

## State Oral Health Plan Potential goals and example action steps Advisory Committee meeting 9/14/2022

**Goal selection considerations:**

- **Evidence of effectiveness:** Research evidence shows the strategy is effective at addressing State Plan priorities
- **Impact on outcomes:** Potential size of impact on State Plan outcomes
- **Equity:** Research evidence shows that the strategy is likely to reduce disparities, or the strategy can be tailored to meet the needs of Ohioans with the greatest need
- **Co-benefits:** The strategy impacts multiple State Plan priorities
- **Momentum and feasibility** at state and/or local level

**Discussion questions: For each priority...**

1. Are there any **goals** (left column) that you would recommend:
  - a. Removing from consideration? Why?
  - b. Renaming, combining (grouping together) or splitting out? Why?
  - c. Adding? Why?
  - d. Which two goals do you think are most important?
2. Within the goals you see as most important, are there **action steps** (right column) that you think must be included?

### Table of Contents

<b>Community conditions</b> .....	2
Transportation access .....	2
Healthy food access .....	3
Poverty .....	4
<b>Health behaviors</b> .....	5
Nutrition, including sugar-sweetened beverage consumption .....	5
Oral hygiene .....	6
<b>Access to quality care</b> .....	7
Workforce capacity and availability .....	7
Insurance and affordability .....	9
<b>Dental care outcomes</b> .....	10
Increase preventive care .....	10
Reduce unmet need for dental care .....	12
<b>Oral health outcomes</b> .....	14
Reduce tooth decay .....	14
Reduce periodontal disease .....	15
Increase early detection of oral and pharyngeal cancers .....	16

## Community conditions

### Transportation access

Goal	Action step examples
A. Expand access to public transportation	<ol style="list-style-type: none"> <li>1. Strengthen access to <a href="#">public transportation</a> by improving and expanding local bus systems (=)</li> <li>2. Implement <a href="#">rural transportation services</a>*, such as publicly-funded buses and vans, dial-a-ride or other demand-response programs, or volunteer ridesharing programs (=)</li> <li>3. Offer <a href="#">employee incentives for public transportation</a>, such as free or discounted bus passes, reimbursements or pre-tax payroll deductions</li> <li>4. Assist older adults with public transportation through <a href="#">travel training</a> and <a href="#">mobility managers</a></li> </ol>
B. Improve transportation and land use policies	<ol style="list-style-type: none"> <li>5. Implement <a href="#">complete streets and streetscape design initiatives</a></li> <li>6. Pass local ordinances and <a href="#">zoning regulations for land use policies</a> to improve access to active transportation (walking, biking, etc.)</li> <li>7. Create <a href="#">bike and pedestrian master plans</a></li> <li>8. Support active commuting (walking, biking, etc.) through <a href="#">multi-component workplace supports</a>, such as bicycle parking, walking groups or campaigns, and financial incentives (e.g., free bicycle parking vs. fees for car parking)</li> </ol>
C. Increase utilization of medical transportation	<ol style="list-style-type: none"> <li>9. Expand and improve accessibility of <a href="#">Non-Emergency Medical Transportation (NEMT) services</a></li> <li>10. Support Veteran access to health care through <a href="#">Veterans Transportation Service</a></li> </ol>

\* Rated by What Works for Health as "Expert opinion"

#### Key:

- [Blue links](#) indicate an evidence-based strategy from an evidence registry
- (=) indicates a strategy that has evidence for decreasing disparities

