care to the vulnerable elderly who are unable to be transported to a dental clinic as well as those who do not have financial means to pay for care

Education Workgroup: Oral Health Education for Long Term Care Residents

The Coalition for Oral Health for the Aging has a limited speakers' bureau of providers educated to provide continuing education on oral health care for the aging at conferences as well as oral health care instruction in long term care facilities. The request for speakers continues to grow.

Inputs: A COHA board member has a continuing education business that is able to sponsor continuing education on oral health care for the aging to health care providers within and outside the field of dentistry. It is critical to educate the nursing home administrators, nursing staff, social workers, physicians, and other health care workers on this topic.

Activities: There is a need for training providers to give presentations at conferences for health care providers on oral health care for the aging as well as lead discussions in senior centers and provide hands on presentations in long term care facilities.

COHA is working with interested oral health care providers to provide individualized training and connect to resources (presentation materials/oral hygiene samples/funding) to facilitate educational opportunities. COHA is collaborating with aging organizations to identify interested and committed facilities to educational programs as well as grant funding to develop these collaborations.

Outputs: Although hygienists in the state of Michigan can provide didactic educational programs, hands on oral hygiene instruction cannot be performed by a hygienist outside of a PA 161 program without direct assignment by a dentist. Through the COHA Care PA 161 program, hygienists will be able to provide both didactic and clinical oral health education in long term care settings. These requests for instruction to care staff have already been initiated through the organizations that have participated in Dental Days.

Outcomes:

It is anticipated that provision of hands on oral hygiene instruction will lead to a desire to provide regular preventive care and the establishment of a PA 161 program in some of these long term care facilities. However, the requirements to set up a PA 161 program are prohibitive: establishment of a 501c3, relationship development with long term care facility, recruitment of a supervising dentist, funds to obtain necessary instruments and equipment, identification of a dentist willing to bill for services on behalf of the hygienist as well as providers willing to accept referrals for follow up treatment.

Through hygienists' and dentists' involvement in COHA Care, a number of these hurdles such as relationship development between hygienists, dentists, and long term care facilities, as well as establishment of a patient base can be investigated and accomplished.

PA 161 programs are limited by a regulation requiring PA 161 supervising dentists to be geographically located near the areas of service. As the hygienists interested in this educational training program are from across the state, dentist participation from various regions across the state in a PA 161 program is facilitated through COHA Care. Although the dentists and hygienists initially are involved in COHA Care during the educational phase, as services progress to provision of preventive care these teams would be required to establish their own PA 161 program having already established a practice foundation.

Budget Estimates and Formulas of the Practice:

The role of the Coalition for Oral Health for the Aging is one of networking and program design to create collaborative efforts of dental, aging, and governmental organizations. Funding for projects is required to be donated by the organizations participating in the collaborative project.

This model is limited by lack of funding and required volunteer support. Although funding is available to support many state Oral Health Coalitions and their projects which often focus on children, sealants, and fluoridation, there are limited funds available to support projects to address oral health care access of the vulnerable elderly. COHA intentionally collaborates with organizations outside of dentistry as the aging community is developing an interest to address and fund these endeavors.

Lessons Learned and/or Plans for Improvement:

The activities of COHA described above are intimately linked and are a progression of working through identification of access to care challenges and of resources available and interested in addressing these issues. The doors opening and networking opportunities continue to grow. Not all persons in the fields of dentistry, aging, and government are interested and able to participate, but there are plenty of stakeholders wanting to move forward but are unable on their own to connect to collaborative partners.

The need for access to oral health care for the aging is a national challenge. The Coalition for Oral Health for the Aging is a piece of the larger puzzle that must be put together to address the oral health care for the aging of our nation. At state levels as well as at the national level COHAs including stakeholders beyond the dental profession must be established to work collaboratively to prepare for the challenges in caring for an ever growing and increasingly dentate population group.

Although there were many positive outcomes, there have been challenges to implementing certain strategies because of philosophical disagreements relating to proposed legislation of mobile dentistry and regulation of collaborative practice programs. It has been critical that COHA not promote the mantra of the organizations of some of its members over others. These disagreements cannot be easily resolved. Therefore, it has been critical for COHA to focus on its priorities of education and improving access care. Through its activities, COHA has been able elucidate some of the challenges and improvements that regulations and legislation can have on access to oral health care for the aging.

