

2025 Michigan State Oral Health PLAN





“ *The unrelenting issues regarding the oral health of the public are inequalities in access to care that result in oral health inequities. The population cohorts comparatively least in need of care, receive the most; the population cohorts most in need of care, receive the least. Data confirm that the latter populations include those with low incomes, immigrants and those for whom English is a second language, people of color, the elderly, people with underlying and compromising health conditions, rural populations and those who are institutionalized. Dentistry has a care delivery system that seems incapable of resolving these inequities and at the same time fights against system innovation and workforce advances that seem to hold promise. It was Don Berwick who reminded us that every system is perfectly designed (and I would add, maintained) to achieve exactly the intended results.* ”

Caswell A. Evans, DDS, MPH
Emeritus Professor, University of Illinois at Chicago,
College of Dentistry and School of Public Health
Lakeside, MI



STATE OF MICHIGAN

GRETCHEN WHITMER
GOVERNOR

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

ELIZABETH HERTEL
DIRECTOR

June 25, 2021

Dear Colleague:

Oral health plays a critical role in overall health and well-being throughout the lifespan. Over the last year, as we have experienced the COVID-19 pandemic, we have also realized the devastating impact that the silent epidemic of oral disease has on Michiganders, especially those who are Black, Indigenous, and other people of color, as well as seniors, children and adults with disabilities, and adults who lack access to affordable dental care.

Michigan has made great strides in improving access to oral health preventive measures such as community water fluoridation, fluoride varnish for ages 0 to 5, and school-based/school-linked dental sealant programs. Access to care for children has increased through the expansion of Healthy Kids Dental statewide. The newly-passed kindergarten dental screening, which will prevent oral caries among children and promote oral health education with their parents, is new hope for optimism.

Yet much remains to be done. Developing an oral health infrastructure that will increase sustainable access to oral health requires a collaborative effort. In response, the 2025 Michigan State Oral Health Plan (SOHP) has been developed by the Michigan Department of Health and Human Services (MDHHS) and the Michigan Oral Health Coalition, along with its many partners and members. The plan identifies measurable goals, strategies and activities to raise awareness of the importance of oral health; improve the oral and overall health of Michiganders; fortify and sustain the oral health infrastructure; promote health equity; and reduce health disparities.

MDHHS recognizes that achieving the goals of the SOHP is not possible without the active participation of oral health advocates throughout the state. Through a multi-disciplinary approach, reflected in the plan's goals, I encourage individuals, communities, organizations, institutions, and medical and dental providers to actively engage in a collective effort to implement the goals, strategies and activities in the plan to achieve accessible and affordable oral health for all Michiganders.

Sincerely,

A handwritten signature in blue ink, appearing to read "Elizabeth Hertel".

Elizabeth Hertel

EH:at

A Little About Us

Dear MOHC Partners, Members and Oral Health Advocates,

This 2025 Michigan Oral Health Plan is different than previous State Oral Health Plans. In place of a lengthy treatise on the state of oral health and burden of disease, we have developed a concise and focused strategic action plan that outlines the specific steps we plan to take over the next four years to positively impact oral health in Michigan. MOHC is truly a coalition of its members and partners across sectors, including MDHHS, working collaboratively for collective impact. Through MOHC's committees and workgroups, in conjunction with committed partner organizations, we will implement and monitor this plan together. I am excited to embark on this effort and make Michigan a leader in oral health. If you are interested in learning more about the state of oral health in Michigan or its effects on individual well-being, please visit our website www.mohc.org.



Ellen Sugrue Hyman

Executive Director, Michigan Oral Health Coalition



Michigan Department of Health and Human Services

Michigan Department of Health and Human Services (MDHHS) is the State of Michigan department responsible for the health and well-being of Michigan citizens. The Oral Health Program within MDHHS has many programs to promote the oral health of Michiganders including the Michigan Dental Program (for people who are HIV positive), the Varnish! Michigan Program that provides free fluoride varnish to medical providers and the SEAL! MICHIGAN program that provides grants and support to school based, school linked dental sealant programs. The Oral Health Program also provides up-to-date information on community water fluoridation, and medical conditions impacted by oral health including perinatal health.

https://www.michigan.gov/mdhhs/0,5885,7-339-73971_4911_4912_6226---,00.html



Michigan Oral Health Coalition

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

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SOHP Development and Discovery Process

MDHHS and MOHC have collaborated to develop the 2025 Michigan State Oral Health Plan (SOHP) with generous contributions of time and thought by individuals and organizations across the state.

