



Dental Public Health Activity Descriptive Report Submission Form

The Best Practices Committee requests that you complete the Descriptive Report Submission Form as follow-up to acceptance of your State Activity Submission as an example of a best practice.

Please provide a more detailed description of your **successful dental public health activity** by fully completing this form. Expand the submission form as needed but within any limitations noted.

ASTDD Best Practices: [Strength of Evidence Supporting Best Practice Approaches](#)

Systematic vs. Narrative Reviews: <http://libguides.mssm.edu/c.php?g=168543&p=1107631>

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:

Pennsylvania Coalition for Oral Health (PCOH)

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.
X	2. Analyze determinants of oral health and respond to health hazards in the community
X	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	
X	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
X	8. Assure an adequate and competent public and private oral health workforce
X	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
X	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
	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:

Coalitions, Fluoride, Medicaid, Sealants, Medical/Dental Integration

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.

In 2013, a small group of oral health advocates including community health professionals, dental providers, and community foundations formally organized the PA Coalition for Oral Health (PCOH). Today, PCOH is a statewide leader in oral health advocacy, working with more than 100 organizations and over 700 stakeholders to shape policy and educate the public about the importance of lifelong dental health.

PCOH is funded through government and non-government grants, private and corporate donations, with a total budget of more than \$700,000 and an operating budget of around \$275,000.

In order to allow all interested organizations and individuals to participate, the coalition convenes in-person stakeholder meetings across the state and hosts virtual meetings. There is no fee to participate in stakeholder meetings nor to receive PCOH's weekly newsletter.

Stakeholder convenings are interactive events. PCOH shares updates on successes and challenges within PCOH's priority areas; coalition partners contribute their collective knowledge and resources. Small working groups move specific objectives forward throughout the year.

Priority areas for 2019 are:

- Supporting Pennsylvania Oral Health Workforce Development
- Improving Oral Health for Pennsylvania's Most Vulnerable Populations
- Advancing and Advocating for Oral Health Policy and Infrastructure Across All Systems
- Advocating for Community Water Fluoridation

Our priority areas are intentionally broad and far-reaching, allowing stakeholders to work on a variety of topics within the broad goals and respond to what the legislative session holds. The priorities are written to be as inclusive of our valued partners as possible. For some priorities, it is appropriate for PCOH to lead the advocacy effort. For others, PCOH takes a partnership position, working closely with another lead organization. Bringing leading organizations in Pennsylvania into one collaborative group has unified statewide oral health efforts at the community, clinical and policy levels and made progress that would not have been possible without the collective.

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.

Rationale and History of the Activity:

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

The coalition started informally in 2011 and was known as Fluoride Now. The original partners, composed of members of the PA Dental Association and some of their affiliates, initially focused on community water fluoridation initiatives, but a wide array of additional priorities quickly materialized. The Commonwealth had been without a long-term dental director for several years and had no formalized oral health plan. The need was evident in our state for a centralized voice to elevate oral health as a priority.

Founding partners realized that in order to increase PCOH's capacity to affect change, they needed to build on the existing work of organizations already in the field working on oral health issues. By cultivating existing and new relationships with leaders from diverse backgrounds and overlapping goals, the Coalition rapidly grew.

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

As the Coalition grew and communication among like-minded groups and individuals increased, areas where we could work together became evident.

Through our conversations with community partners, formal dental associations, and funders, we discovered pockets of need throughout the state. For example, our work with the PA Head Start Association led to the discovery through Program Information Report (PIR) data that many children were not being connected with a dental home. This led to conversations between the Coalition, PA Head Start, managed care organizations, and the state leaders about how to increase the number of children under age 5 who have dental homes and who visit the dentist annually.

The cross-promotion and integration of the work between our individual organizations has had a dramatic effect on the reach and impact of our efforts. A few examples of this include:

- By sharing presenter lists, programs of the PA Head Start Association (PHSA) and PA Chapter of the American Academy of Pediatrics have seen significant expansion in trainer network size and capacity.
- PCOH and the PHSA Oral Health Task Force have held combined meetings, bolstering participation and collaboration.
- PA Association of Community Health Centers (PACHC) has promoted oral health training and meeting opportunities to Federally Qualified Health Centers across the state through weekly communications, which has helped strengthen the growth of our outreach into these critical health centers.
- PCOH has become a communication hub to distribute the work of all partners across the state.

