



Dental Public Health Project/Activity Descriptive Report Form

Please provide a detailed description of your **successful dental public health project/activity** by fully completing this form. Expand the submission form as needed but within any limitations noted. Please return completed form to: lcofano@astdd.org

NOTE: Please use Verdana 9 font.

CONTACT PERSON PREPARING THE SUBMISSION AND TO ANSWER QUESTIONS

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PROVIDE CONTACT INFORMATION FOR ONE ADDITIONAL PERSON WHO COULD ANSWER QUESTIONS REGARDING THIS PROGRAM

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SECTION I: ACTIVITY OVERVIEW

Title of the dental public health activity:

**Oral Health Coalitions:
Connecting People and Systems to Influence Oral Health Outcomes**

Public Health Functions*: Check one or more categories related to the activity.

"X"	Assessment
	1. Assess oral health status and implement an oral health surveillance system.
	2. Analyze determinants of oral health and respond to health hazards in the community
	3. Assess public perceptions about oral health issues and educate/empower them to achieve and maintain optimal oral health
	Policy Development
X	4. Mobilize community partners to leverage resources and advocate for/act on oral health issues
X	5. Develop and implement policies and systematic plans that support state and community oral health efforts
	Assurance
	6. Review, educate about and enforce laws and regulations that promote oral health and ensure safe oral health practices
X	7. Reduce barriers to care and assure utilization of personal and population-based oral health services
	8. Assure an adequate and competent public and private oral health workforce
	9. Evaluate effectiveness, accessibility and quality of personal and population-based oral health promotion activities and oral health services
X	10. Conduct and review research for new insights and innovative solutions to oral health problems

***[ASTDD Guidelines for State and Territorial Oral Health Programs that includes 10 Essential Public Health Services to Promote Oral Health](#)**

Healthy People 2020 Objectives: Check one or more key objectives related to the activity. If appropriate, add other national or state HP 2020 Objectives, such as tobacco use or injury.

"X"	Healthy People 2020 Oral Health Objectives	
X	OH-1	Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth
X	OH-2	Reduce the proportion of children and adolescents with untreated dental decay
X	OH-3	Reduce the proportion of adults with untreated dental decay
X	OH-4	Reduce the proportion of adults who have ever had a permanent tooth extracted because of dental caries or periodontal disease
X	OH-5	Reduce the proportion of adults aged 45 to 74 years with moderate or severe periodontitis
X	OH-6	Increase the proportion of oral and pharyngeal cancers detected at the earliest stage
X	OH-7	Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year
X	OH-8	Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year
X	OH-9	Increase the proportion of school-based health centers with an oral health component
X	OH-10	Increase the proportion of local health departments and Federally Qualified Health Centers (FQHCs) that have an oral health component

X	OH-11	Increase the proportion of patients who receive oral health services at Federally Qualified Health Centers each year
X	OH-12	Increase the proportion of children and adolescents who have received dental sealants on their molar teeth
	OH-13	Increase the proportion of the U.S. population served by community water systems with optimally fluoridated water
X	OH-14	Increase the proportion of adults who receive preventive interventions in dental offices
	OH-15	Increase the number of States and the District of Columbia that have a system for recording and referring infants and children with cleft lips and cleft palates to craniofacial anomaly rehabilitative teams
	OH-16	Increase the number of States and the District of Columbia that have an oral and craniofacial health surveillance system
X	OH-17	Increase health agencies that have a dental public health program directed by a dental professional with public health training

"X"	Other national or state Healthy People 2020 Objectives: (list objective number and topic)	

Provide 3-5 Key Words (e.g. fluoride, sealants, access to care, coalitions, policy, Medicaid, etc.) These will assist those looking for information on this topic:

Coalition, Advocacy, Equity, Influence, Partnership

Executive Summary: Complete after Section II: Detailed Activity Description. Please limit to 300 words in one or two paragraphs.

Provide a brief description of the dental public health activity. Include information on: (1) what is being done; (2) who is doing it and why; (3) associated costs; (4) outcomes achieved (5) lessons learned, both positive and negative.

State oral health coalitions can be powerful influencers of system and structural change to improve oral health outcomes. Partnerships with diverse stakeholders drive this influence. Many of our partners include agencies, organizations and other coalitions that have broad membership and constituent reach. For example, 12 health centers in Ohio were awarded HRSA dental expansion grants. Oral Health Ohio sent this information out to partners such as Ohio Head Start, Ohio Association of Community Action Agencies, Charitable Healthcare Network, Ohio Department of Aging and Ohio Association of Health Commissioners to push out to their members/constituents to inform them of expansion of dental care in their communities. Another example is that the Ohio Department of Medicaid recently made policy changes around reimbursement of age one dental visits. We pushed this information out to the American Academy of Pediatrics, Ohio Chapter and Ohio Head Start, Early Head Start program. Another example is that OHO developed a section on its website for school nurses. Our partners at the Ohio Department of Health, School Nurse Program and Ohio Association of School Nurses pushed this information out statewide in their newsletters. Our work consists of:

- Building relationships with communities to identify their unique challenges and resources around oral/health.
- Facilitating broad community engagement to address complex issues that lead to system action
- Connecting people and systems to influence oral health outcomes
- Messaging that oral health is overall health

- Ensuring that professionals in a wide variety of disciplines have access to oral health training and resources
- Identify opportunities to institutionalize equity in the oral/health system.