The SOHP was developed over six months from October 2020 to April 2021. The goal of the SOHP Development and Discovery Process was to include as many individuals as possible and to ensure that participants represented a diversity of experience, racial and cultural backgrounds, geography and ideas.

The planning process was managed by MOHC Executive Director Ellen Sugrue Hyman and facilitated by Emily Houk of Research to Practice Consulting, LLC. The process followed a five-step method which included:

- 1 Steering Committee.** A Steering Committee of MOHC partners was convened and met monthly to provide guidance over the process.
- 2 Data Gathering.** An environmental scan of previous Michigan state oral health plans and current plans from other states was conducted.
- 3 Interviews and Focus Groups.** Ten one-on-one interviews and eight focus groups were held with individuals and groups around the state to gather feedback and insight into development of the plan.
- 4 Convening of Collaborators.** Two three-hour virtual convenings were held with a group of over 35 people to review collected data, react to and prioritize strategies and activities, identify critical plan elements, and define desired outcomes.
- 5 Plan Development.** Based on the information gathered, a plan was drafted.

State Oral Health Plan Implementation

The Michigan Oral Health Coalition (MOHC), along with MDHHS and its other partners and members, will use cross-cutting strategies and activities to implement the SOHP goals. Accomplishing the plan will require the active participation and investment of oral health advocates through the state. Implementation will be accomplished by the following MOHC Workgroups:

Dental Economic Development Workgroup Based on the information gathered during the SOHP Development and Discovery Process, MOHC identified the need to form a workgroup that will bring together oral health advocates and economic development experts to address broad economic issues at the individual, community, and state level.

The **Policy Committee** will advocate for legislative changes.

The **Data Dashboard and Framework Workgroup** will track the measures identified in the SOHP and disseminate his data regularly.

The **Continuing Education Committee** will promote SOHP recommendations through the MOHC annual conference and other continuing education events throughout the year.

The **Local Coalition Leaders/Oral Health Equity Team** The leaders of the local oral health coalitions will meet regularly with MOHC to support implementation of the SOHP at the community level. This team will systematically examine and provide recommendations to address racism, ableism and implicit bias in oral health.

MOHC will convene a workgroup to monitor implementation of the SOHP quarterly.



Optimal Oral Health Foundational Principles



The overall vision is that all Michiganders have the knowledge, support, and care they need to achieve optimal oral health.

Optimal oral health means that people get the oral health care they need, specifically:

- Dental insurance that covers preventative and restorative care with no or affordable co-payment.
- Access to providers within a reasonable distance and available at the times that they need care, including evening and weekend hours.*
- A physical or virtual dental home/connection to a dental professional.
- Needed resources are available to address barriers to care (benefit and system navigation, scheduling ease, transportation, child care).
- Care without judgment (people feel welcome when they get dental care, they are encouraged rather than shamed about the dental needs, and they don't encounter racism, implicit bias or ableism in the dental office).
- Access to preventative care (cleaning and oral exam every six months or more often if clinically appropriate).
- Needed treatment is provided (the patient and dental professional determine the best course of treatment) and is not limited arbitrarily by plan or program benefits.
- Benefit of communication between dental professional and primary care or specialty care doctors and referrals between providers occur when necessary.
- Access to the tools they need to care for their mouth on a daily basis.



* This measure requires that providers are adequately and appropriately compensated for their services.

Oral Health Equity

In Michigan and across the United States, wide inequities in the availability and quality of oral health care exist between white people and Black, Indigenous, and other people of color (BIPOC). People with disabilities also experience inequities in quality of oral health care.