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

An article in a 2011 PA Dental Association journal was the genesis for the evolution of Fluoride Now into a state oral health coalition. Partnerships between the state dental association and interested community organizations were vital in the initial framework.

Pennsylvania oral health advocates began working their way around the knowledge base of the state. With the support of a few dozen initial organizations, the Fluoride Now coalition officially reinvented itself in 2013 as the PA Coalition for Oral Health. With aspirations to improve oral health awareness, advocacy, and policy across the state, the Coalition members joined with strategic planning partners to launch its efforts into full swing. The team built the foundation to move forward by recruiting an

executive director and establishing a formal steering committee.

The passionate members of this small dynamic team began their journey on a path to improve oral health for all Pennsylvanians through educational and advocacy initiatives. Since its early 2013 start, dozens of partners and hundreds of individuals have committed their support to PCOH. Coalition priorities emerged under access-to-care issues and workforce innovations, based on needs and grant opportunities that promised to catalyze oral health improvements across the Commonwealth. Major accomplishments in the first three years included:

- Completion of comprehensive PA oral health workforce research
- Development of a community water fluoridation communication, advocacy and response team
- Streamlining of the Medicaid credentialing process for dental providers
- Formation of the PA Oral Health Collective Impact Initiative (POHCII) with funding secured from the DentaQuest Foundation
- Assistance with the preparation of the 2017-2020 State Oral Health Plan
- In parallel with these achievements, the coalition’s Board of Directors continued to build the coalition’s infrastructure, culminating in a Corporation designation in 2016 and 501(c)3 nonprofit status award in 2017. Our stakeholder list grew to 700 by the end of 2018.

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.)

An initial core team of individuals came together as a volunteer steering committee for the coalition. The steering committee identified the DentaQuest Foundation as a potential funder to increase the Coalition’s capacity. At the funder’s request, four statewide organizations submitted a single grant application for a multi-year award to create an oral health collective impact partnership.

The grant was awarded in 2014 and the state partners, the PA Head Start Association, the PA Chapter of the American Academy of Pediatrics, the PA Association of Community Health Centers, and the PA Coalition for Oral Health formed a collective known as the PA Oral Health Collective Impact Initiative (POHCII), with PCOH as the lead organization.

The grant allowed the coalition to build its capacity by hiring consultants to formalize the coalition, and the first part-time Executive Director was hired in 2013. Leaders of the POHCII partner groups began to meet regularly, coordinating their efforts, sharing resources, and cross-promoting programs and activities.

Grant-funded staff at each of the POHCII partner organizations were able to dedicate resources to oral health initiatives. Progress accelerated and PCOH became more widely known, resulting in more coalition stakeholders.

The work of our original collaborative impact group continues into 2019 and has added a fifth partner, the PA Office of Rural Health.

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.

- During the initial growth of the organization from 2013-15, the PCOH Executive Director focused on traveling the state and identifying partners who could help further the organization’s mission. Key groups that were identified were community-based organizations that saw the need for oral health improvements, educational institutions and their staff, and professional organizations that represented providers and advocates. Some partners were more engaged than others, but there were very few approached who were unwilling to participate at some level. Funding was secured through health foundations and private and

corporate donations. Throughout this period, regular newsletters were sent out to keep partners engaged.