Available Information Resources:

1) 2009 Oral Health Care of Vulnerable Elderly Patients Survey of Dentists and Dental Hygienists (http://www.micoha.org/vulnerable-elderly-survey.html)

2) Public Act 161 of 2005: www.michigan.gov/oralhealth

3) PA 161 Program application: www.michigan.gov/oralhealth

4) Stakeholders' Survey report: http://www.micoha.org/

SECTION III: PRACTICE EVALUATION INFORMATION

Impact/Effectiveness

How has the practice demonstrated impact, applicability, and benefits to the oral health care and well-being of certain populations or communities (i.e., reference scientific evidence, outcomes of the practice and/or evaluation results)?

COHAs activities have progressed from determining a need for providers and workable models (Vulnerable Elderly Survey and Directory) to establishing a model of care to facilitate networking and collaboration (Dental Day). This model has elucidated need for further model development (Healthy Kids Dental funding model/Apple Tree Dental clinical care model), collaboration of stakeholders (Stakeholders' meeting), and educational advancement (Oral Health Education for Long Term Care Residents).

Efficiency

How has the practice demonstrated cost and resource efficiency where expenses are appropriate to benefits? How has the practice demonstrated realistic and reasonable staffing and time requirements? Provide unit cost analysis or cost-benefit analysis if appropriate.

The role of the Coalition for Oral Health for the Aging is one of networking and program design to create collaborative efforts of dental, aging, and governmental organizations. Funding for projects is required to be donated by the organizations participating in the collaborative project. This model is limited by lack of funding and required volunteer support.

Demonstrated Sustainability

How has the practice showed sustainable benefits and/or how has the practice been sustainable within populations/communities and between states/territories? What mechanisms have been built into the practice to assure sustainability?

COHA provides a networking and collaborative service addressing an unmet need which continues to grow. It is clear that many organizations which provide resources and services to the elderly and adults with special needs in the state of Michigan desire to identify oral health care services for their clients but are unable to do so. COHA collaborates effectively with organizations such as Oral Health America and the Area Agencies on Aging Association of Michigan who obtain grant funding for educational and clinical care projects in the state. Empowering these organizations increases their desire to generate additional programs and recruit other partners.

Collaboration/Integration

How has the practice built effective partnerships/collaborations among various organizations and integrated oral health with other health projects and issues? What are the traditional, non-traditional, public and private partnerships/collaborations established by the practice for integration, effectiveness, efficiency and sustainability?

Stakeholders in oral health care for the elderly have various backgrounds (dentistry, aging, and government). As the elderly population continues to grow, it is critical that stakeholders within states network, organize, and collaborate to address the oral health care needs of the aging in their regions. Oftentimes this collaboration occurs through specialty professional organizations. However, since geriatric dentistry is not a recognized specialty in dentistry, most states do not have organizations of providers who care for the oral health of the elderly. One of the functions of COHA is to fulfill the role of a statewide professional organization for oral health care providers. All members are encouraged to achieve membership in the Special Care Dentistry Association and to participate at a national level. Many of the dental members of COHA serve on community and state aging committees and organizations such as the Michigan Society of Gerontology.

Unlike a professional organization, a coalition is able to expand membership beyond the providers within the profession. Addressing the oral health of the aging requires collaboration of persons within the dental profession with those who have expertise in the care of the aging and persons with disabilities. Therefore, it is critical that COHA membership include representation from a very broad base.

Objectives/Rationale

How has the practice addressed HP 2020 objectives, met the National Call to Action to Promote Oral Health, and/or built basic infrastructure and capacity for state/territorial/community oral health programs?

Access to regular preventive care through Dental Days (3 month recall interval/use of daily prescription fluoride gel/oral hygiene instruction) has a huge impact on the stability of the oral health status and reduction of future restorative and surgical needs. This low cost preventive care results in the reduction of caries and periodontal disease. These findings have directed COHA's educational pursuits to further enhance access to preventive care.

Extent of Use Among States

Describe the extent of the practice or aspects of the practice used in other states?

Participants of the Coalition for Oral Health for the Aging quarterly meetings include persons from across the nation due to the international expertise of the guest speakers and universality of the issues addressed by the presentations and following discussion. Establishment of a national Coalition for Oral Health for the Aging is needed to coordinate the services such as quarterly webinars which are not state specific activities but are national educational needs.