OHO's Oral Health Ohio's strategic plan drives the work we do in Ohio. Diverse stakeholders at the grassroots and state level helped develop this plan by attending a yearlong strategic planning process held by a professional facilitator paid for by HealthPath Foundation, OHO's fiscal agency. The strategic planning meetings were held in Columbus, Ohio which is a central location to the different regions of Ohio. It is through diverse relationships and partnerships that OHO is able to frame the narrative around oral health as being much more than access to a dentist. Our impact comes from ensuring that oral health is part of the conversation around overall health, social determinants of health, mental health, workforce, and the economy.

Pilot study partnerships provide opportunities to raise issues through data to the forefront of policymakers. For example, data from Ohio Head Start Program Information Report (PIR) showed that the number one reason that children did not receive needed follow-up dental care was due to a lack of caregiver follow-up. Oral Health Ohio partnered with the Ohio Head Start Association, Inc., (OHSAI) to better understand the reason for this data point through a statewide survey with HS programs. From this survey we were able to capture the number of children who were identified as needing follow-up dental care and did not receive it. Oral Health Ohio presented the data to the monthly provider meeting at the Ohio Department of Medicaid (ODM). Included in this presentation were the survey results by county, need for greater engagement from the managed care organizations (MCOs) and upstream prevention strategies to connecting HS children to care. Three things came from this meeting: 1) The Ohio Department of Medicaid requested that OHO present the data to the dental directors of all the managed care plans. This meeting is being scheduled for March 2020. Oral Health Ohio has invited OHSAI, a local HS program and the Ohio Department of Health (ODH), Oral Health Program to co-present at this meeting. 2) This data was presented to the top leadership at ODM including the Medical Director and Assistant Medical Director so this is now on their radar and 3) Oral Health Ohio, ODH Oral Health Program and OHSAI are working together to develop a consent process within the HS program to get caregiver consent for programs to contact the MCO when follow-up treatment is needed.

Another pilot was born out of the Ohio PIR data/statewide survey. Head Start programs provided feedback to OHO that oral health literature provided by insurance companies showed pictures of white children with "perfect, shiny" white teeth and that these pictures did not reflect the demographics of the children in their programs. The HS programs also believed that caregivers needed to see what severe tooth decay looks like and that caregivers did not understand the importance of primary teeth due to low health literacy. As a result, OHO partnered with Alta Head Start in Youngstown, OH in the spring of 2019 to develop a flyer to attach to dental exams where children need follow-up care. The flyer includes pictures of children from minority groups with tooth decay and bullet points about the importance of primary teeth. Alta Head Start saw a 14% increase in follow-up treatment among caregivers the first few weeks of using the flyer. The Ohio Head Start Association, Inc., recently scaled the one-page flyer statewide and will follow-up to determine how many programs are using the flyer and outcomes.

OHO's partnership with Head Start (HS) to collect data on untreated caries among the HS population has enabled OHO to engage Medicaid Managed Care Organizations (MCOs) and the Ohio Department of Medicaid (ODM) on the state of oral health for these children in a specific and meaningful way. With MCO, ODM and HS engagement, we are working toward creative solutions and outcomes for these children including upstream prevention by MCOs.

OHO has taken the lead on work that the state oral health program (SOHP) does not currently have capacity to do including Basic Screening Survey BSS of Older Adults, developing a State Oral Health Plan and advocating for a Dental Director. OHO took a leadership role in the development of the State Oral Health Plan by convening stakeholders on its own strategic process then writing a draft Plan which was shared with stakeholders for comment. OHO presented a "preview" of the State Oral Health Plan at a legislative breakfast at the statehouse for Children's Dental Health month in February. The preview Plan was also shared widely. The full Plan will be released in late Spring 2020. OHO has a close working relationship with the Ohio Department of Health, Oral Health Program and relies on their expertise and input on all of these activities and many of the coalition's other activities.

Finally, OHO seeks grant opportunities to improve oral health in Ohio and is currently waiting to hear from two grant proposals for funding in 2020 totaling \$433,000. Both proposals will allow OHO to build new and diverse relationships and partnerships throughout Ohio and work with national I organizations and partners in other states.

SECTION II: DETAILED ACTIVITY DESCRIPTION

Provide detailed narrative about the dental public health activity using the headings provided and answering the questions. Include specifics to help readers understand what you are doing and how it's being done. References and links to information may be included.