Black adults are 22% less likely than white adults to have had a routine dental visit in the past year. Black adults are 68% more likely than white adults to have unmet dental needs. Latinx adults are 52% more likely than white adults to report having difficulty doing their job very often or fairly often due to poor oral health.¹

The COVID-19 Pandemic has exacerbated these inequities, widening the gaps for those already experiencing delays or barriers to receiving treatment. Barriers related to COVID-19 include loss of employer-sponsored dental coverage, forgoing dental treatment because offices were closed, and changes to diet including cheaper foods with higher sugar content. In addition, school-based dental sealant and fluoride varnish programs have been suspended during the pandemic. As a result, Michiganders now have a greater need for both preventative care and treatment with fewer providers offering care.

The COVID-19 Pandemic exposed the impact of oral health on overall health. A recent study published in the online *Journal of Clinical Periodontology* found that people with gum disease were nine times more likely to die of COVID-19.² In Michigan, the rate of COVID-19 infection in Black people—who are more likely to have heart disease, diabetes and gum disease—is 40% higher than in white people. Black Michiganders are three times more likely to die of COVID-19 than their white counterparts.³

During the SOHP Development and Discovery Process, numerous instances of underlying racism against Michigan's diverse communities were revealed. Interviewees and focus group participants identified many instances of discrimination and implicit bias that often started at the dental office front desk (challenges in making appointments, navigating benefits, and even figuring out whether or not the dentist participated in the individual's dental insurance network) as well as instances of maltreatment in office settings (rude and dismissive behavior, and lack of empathy for pain and dental anxiety). People who experience discrimination are much less likely to seek routine oral health care.⁴

To gain a better understanding of the impact that racism, ableism and implicit bias play in oral health care, MOHC's Oral Health Equity Team will identify solutions to ensure equity and will strategically build in the voices of local oral health coalitions and community members.

In addition to building in the voices of people impacted by racial disparities, the Oral Health Equity Team will strategically build in the voice of people with disabilities, who disproportionately rely on Medicaid for medical care and dental care. During the SOHP Development and Discovery Process, people with disabilities reported the need for dental offices with universally accessible design, time to orient themselves to the dental office and procedures, extra time for procedures, and dental professionals who have been trained to support and provide care to people with disabilities.



“ While teaching elementary students about oral health, many students assumed that older people loose their teeth ”

~ Velisa Perry, Executive Director,
Wayne County Oral Health Coalition

SOHP Goals, Strategies and Activities

Goal #1 Michiganders understand the value of daily oral health care and preventative dental care and have the tools to care for their mouth every day.

Oral health is a critical component of overall health. Preventative dental care, which includes teeth cleaning and an oral exam, is how people learn the status of the health of their teeth, gums, and mouth and how to care for them. The goal of preventative dental care is that dental professionals diagnose and treat tooth decay and gum disease before individuals experience symptoms.

Yet, nearly one-third of Michigan adults do not see a dentist each year. This percentage is higher for Black Michiganders (35%), Michiganders without dental insurance (55%) and Michiganders with disabilities (38%).⁵ While preventative visit rates for Michigan children are better than adults, tooth decay continues to be the most common chronic childhood disease (4 times more common than asthma). Nearly 50% of Michigan kids experience tooth decay.

Too often, tooth decay is dismissed as an isolated health issue. The reality is, the mouth **IS** a part of the body. As the cavity through which food and drink enter the body, it is also the primary site for transmitting and breeding bacteria. While bacteria is a primary culprit for tooth decay, once inside the body, it worsens the impact of heart disease, diabetes, and can cause pre-term labor in pregnant women. Community water fluoridation improves oral health on a community-wide basis.⁶

The SOHP Development and Discovery Process identified the following barriers to oral health care and daily oral hygiene:

- People don't understand the importance of preventative dental care and seek dental care only when a tooth hurts.
- Many people cannot afford toothbrushes, toothpaste and flossers and don't know the technique to properly care for their teeth and gums.
- People are not aware of the importance of daily oral hygiene or the connection between oral health and overall health. Oral health education is not a reimbursable service in most dental insurance plans.
- Many people would rather not see a dentist than go to available providers.
- Parents are less likely to take children with dental insurance coverage to the dentist if they don't have dental insurance themselves.
- Dental insurance and cost of care are identified barriers to care. Other barriers, such as access to child care, transportation, scheduling, and navigating benefits, have not yet been quantified or addressed.
- Practices and understanding of oral health vary by community (race, ethnicity, geography and other diversity).