- In conjunction with the Department of Health, the coalition convened stakeholders throughout 2016 to gather input and assist in writing the 2017-2020 PA Oral Health Plan. Because our coalition is large and diverse, there were at times conflicting opinions about what priorities should be included in the plan. PCOH's role was to provide a platform where productive conversations could take place, and to share feedback with the Department of Health so that they could produce a plan informed by "boots on the ground" input.
- PCOH held the PA Oral Health Workforce Innovation Summit in the fall of 2016 and launched more than a dozen workforce prototypes. Many of those prototypes continue to move forward today due in large part to the ongoing efforts of committed coalition stakeholders. A report on the status of the prototypes as of November 2017 can be found [here](#).
- PCOH signed a work statement and contract with the state Department of Health in 2017, allowing PCOH to manage subcontracts under a Health Resources and Services Administration (HRSA) grant as well as manage the implementation of the state oral health plan. Goals and objectives in the Oral Health Plan and in the HRSA grant involve numerous PCOH stakeholders. For example, one of the goals of the Oral Health Plan is to increase the number of community water systems in Pennsylvania providing optimally fluoridated water. Toward that end, PCOH created the Community Water Fluoridation Task Force, composed of more than a dozen advocates who received specialized training through PCOH. Task Force members spread across the Commonwealth are prepared to rapidly respond to local threats to fluoridation. With the assistance of stakeholders, PCOH monitors both threats to existing fluoridation systems and opportunities to support potential new systems. PCOH maintains contact with task force members and can quickly mobilize them to take action in their region, such as speaking at a public meeting or forum.
- PCOH continues to serve in an advisory role on local dental task forces and regional oral health coalitions. We learn about these vital groups through word of mouth from coalition stakeholders, attend meetings when possible, and provide information and technical support. We are now working with almost a dozen local and regional groups (listed below), which allow us to share resources between groups working towards the same goals.
 - *Allegheny County Dental Task Force*
 - *Berks County Community Foundation Oral Health Workgroup*
 - *Clarion County Dental Task Force*
 - *Dauphin/Perry County Oral Health Workgroup*
 - *Healthy Blair County Coalition Dental Care Workgroup*
 - *Perry County Health Coalition Dental Workgroup*
 - *Healthy Smiles Head Start Oral Health Task Force*
 - *PA State Health Improvement Plan Team*
 - *St. Luke's Dental Task Force*
 - *Venango County Dental Workgroup*
- New relationships are being formed across the state through participation with water authority meetings and advocacy for community water fluoridation. We are now working with the state Department of Environmental Protection and plan to expand our communications to individual townships in 2019.
- PCOH developed a stakeholder partnership group to work together for the complete restoration of our state adult dental Medicaid benefit. The partnership includes the Pennsylvania Dental Association, The Pennsylvania Dental Hygienists' Association, PA Association of Community Health Centers, ACHIEVA, PHAN (The Public Health Access Network) and Put People First PA. The partnership completed their first policy brief and met with the PA Department of Human Services (DHS) Office of Medical Assistance Programs, the Governor's Budget Secretary and the Governor's Policy Analyst.
- Regular communication with our stakeholders includes newsletter updates 2-4 times per month, a dynamic website, and a social media presence on popular platforms. We share the

communications of our partners and ask our partners to reciprocate. The reach of each partner organization has multiplied exponentially through this collaboration.

- A large-scale media campaign focusing on dental visits for pregnant women enrolled in Medicaid was launched in 2017, including television commercials, online ads, and take-home materials provided directly through medical offices.
- PCOH has provided input and added oral health objectives to the State Health Improvement Plan and State Health Assessment plans.

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.)

- A successful teledentistry model has been established working with our partners in the PA Head Start Association and various managed care organizations in the southwest region of PA, connecting more than 40 families to a dental home in the first year. There are now groups in other areas of the state looking to replicate this model.
- We have over 800 stakeholders statewide as of December of 2019.
- From 2014-2017, the percentage of children under 5 who visited the dentist in the last year grew from 42% to 48%.
- 65% of Pennsylvanians who are served by a community water supply receive optimally fluoridated water, up from 55% in 2014.
- Relationships are now in place between our oral health partners and the nine medical managed care organizations and their six third-party dental administrators. Regular communication is maintained through quarterly calls and continuous email correspondence.
- The number of dental sites in FQHCs has increased from 52 to 93 in the last 5 years.
- Additional oral health questions have been added to the PA Behavioral Risk Factor Surveillance System (BRFSS) questionnaire through our work with the PA Department of Health Oral Health Program.