## Healthy food access

Goal	Action step examples
A. Expand retailer and community-based healthy food programs	<ol style="list-style-type: none"> <li>1. Incentivize and expand <a href="#">mobile produce markets (=)</a> and <a href="#">farmers markets</a>, including increasing investments in the <a href="#">WIC and Senior Farmers' Market Nutrition Programs (=)</a> and <a href="#">Electronic Benefit Transfer (EBT) payment at farmers markets* (=)</a></li> <li>2. Expand access to <a href="#">healthy food in convenience stores (=)</a> (i.e., <a href="#">Good Food Here</a>)</li> <li>3. Establish incentives to bring grocery stores and other healthy food retailers to underserved communities, such as the <a href="#">Healthy Food Financing Initiative</a></li> <li>4. Incentivize and implement <a href="#">community gardens</a> in areas with limited healthy food access</li> <li>5. Support <a href="#">nutrition programs for older adults</a> and people with disabilities, including <a href="#">Meals on Wheels</a> and <a href="#">Cultivate Safety Net Services</a></li> <li>6. Expand access to publicly-funded nutrition services programs, such as the <a href="#">Commodity Supplemental Food Program</a>, the <a href="#">Emergency Food Assistance Program</a>, the <a href="#">Child and Adult Care Food Program</a>, <a href="#">C.O.R.E.</a> and <a href="#">HEAL</a></li> </ol>
B. Increase access to healthy meals in schools	<ol style="list-style-type: none"> <li>7. Increase eligibility for <a href="#">school breakfast programs (=)</a> and ensure that nutrition standards are followed</li> <li>8. Expand access to <a href="#">healthy lunch initiatives (=)</a> that prominently display and increase convenient access to fresh, whole foods in schools lunches</li> <li>9. Implement <a href="#">school fruit and vegetable gardens</a> in schools and/or districts with limited healthy food access</li> <li>10. Incentivize <a href="#">farm-to-school programs</a> that connect schools with nearby farms to incorporate locally grown foods into school breakfasts, lunches and snacks</li> </ol>
C. Support healthy food access programs for low-income Ohioans	<ol style="list-style-type: none"> <li>11. Expand <a href="#">healthy food initiatives in food pantries (=)</a>, such as the <a href="#">Ohio Agricultural Clearance Program</a>, and produce distribution in partnership with food banks/pantries</li> <li>12. Increase funding for <a href="#">Ohio Produce Perks</a>, Ohio's <a href="#">fruit and vegetable incentive program (=)</a> and/or offer participants with low incomes matching funds to purchase healthy foods</li> </ol>
D. Healthcare interventions to increase healthy food access	<ol style="list-style-type: none"> <li>13. Incentivize the use of <a href="#">nutrition prescriptions* (=)</a></li> <li>14. Increase the use of <a href="#">food insecurity screening and referral</a> among primary care, dental and other healthcare providers</li> </ol>

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## Poverty

Goal	Action step examples
A. Expand income support policies	<ol style="list-style-type: none"> <li>1. Expand the Ohio <a href="#">Earned Income Tax Credit (EITC)</a> and make it refundable (=)</li> <li>2. Increase funding for <a href="#">child care subsidies</a> and increase publicly-funded child care eligibility to 150% of the federal poverty level (=)</li> <li>3. Allow local governments to establish local wage ordinances (<a href="#">living wage laws</a>), which set local mandated wages that are higher than the state minimum wage (=)</li> <li>4. Require or incentivize <a href="#">paid family leave</a> policies that provide employees with paid time off for circumstances such as birth or adoption, a parent or spouse with a serious medical condition, or a sick child (=)</li> </ol>
B. Implement and fund child and youth education programs	<ol style="list-style-type: none"> <li>5. Expand <a href="#">early childhood home visiting programs</a> that have been evaluated for their impact on family economic security, such as <a href="#">Nurse-Family Partnership</a> (=)</li> <li>6. Expand <a href="#">early childhood education programs</a>, such as <a href="#">Early Head Start</a>, <a href="#">Highscope Perry Preschool model</a> and <a href="#">Chicago Child-Parent Centers</a> (=)</li> <li>7. Increase opportunities for career training for high school students, including <a href="#">career and technical education</a>, <a href="#">career academies</a> and <a href="#">summer youth employment programs</a> (=)</li> </ol>
C. Implement and fund adult training and employment programs	<ol style="list-style-type: none"> <li>8. Expand access to high school equivalency programs, including the <a href="#">GED certificate programs</a> (=), High School Equivalency Test (HiSET) and Test Assessing Secondary Completion (TASC)</li> <li>9. Prioritize funding for post-secondary career-technical education (<a href="#">adult vocational training</a>) to jobs and employers that pay self-sufficient wages (=)</li> <li>10. <a href="#">Sector-based workforce initiatives</a>, such as the <a href="#">ApprenticeOhio</a> program through <a href="#">OhioMeansJobs</a> (=)</li> <li>11. Create a <a href="#">subsidized employment program</a> at the state level using TANF funds (=)</li> </ol>
D. Expand rental assistance and rapid-rehousing initiatives	<ol style="list-style-type: none"> <li>12. Increase state and federal investments in rental assistance programs, such as the <a href="#">Housing Choice Voucher Program (Section 8)</a> (=)</li> <li>13. Expand funding and eligibility for <a href="#">rapid re-housing programs</a> (=)</li> </ol>