In order to access dental care, individuals must know what insurance plan they have, what the plan benefits are, and how to find a dental professional who participates in the plan. Often the terms of the coverage and the co-payment required is not clear until after care is provided. Very few people in Michigan are trained to navigate dental insurance benefits and there is no up-to-date resource that can be accessed on-line or through United Way 211.



Oral health is a critical component of overall health.

SOHP Goals, Strategies and Activities

Goal #1 Implementation: Strategies and Activities

A statewide oral health awareness campaign will educate Michigan citizens on the importance of oral health care using the following messages:

- The health of your mouth affects your overall health.
- You need preventative dental care every year.
- You need to perform oral health care every day.

The campaign shall use simple, plain language (and culturally appropriate messaging) delivered using high-tech and low-tech modes of communication.

Strategy	Activity				
	Dental Economic Workgroup	Policy Committee	Continuing Education Committee	Data Dashboard and Framework	Local Leaders/ Oral Health Equity Team
Implement Awareness Campaign	Identify funding and contractor for campaign development and dissemination	Share awareness campaign with policymakers and legislators	Promote awareness campaign among members/partners and on social media	Track and disseminate increase in annual dental visit Track reach of campaign	Review draft campaign materials and messages to ensure equity and utility
Train CHWs on Oral Health Education & Benefits Navigation	Identify funding source for Community Health Worker (CHW) training	Advocate for reimbursement for CHW activities in Medicaid and private insurance	Promote the value and role of CHWs in oral health education and benefits navigation	Track number and location of CHWs providing oral health awareness and benefit navigation and disseminate data	Promote the value of CHWs as trusted advisors and recruit individuals/ organizations to participate
Start Community Needs Assessment	Identify funding for community needs assessment	Share the findings of the community assessment needs with policy makers	Report findings of community needs assessment	Collaborate on oral health community needs assessment to assess barriers to accessing care	
Promote Community Water Fluoridation	Promote community water fluoridation	Advocate for community water fluoridation	Promote community water fluoridation	Track community water fluoridation and disseminate data	Advocate for community water fluoridation
Provide Daily Oral Hygiene Tools (brushes, toothpaste, and flossers)	Develop project to distribute tools to people who cannot afford them	Advocate for resources and strategies to increase access to oral health tools and education	Promote this project	Collect data on project impact and disseminate	Work with organizations in their communities to distribute daily oral hygiene tools

SOHP Goals, Strategies and Activities

Goal #2 Michigan citizens, dental professionals, and medical providers understand the connection between oral health and overall health.

Poor oral health impacts overall health and cost billions of dollars in medical care and lost productivity each year. Emergency department (ED) and hospital care for dental infections in Michigan cost \$58 million in 2011.⁷ A more recent study found that dental care in the emergency room costs \$2 billion nationally each year.⁸ In addition, poor oral health has been linked to at least four other medical conditions—heart disease, diabetes, pre-term labor, and oral cancer.⁹

Heart disease is the #1 killer in Michigan, killing over 25,000 Michiganders each year. Nearly one-third of adult Michiganders have high blood pressure, a precursor to heart disease. In Michigan, by 2030, instances of heart disease are projected to quadruple—from a current 600,000 to 2.9 million. There is a strong correlation between heart disease and gum disease. Tooth loss is also considered a risk factor for heart disease, which can lead to an increase in the intensity of a heart attack.¹⁰ Identifying and treating oral infections is an important way to prevent heart disease and reduce its intensity.

