



# Inventory of Community and Systems Changes for Oral Health

*Aligned with the Virginia Oral Health Plan and Report Card*

*Updated: August 2018*

This guide contains example strategies that community-based advocates and organizations can collaboratively implement to improve oral health. The strategies are categorized according to the Virginia Oral Health Coalition's long-term goals (<http://www.vaoralhealth.org>). Please feel free to use this guide as a starting point; it is not intended to be an exhaustive list. Some of the strategies are accompanied by web-based resources or case studies where applicable. For more information about any of the strategies included here, please contact Lauren Gray at [lgray@vaoralhealth.org](mailto:lgray@vaoralhealth.org) or 804.299.5506. Thank you!

---

---

## GOAL 1: Public Awareness

---

*Virginians know that good oral health is essential to overall health.*

---

Objective 1.1: Educate policy makers about the relationship between oral health and overall health.

- By \_\_\_\_\_, educate \_\_\_\_ local legislators about the importance of oral health and the importance of dental benefits by hosting an open house/ tour with an educational component at a local safety net clinic.
- By \_\_\_\_\_, use social media to deliver educational messages created by the Virginia Oral Health Coalition.
- By \_\_\_\_\_, broadly disseminate issue briefs or factsheets created by the Virginia Oral Health Coalition. The information shared with legislators should emphasize that oral disease is preventable; should quantify the need for oral health services and coverage (especially through public insurance such as Medicaid); and should detail the effect that lack of oral health access has on constituents' health and well-being.
- By \_\_\_\_\_, create a Dental Champions Leadership Program to provide leadership capacity building and advocacy skills to develop local- and state-level leaders with a progressive vision of oral health improvement.
  - <http://www.oralhealthkansas.org/DentalChampions.html>
- By \_\_\_\_\_, identify and partner with other coalitions (e.g., diabetes, tobacco, individuals with special needs) that have oral health as an area of emphasis to maximize impact.
- By \_\_\_\_\_, identify and partner with grassroots organizations focused on health care advocacy who can provide advocacy training and information on voter registration, voting rights, and the voting process.
- By \_\_\_\_\_, create a storybanking initiative to help collect compelling stories that can be used to help ground policy in real life.

## Inventory of Community and Systems Changes for Oral Health

*Aligned with the Virginia Oral Health Plan and Report Card*

*Updated: August 2018*

➤ <https://www.communitycatalyst.org/resources/tools/storybanking>

- By \_\_\_\_\_, recruit constituents, patients, patient representatives and multidisciplinary providers to share stories directly with legislators in person, by letter, email or phone call.
- By \_\_\_\_\_, organize or participate in a town hall meeting to shed light on upcoming issues and actions.
- By \_\_\_\_\_, plan and hold a legislative forum for older adults.
- By \_\_\_\_\_, speak at the Virginia Oral Health Coalition advocacy day at the state capitol, which occurs annually in January.

### Objective 1.2: Create targeted communication campaigns to encourage healthy behavior change related to oral health for all.

- By \_\_\_\_\_, utilize local school systems to distribute literature and educate parents and teachers about the importance of oral health.
- By \_\_\_\_\_, train \_\_\_\_\_ lay health promoters, community health workers, and home visiting workers on oral health messaging, dental coverage and benefits, and community resources for dental care.
- By \_\_\_\_\_, work with each of the local Medicaid health plans to incorporate oral health information into care coordination.
- By \_\_\_\_\_, provide written or electronic educational materials to healthcare professionals, educators and decision makers.
- By \_\_\_\_\_, utilize media sources (local TV, radio, etc.) to raise awareness of the importance of oral health and the need for increased funding to provide access to oral health services.
- By \_\_\_\_\_, collaborate with grassroots partners to deliver cultural competency training to dental professionals.

### Objective 1.3: Identify oral health data gaps and develop appropriate surveillance indicators to effectively communicate the status of oral health in the Commonwealth.

- By \_\_\_\_\_, conduct assessment of oral health in your community or region using locality-level data from existing surveillance and programmatic sources, such as:
  - Utilization of oral health services, service type, and frequency by population and age group (e.g., children enrolled in Head Start/Early Head Start; children enrolled in Medicaid/FAMIS; pregnant women enrolled in Medicaid/FAMIS; adults receiving care in safety net clinics; adults overall);
  - Availability of licensed dentists who accept Medicaid/FAMIS dental coverage (the *Smiles for Children* program) and are accepting new patients;
  - Availability of safety net clinic services to meet the demand;

## Inventory of Community and Systems Changes for Oral Health

*Aligned with the Virginia Oral Health Plan and Report Card*  
*Updated: August 2018*

- Oral health outcomes, such as tooth decay and tooth loss prevalence, presence of a dental problem during pregnancy, effect of dental disease on other chronic disease outcomes.
- By \_\_\_\_\_, use the assessment process to identify trends over time and disparities in the data by racial/ethnic group, socioeconomic group, gender, age, geographic location and other demographic factors where possible. Use information about trends and disparities to shape collective action plans and selection of system change strategies.
- By \_\_\_\_\_, identify a list of oral health and disparities data gaps and communicate the need for additional research to the appropriate agencies.
- By \_\_\_\_\_, develop a set of metrics to track community or regional progress toward improving oral health (i.e., “what gets measured gets done”).