****Complete using Verdana 9 font.**

Rationale and History of the Activity:

1. What were the key issues that led to the initiation of this activity?

- **Key issues:**
- Lack of awareness of the relationship between oral and systemic health
- Need for integration of oral health into primary care
- Oral health disparities for Ohioans across the lifespan
- Systems are working in silos rather than in partnership
- Structural and institutional racism
- Workforce issue including difficulty attracting dentists to rural areas, low Medicaid reimbursement rates for dentists in Ohio, and credentialing of Medicaid providers under different managed care plans (not streamlined)
- Hospital systems do not prioritize oral health; difficulty in engaging them in oral health issues related to ED visits
- Medicaid Managed Care Plans have not used upstream prevention as a strategy to address oral health (using their own data to identify prevention opportunities such as sealants, first dental evaluation etc.)
- Oral health is not a health outcome in the Medicaid system
- Lack of county specific data in Ohio
- Absence of dental director in Ohio

2. What rationale/evidence (may be anecdotal) did you use to support the implementation of this activity?

1. Low Medicaid reimbursement rates for dentists are a historical problem in Ohio. Ohio is privileged to have a comprehensive adult dental benefit; however, the last significant fee increase was in 2000. In 2016, an equivalent of 1% fee increase focused on extractions and 5% rural dental fee differential was implemented.
2. The lack of awareness of the importance of primary teeth is epidemic in Ohio. There is low literacy about the importance of primary teeth among caregivers. This is evidenced by the

number of children in Head Start Programs with tooth decay, a waiting list at children's hospitals across the state for children who need to undergo sedation to address multiple decayed primary teeth, the rate of consumption of sugary drinks in low-income communities, pediatricians communicating that children don't need a dental visit until age three (much too late), and dentists who are not trained or comfortable performing a knee-to-knee exam on infants and very young children.

3. There is an overall lack of understanding of the relationship between oral and systemic health. Oral health messaging is focused on seeing a dentist rather than prevention and highlighting its relationship to chronic disease, learning and mental health/wellbeing. OHO is frequently asked to speak at conferences/to groups throughout the state; when audiences are asked about their understanding of the relationship between oral and overall health, they are frequently unaware of the relationship. OHO participated in work groups developing Ohio's State Health Improvement Plan (SHIP). OHO was successful in getting oral health mentioned in the draft SHIP related to cardiovascular disease (CVD) and diabetes. We are still waiting to see if oral health related to these two chronic diseases makes it into the final SHIP. The pushback on including oral health in CVD and diabetes was a lack of evidence of causation. OHO was able to provide enough scientific papers to show strong correlation.
4. The Ohio Department of Medicaid is currently conducting a competitive managed care procurement. Approximately 90% of persons insured by Ohio Medicaid are enrolled in a managed care plan. The Ohio Department of Medicaid procurement mission is to focus upon individuals, rather than upon the business of managed care. The procurement process provided OHO the opportunity to respond to two Requests for Information (RFI) with recommendations for improvements in Ohio Medicaid managed care. Some of the high-level comments included:
 - a. Oral health is a *necessary* service in a person-centered model of care
 - b. Include oral health as a goal to improve healthcare outcomes
 - c. Include reducing emergency department utilization as a goal to improve health outcomes
 - d. Include interdisciplinary/integrated approaches to best practices to expand quality services and improve health outcomes
 - e. OHO supports value-based programs as part of a quality strategy: Include oral health as a specific pediatric measure in the Comprehensive Primary Care Program
 - f. Explore value based dental care as a strategy to recruit new providers to the Medicaid program
 - g. Managed Care Organizations use their data for upstream prevention for pregnant women, age-one infants, pre-school and elementary school age-children and beneficiaries with systemic disease/who are immunocompromised
 - h. Integrate oral health assessment for beneficiaries identified as high-risk and medically complex
 - i. Strengthen the oral health safety net
 - j. Utilize community health workers as an alternative dental workforce model to reduce oral health disparities
5. OHO has met with the new Director of the OH Department of Health about the importance of having a Dental Director to establish a state oral health infrastructure and expand capacity within dental public health.
6. The oral health of older adults is an equity issue because there is no dental benefit in the Medicare program. UPDATE: Despite not having its grant proposal funded to start a statewide movement to include a dental benefit in Medicare Part B, OHO is moving forward with much of the work from the grant proposal. ** Oral Health Ohio is pursuing this work, despite not being funded, to take advantage of the opportunity that Ohio is one of the only states in the country that is including an adult dental benefit in the Medicare program as a goal in both its state coalition strategic plan and State Oral Health Plan.
7. The two national partners we are working with are developing a training webinar for Ohio advocates about how to talk about Medicare/Medicare Advantage plans and the consequences of not having a dental benefit in the Medicare program. The Ohio Federation for Health Equity & Social Justice will be the lead organization to convene grassroots social justice and other groups to watch the webinar and to implement the statewide strategy around this work. Oral

Health Ohio is currently working with its national and state partners to determine the “ask” following the webinar training.