Diabetes is another chronic illness that plagues more than 10 percent of Michiganders (15 percent of Black and Latinx Michiganders). Gum disease and diabetes fuel one another, making regular dental cleanings and care just as critical to diabetes management as proper foot care.

According to the Michigan Pregnancy Risk Assessment Monitoring System (PRAMS), less than 50 percent of pregnant women in Michigan receive preventative dental care each year.¹¹ Poor oral health and lack of dental care during pregnancy is associated with pre-term birth and low birth weight babies. There were nearly 108,000 live births in Michigan in 2018, 10 percent of which were pre-term.¹² That number could be reduced by preventative oral health care.

The American Cancer Society estimates that there will be 1,720 cases and 370 deaths from oral cancer in Michigan in 2021.¹³ Defined as any cancerous tissue in the mouth, tongue, lips, throat, nose, or larynx, most oral cancers result from the human papilloma virus (HPV), an infection transmitted through sexual contact, unwashed hands, and saliva. Proper prevention and early detection through regular oral health exams reduce the incidence of oral cancer.

The SOHP Development and Discovery Process found that there is very little care coordination between dental and medical professionals. There are many ways that dental professionals can ameliorate health conditions, including:

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

The American Cancer Society estimates that there will be 1,720 cases and 370 deaths from oral cancer in Michigan in 2021.



SOHP Goals, Strategies and Activities

Goal #2 Implementation: Strategies and Activities

The following strategies promote the integration of medical and dental care:

- Research potential changes to scope of practice rules that allow primary care and other medical professionals to provide limited oral screenings, administer fluoride varnishes and make referrals for dental care.
- Research potential changes to scope of practice so that dental professionals can provide limited medical exams and risk assessments.
- Explore and promote embedding dental professionals (such as dental hygienists) in schools, community organizations, hospitals, and primary care offices.
- Foster joint continuing education programs between medical and dental professionals.
- Promote projects that facilitate the interoperability of electronic medical and dental records so that medical and dental professionals can share data and coordinate care.

Strategy	Activity				
	Dental Economic Workgroup	Policy Committee	Continuing Education Committee	Data Dashboard and Framework	Local Leaders/ Oral Health Equity Team
Expand Scopes of Practice	Identify scope of practice changes	Advocate for scope of practice changes with legislature and state policymakers	Promote scope of practice changes through CE events and the MOHC Conference	Track and disseminate number of dental and medical providers using billing codes in expanded scope of practice	Identify ways to promote health equity in medical-dental integration
Embed dental professionals in medical and community-settings	Explore options for embedding providers and make recommendations	Advocate for necessary licensing and supervision changes	Promote best practices/examples of embedding providers at CE Events and through the MOHC Conference	Track and disseminate number and location of embedded dental professionals	Promote the value of embedded providers and recruit local medical providers and community organizations to participate
Track Related Medical Conditions and Emergency Room Use Data		Share information on the cost of related health conditions & ED dental costs with policymakers	Foster joint CE opportunities for medical & dental professionals Provide training on how dental care can ameliorate medical conditions	Track and disseminate incidence and cost data for related health conditions Track and disseminate data on emergency room use for dental care	Share data on related health conditions and the connection between oral health and overall health with local coalition members
Promote Data Sharing and Care Coordination Between Dental and Medical Providers	Identify projects that demonstrate innovations in sharing data & care coordination between medical/dental professionals	Advocate for projects/funding that promote interoperability of electronic medical and dental records	Promote projects that demonstrate innovations in sharing data and care coordination between medical/dental professionals		Identify ways to promote health equity in sharing data and care coordination

SOHP Goals, Strategies and Activities

Goal #3 Michiganders have access to preventative and restorative oral health care because the state has developed the necessary infrastructure to effectively serve everyone.

A robust dental workforce (dentists, dental therapists, dental hygienists, dental assistants and front office staff) is necessary for Michiganders to have access to and a choice of dental professionals. Public and private dental insurance that covers necessary preventative and restorative dental care also is critical. In order for Michiganders to achieve optimal oral health care, they need access to dental care within their community. Whether or not there are sufficient dental professionals is a community-wide issue that has both economic development and public health implications.