### GOAL 2: Prevention/Early Diagnosis and Treatment

---

*The prevalence of dental disease is reduced in Virginia through prevention activities and early diagnosis and treatment.*

---

Objective 2.1: Support community water fluoridation as an evidence-based safe and effective means to prevent dental decay in adults and children.

- By \_\_\_\_\_, create an online informational campaign with facts about fluoride in the water and the fluoridation situation in communities throughout the state.
  - <http://www.vaoralhealth.org/RESOURCES/OralHealthAZ.aspx#FluorideAZ>
  - <http://www.fluoridekansas.org/>
- By \_\_\_\_\_, provide local water operators and the public with high quality scientific information on fluoride and fluoridation.
- By \_\_\_\_\_, work with the Virginia Oral Health Coalition and Virginia Department of Health to develop a locality-level or regional rapid response plan for threats to community water fluoridation.

Objective 2.2: Conduct evidence-based school-based preventive dental sealant programs for children at high risk for dental disease.

- By \_\_\_\_\_, inventory which schools in your locality or region currently offer school-based direct service programs, the type of procedures (preventive, treatment, restorative, etc.) they offer, the utilization and parental consent rates and program procedures for referral to a dental home.
- By \_\_\_\_\_, in schools which offer direct service programs that are under-utilized due to low parental consent, work with school administrators, teachers, nursing staff, school health

## Inventory of Community and Systems Changes for Oral Health

*Aligned with the Virginia Oral Health Plan and Report Card*  
*Updated: August 2018*

advisory boards, parent teacher organizations (PTOs), school social workers and health navigators to identify and implement strategies to increase parental consent, such as

- Instituting electronic consent forms,
  - Robo-call reminders,
  - Teacher incentives,
  - Coordinated health forms at the beginning of the school year, and/or
  - Back-to-school night presentations.
- By \_\_\_\_\_, establish public/private partnerships to develop multiple models for sealant programs in a variety of settings; where schools are the setting, utilize the Am. Dental Association/CDC evidence-based guidelines for all at risk children in elementary school.
  - By \_\_\_\_\_, add an educational component to school-based direct services.
  - By \_\_\_\_\_, collaborate with school nurses, public health dental hygienists, and local dentists to assist families in securing a dental home for children who are identified in prevention programs.
  - By \_\_\_\_\_, provide education to local super-intendents and other school district administrators about the importance of school-based oral health programs and resources to establish one if none exists in your locality.
    - <http://www.sbh4all.org/library/sboh/>

Objective 2.3: Continue to support programs and legislation created to ensure that all Virginia children have access to a dental home by age one.

- By \_\_\_\_\_, work with local early care and education service providers to assess how many of their enrolled children have had a dental visit in the past 6 months and have established dental home.
- By \_\_\_\_\_, work with local early care and education service providers to identify children in need of dental care and finding dental homes.
- By \_\_\_\_\_, create a “Brush, Book, Bed” campaign for adoption and use among early childhood service providers (such as WIC, health department teenage pregnancy support programs, Early Head Start).
  - <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Oral-Health/Pages/Brush-Book-Bed.aspx>
- By \_\_\_\_\_, conduct outreach to local pediatric medical providers (physicians, physicians assistants and nurse practitioners) serving a large volume of high-risk patients to assess whether or not they are engaged in oral health integration practices (e.g., risk assessment, screening, fluoride varnish application, anticipatory guidance) and referring patients to a dentist by age 1.

## Inventory of Community and Systems Changes for Oral Health

*Aligned with the Virginia Oral Health Plan and Report Card*

*Updated: August 2018*

- By \_\_\_\_\_, provide oral health integration tools and dental referral resources to local pediatric medical providers who see a large volume of high-risk patients. Ensure that a follow-up assessment/evaluation is conducted to see whether these tools influenced provider practices. Examples of tools include
  - The Smiles for Life online continuing education course (<http://www.smilesforlife.org>),
  - The Virginia Oral Health Coalition's online integration toolkit (<http://www.vaoralhealth.org/WHATWEDO/EducateProviders/OralHealthIntegration/IntegrationToolkit.aspx>), and
  - Trainings available through the Virginia Oral Health Coalition (<http://www.vaoralhealth.org/WHATWEDO/EducateProviders.aspx>) and Virginia Department of Health (<http://www.vdh.virginia.gov/oral-health/professionals/>).
- By \_\_\_\_\_, ensure that \_\_\_ local home visiting agencies are providing oral health training for their home visiting staff.