8. Oral Health Ohio is also partnering with The Ohio Federation for Health Equity & Social Justice to lead the planning of an **Oral Health Sunday** where faith leaders across the state will preach about oral health and inclusion of a dental benefit in Medicare, from the pulpit on the same Sunday.
9. Oral Health Ohio works closely with stakeholders to support their work around integrating oral health into primary care. Oral Health Ohio ensured that the American Academy of Pediatrics (AAP), Ohio Chapter had all the insurance codes to bill for dental services for non-oral health providers. AAP posted these codes on their website. Oral Health Ohio also provides the AAP with the most up to date changes to Medicaid policy for dental services (example, January 1 change to policy for age one dental visit).
10. Showing up where we are not expected is a primary activity of OHO. It is critical to show up, speak up and frame the narrative. OHO has responded to Requests for Information (RFI) RFIs from the Ohio Dept of Education and Ohio Department of Mental Health and Addiction to include oral health considerations on learning and mental health. We attend healthcare system symposiums and meetings and raise the question of oral health integration into primary care and ED visits. We sit on work groups developing K-12 Health Education Standards, the State Health Improvement Plan and use testimony as an opportunity to educate policymakers about the oral health implications of proposed legislation.
11. Diverse partnerships are critical to messaging that oral health is essential to overall health. Some of OHO partnerships include:
 - OHO partnered with the **Ohio Pharmacy Association** to publish an article on oral health in their quarterly magazine. The article was authored by an OHO partner who is both a licensed dentist and pharmacist.
 - OHO joined a coalition with the **American Heart Association, Cleveland Chapter**, working to pass Healthy Kids Menu policy in the Cleveland City Council. The Healthy Kids Menu policy would eliminate sugary drinks from kids’ menus in restaurants. As part of this effort, Oral Health Ohio reached out to each member of the Cleveland City Council with an FAQ sheet on the state of children’s oral health in Ohio and the impact of sugar sweetened beverages on oral health.
 - Oral Health Ohio ensured that the **American Academy of Pediatrics (AAP), Ohio Chapter** had all the insurance codes to bill for dental services for non-oral health providers. AAP posted these codes on their website. Oral Health Ohio also provides the AAP with the most up to date changes to Medicaid policy for dental services (example, January 1 change to policy for age one dental visit).
 - Oral Health Ohio’s diverse relationships/partnerships generated invitations to present at the following statewide meetings as a way of raising awareness of oral health and OHOs work:
 - Ohio Department of Aging, Long-Term Care Ombudsman Program
 - Ohio Rural Health Association
 - Ohio Head Start Association, Inc.
 - Statewide Aging Conference, Areas Agencies on Aging
 - Charitable Healthcare Network
 - Ohio Association for Health, Physical Education, Recreation and Dance
 - Ohio Association of Community Action Agencies
 - Ohio Dental Hygienists’ Association
12. OHO pilots’ studies to influence systems to improve equity and oral health outcomes. See below for current pilot studies.
13. . Oral Health Ohio participates in two quality improvement projects to improve oral health disparities and outcomes.
 - a. **Dental Quality Alliance (DQA)/Medicaid Quality Improvement Learning Academy (MeQILA).**

This quality improvement project brings together key stakeholders in oral health and is designed to impact system-level improvement at the state-level for Medicaid beneficiaries. Oral Health Ohio is one of the key stakeholders on this team and brings statewide systems perspective to the project.

b. Community Engagement/Coaching Project

Oral Health Ohio is leading a project, funded by the HealthPath Foundation, to engage payors, dentists and employers around value-based dental care in Ohio. The project includes planning a two-hour listening session to bring stakeholders together to have dialogue around value-based care to better understand where there are opportunities for alignment and what barriers, or concerns stakeholders anticipate in moving into value-based care.

Conversations about value-based care are happening around the country with uncertainty about how to move the conversation forward to action. The goal of the listening session is to identify key themes of alignment across sectors. Strategies for getting to these key themes of alignment will be developed after the listening session.

Getting to value-based care requires systems change and the listening session is the critical first step toward change. Following this six-month long project, OHO will lead in convening the groups to ensure momentum and structure for implementing the strategies. The Dental Quality Alliance is following this project.

Team members include:

Marla Morse, Program Director, Oral Health Ohio
Paul Casamassimo, DDS, Dental Consultant, Ohio Department of Medicaid
Clarence Thomas, DDS, Dental Director, CareSource
Susan Lawson, Oral Health Manager, Ohio Association of Community Health Centers

3. What month and year did the activity begin and what milestones have occurred along the way? (May include a timeline.)

1. Mobile Dental Facilities Legislation: Advocating for Access and Transparency

Currently, the practice of mobile dentistry in Ohio is not regulated. Oral Health Ohio has drafted legislation which requires Mobile Dental Facilities (MDF) to register with the Ohio State Dental Board (OSDB) so that the public is aware of who is operating the MDF in Ohio. The legislation also requires that consumers who receive treatment and services through an MDF have access to and receive copies of their medical records. Milestone: This bill has been unanimously approved by the Ohio House of Representatives and is anticipated to pass the Senate this legislative session. The Senate will vote on this legislation in in late March 2020. Introduced, June 2019

2. Advocating for Oral Health as Integral to Student's Mental Health

Governor's DeWine's office issued a Request for Information (RFI) in collaboration with the Ohio Department of Mental Health and Addiction Services and the Ohio Department of Education. The purpose of this RFI is to understand the status of kindergarten through grade 12 prevention education across the state. Responded: May 2019, Oral Health Ohio has been unsuccessful, despite numerous attempts, to receive an update on RFI responses. Oral Health Ohio has shared OHO's RFI comments with the Children's Legislative Caucus to help them understand the relationship between oral health and learning AND to begin including oral health in the narrative of children's overall health. OHO is currently seeking follow-up to the status of the RFI.