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:

- a. How outcomes are measured
- b. How often they are/were measured
- c. Data sources used
- d. 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)

Bringing leading organizations in Pennsylvania into one collaborative group has unified statewide oral health efforts and has created an integrated oral health coalition with the resources and shared commitment to overcome socioeconomic, cultural, ethnic and geographic barriers in Pennsylvania. We have been able to collectively strategize around public health problems at the community, clinical and policy levels and conceptualize avenues toward solutions that would not have been possible without the collective.

- Our coalition has grown exponentially over the last 5 years in budget, reach, and staff. Stakeholders numbers are determined by subscribers to our electronic newsletter.

- Our knowledge and participation in local and regional oral health coalitions has grown to 8 local groups all working for better oral health.
- Children under 5 enrolled in Medicaid are seeing the dentist more often, according to the CMS 416 reports.
- Support of an initiative to allow public health dental hygienists to work in medical offices is now in process with the State Board of Dentistry. The PA Dental Hygienists' Association brought forth the regulation change, and PCOH has collected letters of support as well as provided testimony directly to the board to support this work.
- As a relatively new coalition, our long-term impact remains to be seen.

Budgetary Information:

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

1. What is the annual budget for this activity?

Our annual operating budget is approximately \$275,000-\$300,000, depending on the year's activities. We also pass through grant funds each year to our partners in varied amounts (\$200,000-400,000).

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

The coalition functions with a full-time Executive Director and Operations Assistant, as well as a part-time Development and Special Projects Coordinator. Regular office expenses are incurred, and consultants are hired as needed for additional support, particularly around technology and communications support. One of the largest expenses is the travel costs. Pennsylvania is geographically large and the nature of our ongoing communication with our partners requires a lot of travel. All staff work virtually from home offices which does limit the office expense and indirect costs. Much of the coalition's program work occurs outside of the operating budget through federal grants awarded to the state and managed by PCOH.

3. How is the activity funded?

Approximately 1/3 of the budget is supplied through non-government grants, 1/3 from government grants, and the remainder comes from corporate and stakeholder donations and sponsorships. Our collective impact initiative work continues to be funded by the initial national foundation; we have also added collective funding from other grants and projects to sustain this work.

4. What is the plan for sustainability?

PCOH has a strong funding development plan with currently diversified accounts and is now working on building reserves for increased sustainability. Our collaboration with both managed care organizations and the state department has resulted in ongoing financial support.

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?

- The statewide support of many diverse organizations was instrumental in building our coalition. We were able to work with partners in state-level organizations, like the American Academy of Pediatrics, PA Head Start Association, and the PA Association of Community Health Centers, to develop programs to fit their individual audiences, but with a focus on oral health messaging.
- Our work and communication with other state coalitions was also extremely helpful. Much of the groundwork has been laid in other states and many projects and initiatives that are working in other states can be revised and implemented in Pennsylvania.

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

- Since a large portion of our initial funding was provided by a single foundation with a finite end to funding, PCOH began diversifying our funds in 2015. For our organization that focuses only on oral health, this was an easier process. For our partners who have nested oral health programming inside larger organizations, it has proven more difficult to diversify these funds. Other organizations are less likely to prioritize oral health. In order to continue these important partnerships, PCOH finds itself seeking funding to assist others in addition to our own organization.
- Another challenge that was encountered was the rapid growth of the coalition. From a staffing standpoint, it continues to be difficult to manage communication with more than 100 organizations and 700 stakeholders with just a few staff. It is important to have continued communication across the state and we rely on our stakeholders to keep us apprised.

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.

www.paoralhealth.org

TO BE COMPLETED BY ASTDD	
Descriptive Report Number:	42004
Associated BPAR:	State and Territorial Oral Health Programs and Collaborative Partnerships
Submitted by:	PA Coalition for Oral Health
Submission filename:	DES42004PAoh-coalition-2020
Submission date:	January 2019
Last reviewed:	February 2020
Last updated:	February 2020