Objective 2.4: Identify and assess promising community-based oral disease prevention activities and consider adopting, adapting, or piloting promising programs that are well-suited to Virginia.

- By \_\_\_\_\_, inventory the number, type and utilization of evidence- and/or population-based, on-site dental service models being provided in the community. E.g., school-based dental programs, Head Start/Early Head Start programs, partnerships between schools and community health centers, long-term care facility-based dental programs, etc.
- By \_\_\_\_\_, determine the best practices within dental service delivery models that could be disseminated and replicated.
- By \_\_\_\_\_, explore whether or not tele-dentistry is being utilized in your locality or region to deliver care to underserved areas.
  - If it is not, collaborate with partners in health care/hospital systems, academic departments, and others to identify and address barriers to use of tele-dentistry.
  - If it is being used, identify and address implementation challenges, and seek opportunities to maximize its use.
- By \_\_\_\_\_, create a mobile dentistry unit to travel to underserved populations (such as the homeless, individuals in affordable housing communities, immigrant/refugee communities, home-bound older adults).

## GOAL 3: Medical and Dental Collaboration

---

*Medical and dental providers and educators understand the links between oral health and overall health and work together to ensure Virginians receive comprehensive care.*

---

Objective 3.1: Provide education to physicians and dental professionals about the links between oral health and systemic disease.

- By \_\_\_\_\_, work with local community colleges and universities to integrate oral health into their curriculums.
- By \_\_\_\_\_, work with residency programs to have "grand rounds" that include oral health, or other interprofessional educational opportunities.
- By \_\_\_\_\_, work with local dental society chapter to coordinate trainings on caring for special populations (e.g., individuals with special health care needs).
  - Trainings available through the Virginia Oral Health Coalition (<http://www.vaoralhealth.org/WHATWEDO/EducateProviders.aspx>) and Virginia Department of Health (<http://www.vdh.virginia.gov/oral-health/professionals/>).
- By \_\_\_\_\_, coordinate joint learning collaborative/meetings/events on integrated care with local dental society chapter and other health care professional associations.
- By \_\_\_\_\_, work with local accountable care organizations (ACOs), managed care organizations (MCOs), safety net clinics, and/or large health systems to include oral health in value-based care initiatives.
- By \_\_\_\_\_, work with local health systems to incorporate best practices that reduce emergency department visits and hospitalizations for dental related conditions (e.g., diversion programs, health care navigators/community health worker programs, oral cleaning for prevention of ventilator-assisted pneumonia).
- By \_\_\_\_\_, conduct outreach to local pediatric medical providers (physicians, physicians assistants and nurse practitioners) serving a large volume of high-risk patients to assess whether or not they are engaged in oral health integration practices (e.g., risk assessment, screening, fluoride varnish application, anticipatory guidance) and referring patients to a dentist by age 1.
- By \_\_\_\_\_, provide oral health integration tools to local pediatric medical providers who see a large volume of high-risk patients. Ensure that a follow-up assessment/evaluation is conducted to see whether these tools influenced provider practices.
  - The Smiles for Life online continuing education course (<http://www.smilesforlife.org>),



## Inventory of Community and Systems Changes for Oral Health

*Aligned with the Virginia Oral Health Plan and Report Card*

*Updated: August 2018*

- The Virginia Oral Health Coalition's online integration toolkit (<http://www.vaoralhealth.org/WHATWEDO/EducateProviders/OralHealthIntegration/IntegrationToolkit.aspx>), and
- Trainings available through the Virginia Oral Health Coalition (<http://www.vaoralhealth.org/WHATWEDO/EducateProviders.aspx>) and Virginia Department of Health (<http://www.vdh.virginia.gov/oral-health/professionals/>).
- By \_\_\_\_\_, identify integrated care programs targeted to individuals with special health care needs, chronic medical conditions (e.g., diabetes), or pregnant women and seek to replicate best practices in other programs.

### Objective 3.2: Increase the number of children who see a dentist by age one.

- By \_\_\_\_\_, pull data on the percentage of children enrolled in Medicaid/FAMIS ages 1-2 who have had a preventive dental visit and identify localities with lowest percentages to target intervention.
- By \_\_\_\_\_, work with local OB/GYN and pediatric providers to provide dental coverage information, oral health assessment, screening, risk assessment, anticipatory guidance and referral practices for pregnant women and infants.
- By \_\_\_\_\_, coordinate a community conversation/educational event about the importance of early, preventive dental care and access to care for infants and pregnant women.
- By \_\_\_\_\_, collaborate with Head Start/Early Head Start (and other early care and education providers) to identify high risk children and connect them to dental providers.
- By \_\_\_\_\_, add a requirement for an oral health screening to the early developmental disability screening.
- By \_\_\_\_\_, identify and address barriers to utilization of dental services among families with young children (e.g., transportation, childcare, lack of bilingual providers and care navigators) by forging collaborative partnerships with social service agencies, transportation, schools, housing, and other organizations that deliver care to your target population.