3. Advocating for Equity & Integration of Care in Surgeon General Report

In 2018 the Office of the Surgeon General announced the commission of a Surgeon General Report presenting prominent issues affecting oral health. The report will document progress in oral health in the twenty years since the 2000 Surgeon General's Report on Oral Health, identifying existing knowledge gaps, and articulate a vision for the future. Submitted, July 2019 report due 2020.

4. Providing School Nurses with Oral Health Resources & Tools

Oral Health Ohio has partnered with the Ohio Association of School Nurses (OASN) to learn what nurses currently know about oral health and what they need to support their work around oral health with students, parents and teachers. The Ohio Association of School Nurses worked with OHO to coordinate the focus group event including sending "save the date" and invitations to school nurses in 17 NW Ohio counties and having responsibility for the continuing education credits for the event. Information from the focus group was used to develop a "School Nurse" section on the OHO website. OASN shared the resources statewide with their membership. Focus group with school nurses December 2018

Deliverable: School Nurse Resource Page developed on OHO website September 2019

5. Advocating for Oral Health as Necessary in Medicaid Managed Care Procurement

The Ohio Department of Medicaid (ODM) issued an RFI as part of the procurement process to reform its current managed care program. The mission of the procurement is to focus on the *individual* rather than the *business of managed care*.

Comments submitted July 2019 and March 3, 2020. The Ohio Department of Medicaid has not published a timeline regarding updates to the RFI process.

6. Advocating for a Dental Benefit in the Medicare Program

Medicare's current exclusion of dental care from coverage leaves millions of seniors and people with disabilities without access to the oral health care they need to stay healthy.

Currently, there are two national efforts underway to include a dental benefit in the Medicare program. OHO is advocating around both efforts:

- *Include a comprehensive dental benefit in Medicare, Part B*
https://familiesusa.org/sites/default/files/documents/Oral_Health_Fact_Sheets/Oral-Health-Medicare-Fact-Sheets_Ohio.pdf². *Medicare Coverage for medically necessary oral/dental therapies.*
- Medically necessary oral health care refers to care that is needed when dental infections/diseases may complicate or stand in the way of receiving important, Medicare-covered treatments like chemotherapy, immunosuppression, organ transplants, orthopedic surgery, heart valve repair, etc.

OHO put out a call to action of Medically Necessary Procedures to encourage OHO membership to contact their legislators to sign on to a community letter by The Center for Medicare Advocacy.

Milestones: Call to Action sent August 2018. Only one member of the OH delegation signed the letter (Senator Sherrod Brown) Response from CMS has been slow. OHO submitted a grant proposal to the DentaQuest Partnership in December 2019 to start a Medicare movement in Ohio in Partnership with Justice in Aging and the Center for Medicare Advocacy.

7. Advocating for Oral Health as Necessary to Overall Health

The Ohio Department of Health (ODH) commissioned the Health Policy Institute of Ohio (HPIO) to facilitate development of Ohio's next State Health Assessment (SHA) and State Health Improvement Plan (SHIP). Findings from SHA regional forums in 2018 were used to inform priorities and strategies in the next SHIP. Oral Health Ohio is an active member of HPIO's SHIP and SHA Advisory committee and is working to ensure that oral health is represented in the strategies and outcome of the SHIP goals. OHO participated in meetings the summer of 2019. OHO was successful in including oral health mentioned in the draft SHIP for CVD and Diabetes. The final SHIP will be coming out early 2020. The final SHIP has not been published as of this update.

8. Creating Quality Improvement of Oral Health Services in the Medicaid System

The Ohio Department of Medicaid is one of three state Medicaid programs chosen to participate in the Medicaid Quality Improvement Learning Academy (MeQILA) through the Dental Quality Alliance. The purpose of the MeQILA is to promote quality improvement (QI) for Medicaid beneficiaries. Oral Health Ohio is part of the state-level team working on Ohio's QI project which is to *increase dentist engagement in the Medicaid program*. Meetings began January 2019. The MeQILA team is meeting in January 2020 to assess if it will continue with its current QI project or focus on another initiative.

Team Members Include:

Homa Amini, DDS – Nationwide Children's Hospital (public health and academia perspective)
Medicaid Representatives (provide data and perspective of current system and perspective of possibilities in the system)

Irene Barnett, Health Policy Program Administrator, Ohio Department of Medicaid

Don Sabol, Medicaid Health Systems Administrator, Ohio Department of Medicaid (project lead)
 Paul Casamassimo, DDS, Dental Consultant, Ohio Department of Medicaid (all things policy)
 Jessica Nienberg, Contract Administrator, Ohio Department of Medicaid (represents the perspective and role of the Managed Care Organizations)
 Don Wharton, MD, Assistant Medical Director, Ohio Department of Medicaid
 Kyle Jackson, DDS, Centerville Pediatric Dentistry (represents perspective of private practice and Medicaid provider)
 Vinod, Miriyala, DDS, Five Rivers Health Center and Centerville Pediatric Dentistry (represents perspective of FQHC and private practice)
 Chris Moore, Director of Dental Services, Ohio Dental Association (represents organized dentistry and ODAs efforts in public health dentistry as well as legislative possibilities)
 Barb Carnahan, Oral Health Manager, Oral Health Program, Ohio Department of Health (represents data, consumer engagement, public health)
 Susan Lawson, Oral Health Manager, Ohio Association of Community Health Centers (represents primary care association and possibility of testing change in community health center environment)
 Marla Morse, Program Director, Oral Health Ohio (represents statewide system perspective, consumer voice, outreach and ability to push the QI project work out statewide)