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## Health behaviors

### Nutrition, including sugar-sweetened beverage consumption

Goal	Action step examples
<p>A. Increase education about and availability of healthy food options in schools</p>	<ol style="list-style-type: none"> <li>1. Regulate the quality of food that can be sold to students during the school day with <a href="#">School nutrition standards</a> (=)</li> <li>2. Regulate the availability and quality of competitive foods not provided through the National School Lunch Program and School Breakfast Program through <a href="#">School food &amp; beverage restrictions</a></li> <li>3. Increase the convenience of healthy foods and improve dietary choices through <a href="#">Healthy school lunch initiatives</a> (=)</li> <li>4. Implement <a href="#">School-based nutrition education programs</a> where kids and parents can learn together about healthy eating through nutrition education curricula and peer training, as well as environmental components such as healthy school menu offerings, classroom snacks, and fruit and vegetable taste tests</li> <li>5. Implement <a href="#">School breakfast programs</a> including education for students and parents about healthy food choices (=)</li> <li>6. Employ <a href="#">Nutrition and physical activity interventions</a> in preschool &amp; child care, including lessons and group meetings to learn about physical activity and healthy eating habits</li> <li>7. Encourage healthy eating through <a href="#">healthy vending machine options</a>, <a href="#">point-of-purchase prompts for healthy foods</a>, and <a href="#">competitive pricing for healthy foods</a></li> </ol>
<p>B. Reduce sugar sweetened beverage consumption</p>	<ol style="list-style-type: none"> <li>8. Levy <a href="#">sugar-sweetened beverage taxes</a> to discourage consumption and use tax revenues to subsidize healthy foods programs</li> <li>9. Apply <a href="#">Child-focused advertising restrictions</a> to minimize corporate appeals to children and adolescents to consume unhealthy foods &amp; beverages</li> <li>10. Provide nutrition education programs as part of public assistance, such as <a href="#">Supplemental Nutrition Education Program – Education (SNAP-Ed)</a>, and those provided by the <a href="#">Abbott Nutrition and Health Institute</a> and <a href="#">nutrition counseling</a></li> </ol>

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## Oral hygiene

Goal	Action step examples
A. Improve access to regular preventative dental care	<ol style="list-style-type: none"> <li>1. Train <a href="#">Community health workers</a> to provide basic oral hygiene instruction and perform simple exams and screenings (=)</li> <li>2. Equip <a href="#">Federally qualified health centers</a> (FQHCs) with trained dental professionals (=)</li> <li>3. Maintain positive patient-provider relationships to improve adherence to oral hygiene instructions in adults with periodontal disease</li> </ol>
B. Improve Ohioans' knowledge of oral health and hygiene	<ol style="list-style-type: none"> <li>4. Implement <a href="#">Text Message-Based Health Interventions</a> to improve patient knowledge and adherence to preventative oral hygiene and home care</li> <li>5. Implement health education standards in Ohio which include oral health</li> <li>6. Increase education and awareness of oral-systemic health connections within community-based organizations</li> <li>7. Increase the use of <a href="#">powered versus manual toothbrushing</a></li> <li>8. Engage in broad outreach and education activities including promoting oral health as part of systemic health across the lifespan, especially to patients with chronic diseases, pregnant individuals, families with children, special need populations, and older adults.</li> </ol>
C. Improve Ohioan's access to oral hygiene preventive products	<ol style="list-style-type: none"> <li>9. Provide patients with increased <a href="#">Fluoride Toothpaste Concentration</a>, <a href="#">Fluoride Mouthrinses</a> and <a href="#">Oral Fluoride Supplements</a> to improve overall oral hygiene and prevent decay</li> <li>10. Encourage and provide <a href="#">Chlorhexidine mouthrinses</a> to prevent periodontal disease and tooth decay</li> <li>11. Advocate legislators and other policymakers to include oral hygiene products in Ohio's SNAP program</li> </ol>