Factors straining the dental profession include the cost of dental education and the cost of establishing a dental practice. The average dental student graduates with more than \$250,000 worth of debt.¹⁴ Many dental hygiene students cannot afford the licensing and supply fees not covered by school loans. During the SOHP Development and Discovery Process, dentists reported that they could not access loan forgiveness programs even after working in public dentistry for years. Dentists also reported that the cost to purchase all of the equipment and supplies to establish a dental practice is a minimum of \$300,000. Retiring dentists find that they are unable to sell their practices, leaving many small communities without a dentist.

While Michigan has 59.1 dentists per 100,000 people (slightly below the national average), they are not equally distributed throughout the state.¹⁵ They also are not representative of the populations they serve. Only 35 percent of dentists are women. Less than four percent of dentists are Black, yet more than 14 percent of Michigan's population is Black. The US Health Resources and Services Administration (HRSA) maintains a list of designated areas of the country that need additional oral health care providers in order to adequately address a community's oral health needs. As of April 2021, HRSA has designated 65 geographic dental health professional shortage areas in the State of Michigan, representing mostly rural counties and census tracts and much of the city of Detroit. All but one of the designations are assigned specifically for the low-income residents of each community, meaning that low-income individuals likely have a more difficult time accessing care than more wealthy residents. HRSA estimates that 1.6 million Michiganders have inadequate access to dental services and that an additional 400 dentists are needed to serve them.¹⁶

It is too early to quantify the impact of COVID-19 pandemic on the dental profession in Michigan. All dental offices were closed for more than two months. Through the SOHP Development and Discovery Process, participants reported that many dentists decided to retire during the pandemic rather than reopen. Dentists also reported that they have lost support staff, including dental hygienists, and have had difficulty finding new staff.

Dental therapists may be able to fill in the gaps in care over the next decade to improve access to care for underserved populations, reduce health disparities, and improve health equity. Michigan passed a law to authorize dental therapists in 2018 and is working to develop policies, state rules, and training capacity.

“ Oral health is as nonpartisan as you get. It’s only important if you or someone you know has a mouth. ”

*~ Ife Johnson, Executive Director,
Oral Health Progress and Equity Network*

SOHP Goals, Strategies and Activities

Dental therapists work in dental provider shortage areas and provide preventive care and basic restorative care such as fillings, some extractions, sutures, and emergency palliative care. Dental therapists work under the general supervision of dentists, allowing them to provide care without a dentist present in clinics and facilities.

The dental care gap also may be addressed by expanding innovative care options such as offering asynchronous teledentistry, embedding dental professionals in community-based organizations and medical centers, and establishing urgent care dental clinics that offer evening and weekend hours to address dental emergencies more effectively than hospital emergency departments.

While Medicaid programs provide dental coverage to more than one-quarter of Michiganders and half of the population has employer-sponsored dental insurance, more than one quarter (2.5 million people) have no dental insurance at all. In a state with an aging population, the lack of a federal Medicare dental benefit has a staggering impact on access to care. Individuals with no dental insurance often forgo preventative care and put off needed restorative care, such as root canals and periodontal treatment, because they are unaffordable.

MI Dental Insurance Coverage (2020)

Private Insurance	4.8 million
Healthy Kids Dental	1 million
Healthy MI Plan	680,000
MI Health Link	40,000
FFS Medicaid	670,000
Other Medicaid	100,000
Medicare	No Dental Coverage
No Dental Coverage	Est. 2.5 Million

Robust public and private dental insurance that covers necessary preventative and restorative dental care is critical.