9. Integrating Oral Health in Primary Care with Pediatricians

Pediatricians are well positioned to initiate preventative oral health care by providing early assessment of risk during well-child visits. Oral Health Ohio has partnered with the American Academy of Pediatricians, Ohio Chapter to encourage and support pediatricians in integrating preventative oral health into their medical practice by providing them with the *Oral Health Coding Fact Sheet for Primary Care Physicians*. Discussions with AAP led to the development of an oral health page on the AAP website. This resource was included on the oral health resource page of the AAP, Ohio website in the Fall 2019.

https://www.aap.org/en-us/Documents/coding_factsheet_oral_health.pdf

10. Leveraging to Improve Oral Health Care for Students with Medicaid *PILOT STUDY*

Access to an oral health provider for students on Medicaid was a primary concern raised during the focus group OHO held with school nurses. To address this concern, OHO has created a pilot study to examine the creation of a "Pathway to Care" for students who present with a **dental emergency** in Toledo Public Schools. If left *untreated, dental emergencies in children can quickly turn into a medical emergency. The "Pathway to Care" attempts to bring together systems to work together to provide access and improve care.* This includes:

- *Training school nurses to identify a dental emergency for appropriate referral to a dentist.*
- *Establish a referral system whereby school nurses can get students presenting with a dental emergency into a dentist the same day (including clinics and/or private practices).*
- *Engage the Medicaid Managed Care Plans in coordination of care and follow-up for students with a dental emergency.*
- *Engage parents about the pilot study, how to use their Medicaid Managed Care dental benefits and the importance of oral health and overall health.*

Timeline:

- January 2019 – Engaged Toledo Public Schools in the pilot Study.
- August 2019 OHO visited with dental providers in Toledo to establish a pipeline of providers for the Pathway to Care. Dental Clinic in schools where poorest children attend school engaged to provide care in pilot study.
- December 2019 Schools for consideration to include in pilot studied identified.
- January 2020 – OHO's Access & Education team will identify the number and location of school sites to study.
- January – June 2019 implement plan for Pathway to Care to begin August 2020 school year.
- 2021 – study outcomes and barriers. *Part of this study is to collect data on the prevalence of children who present with a dental emergency because there is no current data.

Partners and their roles:

Toledo Public Schools, Coordinator Health Services: This role is leading engagement of school nurses/schools to participate in the pilot study. This includes sending a survey explaining the pilot study and opportunity to participate. This role will also help OHO engage the Parent Teacher Organizations in the schools that participate in the pilot. This role is also to champion the pilot study by ensuring that referrals to care and any barriers are documented, and that the data is shared with OHO. This role is the primary contact with OHO in the development and implementation stages of the pilot study.

Dental Center of Northwest Ohio – This role is to work with all of the other stakeholders to ensure seamless referral and delivery of clinical services to students who present with a dental emergency. This role also includes providing data to OHO in order to cross-reference with Toledo Public School data. This role also includes communicating with the Toledo Dental Society about the progress and outcomes of the pilot study.

Job & Family Services (JFS), Lucas County, OH This role includes participating in meetings regarding transportation policy for the pilot study. This role also includes working with the Ohio Department of Medicaid regarding special provisions regarding transportation policy for the purpose of the pilot study.

Ohio Department of Medicaid – This role is to assist JFS and OHO with exceptions in transportation policy for the purpose of the pilot study

11. Using Data to Improve the Oral Health of Older Adults

Oral Health Ohio (OHO) has received funding from the DentaQuest Partnership to conduct a Basic Screening Survey (BSS) of Older Adults in Ohio. The BSS is a tool used to assist state and local public health agencies to monitor the burden of oral disease in order to reduce morbidity and mortality and to improve health. This is the first BSS conducted on older adults in Ohio and the data collected will be used to influence policy and advocate for program development for older adults. We are in the sample design and methodology phase of this study. The Association of State and Territorial Dental Directors (ASTDD) is providing technical assistance to OHO on the BSS. The BSS will be a hybrid study of the oral health of older adults living in the community and nursing home residents.

Timeline:

- July 2019 signed contract with ASTDD for TA.
- July 2019 Stakeholder call for the BSS including AAA's Case Western Reserve University, OH Dept of Aging, OH Dept of Health, FQHC geriatric dentist, and others
- Regional **Area Agencies on Aging (AAA)**. The AAAs will be the primary partners in implementing the survey for community based older adults.
- **Case Western Reserve University (CWRU) Community Dental Program**. CWRU was awarded \$4.2 million to study treatments for tooth decay in older adults in the Cleveland area. The lead researcher for the study is included on the call to provide perspective and insight and overlap of her research and the BSS. Also included on the call is a CWRU Dentistry Faculty member who oversees the geriatric mobile dental program. Her role is to provide input on implementation of the BSS, questions for the community-based survey.
- **Ohio Department of Health (ODH), Oral Health Program**, Role is to provide expertise and experience on process from the third-grade BSS and development of the community-based questionnaire.
- **Ohio Department of Aging, Long-Term Care Ombudsman**, Role is to provide data on long term care facilities in Ohio as well as provide assistance with challenges that might arise with coordination of screenings in the SNFs. The Ombudsman program works closely with OHO to advocate for all OHO initiatives around oral health. This includes communicating with other state agencies to help move projects forward.
- **Ohio Association of Community Health Centers** Role is to monitor efforts.
- August 2019 call with Michigan Oral Health Program to gain insight from their BSS with Older Adults