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## Access to quality care

### Workforce capacity and availability

Goal	Action step examples
<p>A. Expand <a href="#">allied dental professional scope of practice</a> (=) and/or allow new provider types in Ohio (=)</p>	<ol style="list-style-type: none"> <li>1. Allow dental therapists to practice in Ohio</li> <li>2. Increase scope of practice for dental hygienists</li> <li>3. Remove existing barriers to direct access to dental hygienists by modifying the Oral Health Access Supervision Program (OHASP), including:                             <ul style="list-style-type: none"> <li>• The requirement for a dentist to review the health history of each patient prior to the provision of OHASP dental hygiene services</li> <li>• The requirement that the patient be seen by a dentist prior to receiving subsequent services from a dental hygienist</li> <li>• The need for the dentist to be OHASP-certified and the dental hygienist to have an OHASP license</li> </ul> </li> </ol>
<p>B. Enhance dental and medical education</p>	<ol style="list-style-type: none"> <li>4. Implement and fund <a href="#">rural training</a> or programs in dental education (=)</li> <li>5. Expand medical-dental integration in medical and dental education, including oral-systemic health training for:                             <ul style="list-style-type: none"> <li>• Community health workers</li> <li>• Social workers</li> <li>• Nurses</li> <li>• Physician assistants</li> <li>• Pharmacists</li> </ul> </li> <li>6. Expand training of caring for infants and young children and persons with a disability in dental schools and dental hygiene education programs</li> <li>7. Increase <a href="#">cultural-competence training</a> in dental programs (=)</li> </ol>
<p>C. Develop dental pipeline programs and recruitment strategies and offer <a href="#">financial incentives for health professionals serving underserved areas</a> (=)</p>	<ol style="list-style-type: none"> <li>8. Increase dental pipeline programs</li> <li>9. Implement <a href="#">recruitment efforts to increase diversity</a> in the dental field including offering financial incentives for students with low incomes or students from underrepresented backgrounds (=)</li> <li>10. Offer scholarships for dental students from rural areas [e.g., Ohio State University's Commitment to Access Resources and Education (CARE) program]</li> <li>11. Expand loan repayment or forgiveness programs</li> <li>12. Increase Medicaid reimbursement rates for dentists practicing in rural communities</li> </ol>

<p>D. Implement changes to Ohio policies</p>	<p>13. Implement changes to Ohio's teledentistry policies [<a href="#">telemedicine (=)</a>], such as</p> <ul style="list-style-type: none"> <li>• Allowing asynchronous teledentistry in Ohio</li> <li>• Reducing administrative and cost barriers to obtain a teledentistry permit</li> </ul> <p>14. Increase Ohio's Medicaid reimbursement rates</p> <p>15. Modify Medicaid policy to address Ohio's shortage of oral surgeons and other dental specialists who accept Medicaid</p> <p>16. Identify ways to reduce Medicaid provider administrative burden</p>
<p>E. Enhance oral health leadership at the state level</p>	<p>17. Hire a dental director at the Ohio Department of Health</p>

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### Insurance and affordability