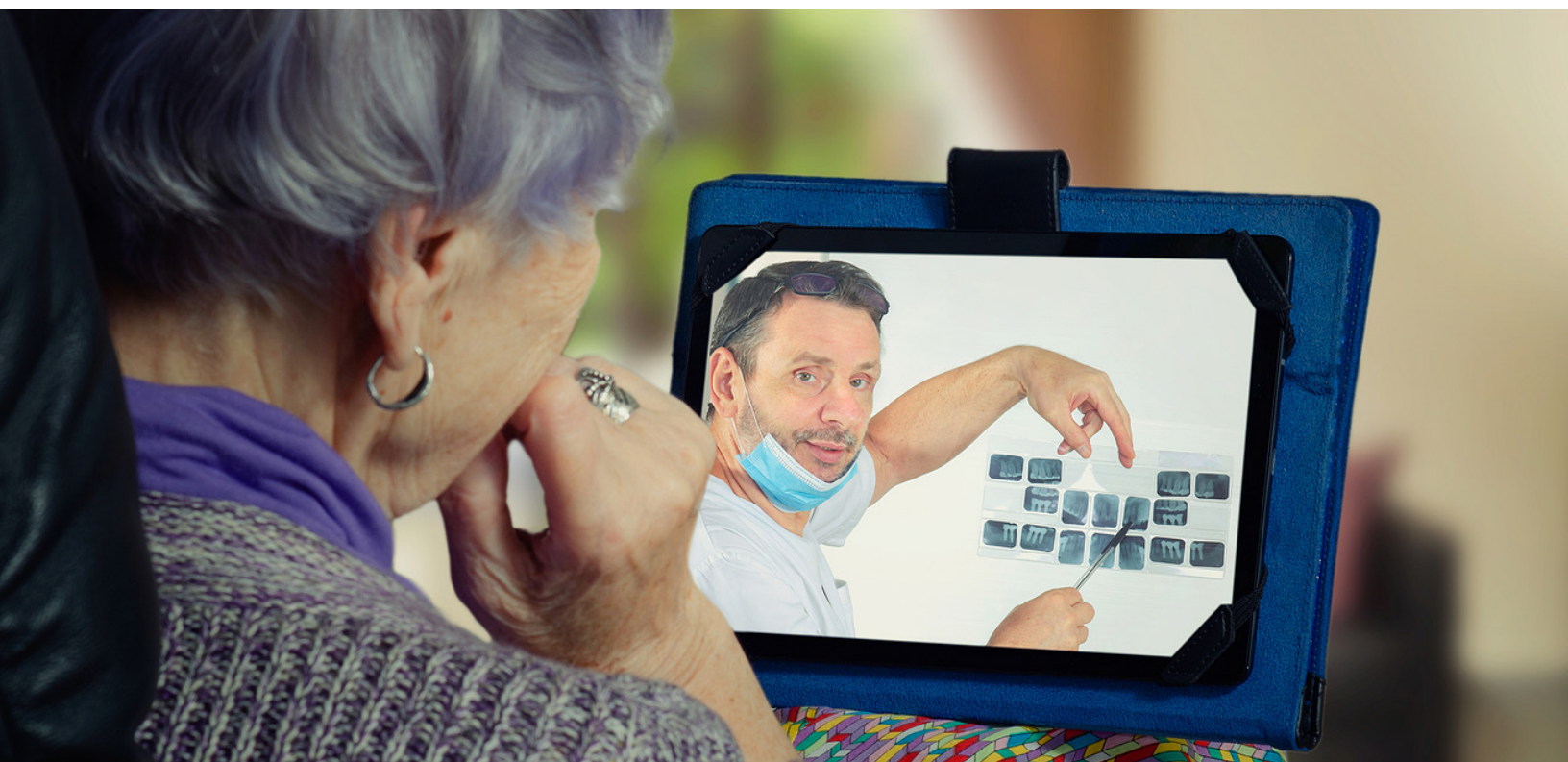


SOHP Goals, Strategies and Activities

Goal #3 Implementation: Strategies and Activities

There are three strategies to accomplish this goal:

- Strengthen the oral health workforce, ensuring that dental professionals are available within a reasonable distance throughout the state including the large rural and dense urban areas. Ways to strengthen the workforce include:
 - Build infrastructure so that dentists are supported by adequate well-trained staff.
 - Examine ways to reduce the economic burden of educational debt and the cost of establishing a dental practice.
 - Encourage Black, Indigenous, and other people of color to enter the dental profession.
- Support innovative practice models that utilize cost effective practice solutions such as asynchronous teledentistry and dental therapy, embedding dental hygienists in community organizations and medical offices, and ensuring that there are options for emergency dental care that divert people from using hospital emergency rooms to provide temporary relief for oral infections.
- Strengthen public and private dental insurance coverage options so that people have increased access and more affordable care.
 - Reform the Medicaid Adult Fee-for-Service Dental Benefit so that enrollees have access to care in their communities and achieve more positive health outcomes and dental professionals are adequately and appropriately compensated for care.
 - Promote dental insurance as a cost effective employment benefit that can be provided separate from health insurance to part-time and full-time workers, thereby improving worker productivity and health.
 - Facilitate cost-effective options for uninsured individuals to purchase their own dental insurance or other options that offer affordable dental care.



SOHP Goals, Strategies and Activities

Goal #3 Implementation: Strategies and Activities

Strategy	Activity				
	Dental Economic Workgroup	Policy Committee	Continuing Education Committee	Data Dashboard and Framework	Local Leaders/ Oral Health Equity Team
Assess Workforce	Analyze adequacy of workforce and make recommendations for improvement	Advocate for policy changes to improve workforce	Provide opportunities for input on workforce assessment	Gather and track data on all dental professionals and students at schools for dental professionals in MI	Identify ways to recruit BIPOC to become dental professionals and make recommendations to address barriers identified by BIPOC
Expand Loan Forgiveness Options	Recommend changes, improvements, and new loan options	Advocate for resources and programs that increase access to loan forgiveness	Provide training on how to access and apply for loan forgiveness programs	Track utilization of loan forgiveness programs by dental professionals	Develop and promote scholarship and loan forgiveness programs for BIPOC who want to become dental professionals
Expand Availability of Dental Care	Explore and promote community-based dental options	Advocate for necessary policy changes and reimbursement for community-based options	Promote community-based dental options	Promote community-based dental options	Recruit community organizations to support and foster community-based dental options
Advocate for Innovative Care Options	Explore & promote innovation care options (teledentistry, dental therapy, value-based care, after-hours/ weekend dental emergency care options)	Advocate for new Medicaid billing codes for teledentistry, inclusive dental (children and adults with disabilities), and case management services	Provide training on Innovative Care Options and on serving people with disabilities and children	Track impact of innovative care options on dental provider shortage areas	Promote innovative care options
Medicaid Dental Insurance	Promote, advocate for, and seek better dental insurance for workers, contractors and retirees	Advocate for changes to Medicaid dental benefits Advocate for Medicare Dental Coverage	Promote dental insurance coverage options and benefits	Track insurance coverage: • Employer • Medicaid • Individual • Medicare • No Insurance	Promote utilization of Medicaid dental benefits by those who have them Promote CHWs to assist individuals with navigating benefits
Private Dental Insurance	Encourage employers to provide dental insurance	Advocate for affordable dental policies and care			Distribute information about affordable dental insurance

Michigan Oral Health Coalition Partners

MOHC's 2021 Partners include:

Champion

Delta Dental Plan of Michigan, Ohio and Indiana

Leader

Blue Cross Blue Shield of Michigan

Michigan Department of Health and Human Services

Michigan Dental Association

Michigan Primary Care Association

Collaborator

DentaQuest

Michigan Association of Health Plans

My Community Dental Centers

Promoter

Dental Clinics North

Michigan Council for Maternal and Child Health

University of Detroit Mercy - School of Dentistry

Supporter

Blue Cross Complete of Michigan

Community Mental Health Association of Michigan

District Health Department #10

Genesee Health Plan

Kent County Oral Health Coalition

Marquette County Health Department

Michigan Dental Hygienists Association

Michigan Dental Assistants Association

Mid-Michigan District Health Department

MyCare Health Center

School-Community Health Alliance of Michigan

University of Michigan School of Dentistry

Wayne County Oral Health Coalition



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