Current Status: We are still looking for an agency to house the BSS. ODH does not have capacity to take on this project at this time. UPDATE: Oral Health Ohio will put out an RFP for an outside entity to do the in-person screening portion of the BSS. Oral Health Ohio is currently working with the Minnesota Department of Health to get a copy of their RFP document.

12. OHO Statewide Symposium, May 2019. Statewide convening on oral health/policy.

13. Collaboration with Non-Traditional Partners

Oral Health Ohio collaborating with the Ohio Pharmacists Association (OPA) on the role of community pharmacists in improving oral health awareness. With their frequent access to patients, pharmacists are well-positioned to play a key role in promoting oral health awareness. Article was published in the OPA quarterly magazine in August 2019. The article was authored by an OHO partner who is both a licensed dentist and pharmacist. The OPA ensured that the magazines editor was in contact with OHO and the article author to meet deadlines.

14. Success Story: Developing Educational Material to Attach to Failed Dental Exams

OHO has partnered with the Ohio Head Start Association, Inc., in a statewide survey to understand the barriers families face in receiving follow-up care for children with failed dental exams. Data from the survey is being evaluated. In addition to the survey, OHO and Alta Head Start in Youngstown, OH developed a flier on the importance of primary (baby) teeth to attach to failed dental exams that go home to caregivers. The staff at Alta Head Start thought the flier could be a visual asset so that caregivers can see what tooth decay is and looks like. The Ohio Head Start Association, Inc. made the decision to scale the use of the flier to all statewide Head Start programs as a result of the success of using the flier at Alta Head Start

15. Advocating for Head Start students at the OH Dept of Medicaid

In November 2019, OHO presented the data of the HS survey to the Medicaid Managed Care plans as an opportunity to inform them of the data and engage them in upstream prevention to improve oral health outcomes. From this meeting OHO was invited to present the data in early 2020 to the dental and medical directors of all of the MCOs. The data was also shown to the Director and Medical Director at ODM. OHO has the privilege of having a close relationship with ODM oral health team. OHO is presenting the data to the MCO Dental Directors in March 2020. OHO will be suggesting a pilot study to include oral health assessment with their high-risk beneficiaries.

16. Success Story: Advocating for New Tools in Caries Management

Oral Health Ohio, the Ohio Dental Association and other stakeholders have been advocating to the Ohio Department of Medicaid to include reimbursement of Silver Diamine Fluoride (SDF) as treatment of caries (tooth decay). The silver kills the bacteria and stops new bacteria from growing. The fluoride hardens the remaining material of the tooth which can be used to add a filling or other restorative treatment.

OUR IMPACT & OUTCOME: The Ohio Department of Medicaid consented to begin reimbursement for the application of SDF in June 2018. This change will be particularly impactful to those with special needs who might otherwise require general anesthesia to do a traditional filling and to elderly individuals facing end-of-life issues when caries can be difficult to manage.

17. Success Story: Resolving Barriers at School-Based Health Centers

Upon learning that school-based health centers in Cincinnati were facing barriers around Medicaid reimbursement for transporting Cincinnati Public School students to schools with a dental clinic, Oral Health Ohio (OHO) convened a meeting of stakeholders to address the barriers. The meeting involved The Cincinnati Health Department, Interact for Health, and the Ohio Department of Medicaid (ODM) Transportation Policy Team.

OUR IMPACT & OUTCOME: Members of ODM's Transportation Policy Team accepted OHO's invitation to visit two school-based health centers with dental clinics in Cincinnati on May 1, 2018. Through collaboration, mutual learning and problem-solving, stakeholders were able to resolve the barriers impacting transportation reimbursement to school-based dental clinics.

18. Raising Awareness of the Relationship between Oral Health & Overall Health

On December 19, 2016, Governor John R. Kasich signed legislation establishing the Malnutrition Prevention Commission. The Commission studied malnutrition as it relates to healthcare costs and data, education and awareness, and prevention. Oral Health Ohio was asked to research the relationship between oral health and malnutrition among older adults for the report.

OUR IMPACT & OUTCOME: We are proud that OHO's research about the relationship between oral health and malnutrition among older adults was included on page 12 of the final

report, which was sent to Governor Kasich and the Ohio General Assembly on Monday, April 16, 2018. This report reaches a broad and diverse audience and will raise awareness about the relationship between oral health and malnutrition.

<https://aging.ohio.gov/Portals/0/PDF/MalnutritionPreventionCommissionReport2018.pdf>

19. Educating Oral Health Providers How to Identify Victims of Human Trafficking

OHO connected the Collaborative to End Human Trafficking in Cleveland Ohio to the Interprofessional Training Program at Case Western Reserve University which adopted human trafficking into their training curriculum.