Goal	Action step examples
A. Advocate for inclusion of dental benefits in public insurance programs	<ol style="list-style-type: none"> <li>1. Support advocacy efforts to include comprehensive dental benefits in the Medicare program</li> <li>2. Support advocacy efforts to petition CMS to cover dental care needed for medically-necessary procedures</li> <li>3. Preserve adult dental benefits under the Ohio Medicaid program</li> <li>4. Include oral health as a necessary service in Medicaid</li> </ol>
B. Implement payment models that prioritize prevention and healthy outcomes over volume of services	<ol style="list-style-type: none"> <li>5. Engage philanthropy, policymakers, and other funders around medical-dental integration pilot projects, such as for chronic disease or behavioral health</li> <li>6. Educate policymakers and funders about the value and cost-savings of integrated care</li> </ol>
C. <a href="#">Conduct insurance enrollment outreach and support</a> (=)	<ol style="list-style-type: none"> <li>7. Conduct Ohio Medicaid enrollment outreach and support</li> </ol>
D. Implement changes to Ohio Medicaid policy	<ol style="list-style-type: none"> <li>8. Allow enrollees to seek care outside the network using the Medicaid benefit in areas where there is an inadequate network, or where an out-of-network dentist has the necessary expertise (e.g. special needs children, adults with comorbidities) to treat the patient or condition</li> <li>9. Allow enrollees to go out-of-network when specialty services are required if there are no in-network dentists capable/qualified to perform medically necessary services within a reasonable distance/time of where the patient lives.</li> </ol>

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## Dental care outcomes

### Increase preventive care

Goal	Action step examples
A. Increase locations where people can access preventive dental care	<ol style="list-style-type: none"> <li>1. Increase the number of <a href="#">school-based health centers</a> with dental services (=)</li> <li>2. Expand school-based health centers with dental services to serve adults in the community</li> <li>3. Increase the number of portable dental programs (especially in areas with no safety-net dental clinic or too few Medicaid providers, and in nursing homes, older adult living centers and other group homes)</li> <li>4. Increase the number of <a href="#">school-based dental sealant programs</a> (=)</li> <li>5. Increase the number of <a href="#">FQHCs</a> that offer dental services (=)</li> </ol>
B. Increase preventive clinical interventions	<ol style="list-style-type: none"> <li>6. Increase use of <a href="#">fluoride varnish</a> among primary care providers, including family practice physicians and pediatricians</li> <li>7. Increase the age of patients (beyond age 6) to whom non-dental providers can apply fluoride varnish and be reimbursed</li> <li>8. Increase use of Silver Diamine Fluoride in patients of all ages in populations with limited access to oral health services or that cannot tolerate traditional dental care</li> <li>9. Dental professionals should come to consensus on a caries risk assessment tool to use and insurance companies should reimburse for it</li> </ol>
C. Expand <a href="#">allied dental professional scope of practice</a> (=)	<ol style="list-style-type: none"> <li>10. Increase scope of practice for dental hygienists</li> <li>11. Remove existing barriers to direct access to dental hygienists by modifying the Oral Health Access Supervision Program (OHASP), including:               <ul style="list-style-type: none"> <li>• The requirement for a dentist to review the health history of each patient prior to the provision of OHASP dental hygiene services</li> <li>• The requirement that the patient be seen by a dentist prior to receiving subsequent services from a dental hygienist</li> <li>• The need for the dentist to be OHASP-certified and the dental hygienist to have an OHASP license</li> </ul> </li> </ol>
D. Expand medical/dental integration	<ol style="list-style-type: none"> <li>12. Promote and establish medical-dental partnerships</li> <li>13. Increase oral health integration within behavioral health, prenatal care and chronic disease care</li> <li>14. Provide reimbursement for case management</li> <li>15. Implement value-based programs (payment models that prioritize prevention and healthy outcomes over volume)</li> </ol>