### Objective 3.3: Increase the amount of oral health education provided to students at Virginia's schools of medicine, nursing, pharmacy, and physician assistant training.

- By \_\_\_\_\_, work with local community colleges and universities to integrate oral health into their curriculums.
- By \_\_\_\_\_, work with residency programs to have "grand rounds" that include oral health, or other interprofessional educational opportunities.
- By \_\_\_\_\_, work with local community colleges and universities' preceptorship programs to embed oral health into students' experiential learning requirements.

## GOAL 4 - Insurance and Reimbursement

---

*Virginians have access to quality, affordable and comprehensive dental coverage.*

---

Objective 4.1: Increase comprehensive dental services for all Virginians eligible in Medicaid.

- Overlap with the strategies in Goal 1, Objective 1.

Objective 4.2: Ensure dental benefits in the exchange are affordable, understandable and accessible.

- The Virginia Oral Health Coalition is currently prioritizing the addition of a comprehensive, dental benefit for adults enrolled in Medicaid. However, the Coalition is closely monitoring potential federal threats to the Affordable Care Act (ACA) which may destabilize the exchange and will provide community-based advocates with timely resources and calls to action to protect existing coverage.

Objective 4.3: Explore other coverage and reimbursement models for Virginians not eligible for Medicaid or the exchange.

- Due to the recent expansion of Virginia’s Medicaid program, nearly 400,000 Virginians will be newly eligible for health coverage through Medicaid beginning January 1, 2019. However, certain groups will remain ineligible for Medicaid or the exchange, such as legal permanent residents and undocumented immigrants. In fact, there are several federal threats to access to health care for immigrant groups at this time. The Virginia Oral Health Coalition will continue to provide community-based advocates with timely resources and calls to action to defend access to health care for all Virginians. You can find information and resources about this on our website and from several state and local organizations:
  - Virginia Oral Health Coalition blog post: “How Proposed Changes to Public Charge will Affect Health Utilization” (<http://www.vaoralhealth.org/WHOWEARE/News/TabId/96/ArtMID/838/ArticleID/164/How-Proposed-Changes-to-Public-Charge-Will-Affect-Health-Utilization.aspx>)
  - Virginia Coalition of Latino Organizations (<http://www.vacolao.org>)
  - Attorney General’s Office, Division of Human Rights – includes contacts for local human rights commissions (<https://www.oag.state.va.us/programs-initiatives/human-rights>)

Objective 4.4: Advocate for a comprehensive dental benefit for all adults in Medicaid.

- Overlap with the strategies in Goal 1, Objective 1.



## GOAL 5: Workforce

---

*The oral health workforce in Virginia adequately meets the needs of its citizens by working to the full extent of their education and training.*

---

Objective 5.1: Through ongoing legislation and education, ensure dental hygienists and other dental professionals are able to practice to the full extent of their education and training.

- By \_\_\_\_\_, partner with others to advocate for improved oral health services in long-term care facilities, affordable housing complexes, and other settings where high-need patients are located.
- By \_\_\_\_\_, local safety net clinics and other area dentists will recruit # dental hygienists to practice under remote supervision in schools, long-term care facilities, affordable housing complexes, and other settings where high-need patients are located.

Objective 5.2: In partnership with VCU School of Dentistry and other dental educators throughout Virginia, ensure students are exposed to a wide variety of dental environments, patients, and procedures.

- By \_\_\_\_\_, collaborate with local community colleges and universities to establish a preceptorship program for dental students (dentistry, hygiene, assisting) in safety net clinics. Students may be more likely to stay in underserved areas if local clinics invest the time and energy in their training/education.
- By \_\_\_\_\_, foster relationships between local school districts, health care professional associations, and community health centers to educate middle and high school students about career opportunities in the dental field, particularly in high-need areas.
- By \_\_\_\_\_, work with local community colleges and universities to incorporate special population training (e.g., individuals with special health care needs, cultural competency, etc.) into dental program curriculum.

Objective 5.3: Provide incentives to practice in targeted areas (e.g., malpractice insurance discount, low cost loans, loan repayment to dental providers), especially in rural and underserved areas.

- By \_\_\_\_\_, work with local governments, health care professional associations, and higher education institutions to promote awareness of existing state and federal loan repayment programs. If such programs are not offered or available in your locality, identify alternative sources of funding for programs to attract dental providers to rural and underserved areas.