The sections below follow a logic model format. For more information on logic models go to: [W.K. Kellogg Foundation: Logic Model Development Guide](#)

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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1. What resources were needed to carry out the activity? (e.g., staffing, volunteers, funding, partnerships, collaborations with various organizations, etc.)

Inputs:

- OHO Program Director
- OHO Committees: Access & Education and Advocacy
- OHO Board of Directors
- Partners: State, Local, National
- Stakeholders
- DentaQuest Partnership funding
- HealthPath Foundation funding
- Web Designer
- Policymakers: State Agencies and Legislature (Ohio and Congress)

Program Activities:

- Testimony
- In – Person Meetings (strategic work, relationship building)
- Conference Calls
- OHO 2019 Symposium
- Responses to RFI’s
- Presentations at meetings, conferences etc. (in Ohio)
- Participation in work groups
- OHO Committee Reports and Meetings
- OHO Board Meetings
- OPEN Network Meetings
- OPEN Network ROHCT calls
- OPEN Medicare Learning Collaborative
- National Association of Oral Health Coalitions participation
- National Oral Health Conference
- Other national conferences
- Writing State Oral Health Plan
- Updates to OHO website
- Racial Equity Training
- Participatory Leadership Training
- Storytelling Training
- Apply for funding

Outputs:

- Raise awareness of the relationship between oral and systemic health
- Passage of Mobile Dental Facilities Legislation
- Passage of K-12 Education Standards in Ohio
- Implement pilot study in Toledo
- Implement BSS
- Engage systems to improve oral health of Head Start children
- Advocate for a dental benefit in the Medicare Program

- Increase oral health literacy through messaging of primary teeth and oral health is overall health
- Engage non-dental professionals in oral health
- Improve oral health education in schools
- Preserve the adult dental benefit under the Medicaid program in Ohio
- Increase Medicaid providers (MeQILA)
- Increase programs that provide prevention services

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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2. Please provide a detailed description the key aspects of the activity, including the following aspects: administration, operations, and services.

Inputs: Administration (OHO Program Director)

Activities:

- Build relationships with partners, stakeholders, members
- Engage stakeholders and partners
- Coordinate and execute pilot studies
- Execute OHO strategic Plan

Outputs:

- Write SOHP with stakeholder input
- Annual Oral Health Symposium
- Head Start Survey – creation of data documenting unmet need for follow-up care
- Mid-year and final reports to funders on OHO activities
- OHO website as resource
- Creation of Power Point Presentations
- Develop “Keys to Oral Health” one pager document
- Board and committee minutes
- Provide resources and data
- Written testimony
- RFI responses
- Grant awards
- School Nurse Section of OHO website
- Ohio Pharmacy Magazine article
- Dental Codes published on AAP, Ohio website
- Flyer on the importance of primary teeth for statewide HS programs

Inputs: Operations:

Activities:

- Write grant proposals
- Provide requested data and resources from stakeholders and partners
- Develop/oversee OHO budget
- Monitor spending of grant funds
- Update OHO website

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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3. What outputs or direct products resulted from program activities? (e.g., number of clients served, number of services units delivered, products developed, accomplishments, etc.)

See response to Question #3 in previous section.

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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4. **What outcomes did the program achieve? (e.g., health statuses, knowledge, behavior, care delivery system, impact on target population, etc.)** Please include the following aspects:
- How outcomes are measured
 - How often they are/were measured
 - Data sources used
 - Whether intended to be short-term (attainable within 1-3 years), intermediate (achievable within 4-6 years), or long-term (impact achieved in 7-10 years)

See responses to Question #3 in previous section.

Budgetary Information:

NOTE: Charts and tables may be used to provide clarity.

1. What is the annual budget for this activity?

OHO budget was approximately \$190,000 for FY 2019

2. What are the costs associated with the activity? (Including staffing, materials, equipment, etc.)

- OHO Program Director salary
- Website maintenance
- State & national travel

3. How is the activity funded?

- Funding from HealthPath Foundation
- Funding from DentaQuest Partnership

4. What is the plan for sustainability?

OHO continues to apply for grant funding and has reached out to the community foundations in Ohio to engage them in OHO's work and funding. OHO has also attracted the attention of private donors who are interested in the equity work that OHO is doing and hope to receive some private funding from them.

Lessons Learned and/or Plans for Addressing Challenges:

1. What important lessons were learned that would be useful for others looking to implement a similar activity? Was there anything you would do differently?

- SHOW UP, SPEAK UP and FRAME THE NARRATIVE!!!
- We need advocates across disciplines to advocate for oral and overall health. It is not enough to hear from the state oral health coalition and oral health providers. We need these other voices to be part of work and advisory groups.
- To influence systems, you must understand the system and leverage points that can be catalysts for change.

2. What challenges did the activity encounter and how were those addressed?

We are very fortunate that when we try to engage and build relationships people are very responsive. The one group that has been difficult to engage is the hospital community. Oral health is a low priority for them, generally.

Available Information Resources:

Share any models, tools, and/or guidelines developed by the program specifically for this activity that may be useful to others seeking additional information. Hyperlink resources if possible.

Please see school nurse section of OHO website: <https://www.oralhealthohio.org/schoolnurses>

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