	<p>of services) as part of quality strategies to improve health outcomes and lower cost of care</p> <p>16. Educate policymakers about the value and cost-savings of integrated care</p>
<p>E. Implement or expand programs that increase access to dental care</p>	<p>17. Implement changes to Ohio's teledentistry policies [<a href="#">teledentistry (=)</a>], such as</p> <ul style="list-style-type: none"> <li>• Allowing asynchronous teledentistry in Ohio</li> <li>• Allowing comprehensive exams under Ohio Medicaid</li> <li>• Reducing administrative and cost barriers to obtain a teledentistry permit</li> </ul> <p>18. Expand or continue funding of programs that increase access for underserved populations such as:</p> <ul style="list-style-type: none"> <li>• The Ohio Project (<i>fourth-year dental students spend 45 days providing care in community-based clinics throughout Ohio under the direct supervision of associated faculty</i>)</li> <li>• Give Kids a Smile (<i>dentists and dental team members volunteer at local GKAS events to provide free oral health education, screenings and preventive and restorative treatment</i>)</li> <li>• Post-doctoral residency programs, including in FQHCs or dental safety net clinics</li> </ul> <p>19. Establish systems and programs that increase patient access to a dental home</p> <p>20. Allow reimbursement for a behavior management code for providers caring for people with a disability (particularly those with an intellectual/developmental disability)/special healthcare needs</p>
<p>F. Implement changes to public insurance programs</p>	<p>21. Support advocacy efforts to include a comprehensive dental benefit in the Medicare program</p> <p>22. Support advocacy efforts to petition CMS to cover dental care needed for medically-necessary procedures</p> <p>23. Preserve adult dental benefits under the Ohio Medicaid program</p> <p>24. Increase Ohio's Medicaid reimbursement rates</p> <p>25. Include oral health as a necessary service in Medicaid</p>

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## Reduce unmet need for dental care

Goal	Action step examples
A. Increase locations where people can access dental care	<ol style="list-style-type: none"> <li>1. Increase the number of <a href="#">school-based health centers</a> with dental services (=)</li> <li>2. Increase the number of portable dental programs (especially in areas with no safety-net dental clinic or too few Medicaid providers, and in nursing homes, older adult living centers and other group homes)</li> <li>3. Increase the number of <a href="#">school-based dental sealant programs</a> (=)</li> <li>4. Increase dental service offerings at <a href="#">FQHCs</a> (=)</li> <li>5. Expand hub and spoke models of care to reach communities with limited access to oral health care</li> <li>6. Implement changes to Ohio's teledentistry policies [<a href="#">telemedicine</a> (=)], such as: <ul style="list-style-type: none"> <li>• Allowing asynchronous teledentistry in Ohio</li> <li>• Allowing comprehensive exams under Ohio Medicaid</li> <li>• Reducing administrative and cost barriers to obtain a teledentistry permit</li> </ul> </li> </ol>
B. Implement <a href="#">patient navigation services</a> (=) and <a href="#">culturally-adapted care</a> (=)	<ol style="list-style-type: none"> <li>7. Increase the number of community dental health coordinators</li> <li>8. Increase the number of <a href="#">community health workers</a> trained in oral health (=)</li> <li>9. Implement <a href="#">culturally-adapted care</a> (=)</li> <li>10. Embed community health workers in medical offices to ensure closed-loop referrals</li> </ol>
C. Expand <a href="#">allied dental professional scope of practice</a> (=) and/or allow new provider types in Ohio (=)	<ol style="list-style-type: none"> <li>26. Allow dental therapists to practice in Ohio</li> <li>27. Increase scope of practice for dental hygienists</li> <li>28. Remove existing barriers to direct access to dental hygienists by modifying the Oral Health Access Supervision Program (OHASP), including: <ul style="list-style-type: none"> <li>• The requirement for a dentist to review the health history of each patient prior to the provision of OHASP dental hygiene services</li> <li>• The requirement that the patient be seen by a dentist prior to receiving subsequent services from a dental hygienist</li> <li>• The need for the dentist to be OHASP-certified and the dental hygienist to have an OHASP license</li> </ul> </li> </ol>
D. Expand medical/dental integration	<ol style="list-style-type: none"> <li>29. Promote and establish medical-dental partnerships</li> <li>30. Increase oral health integration within behavioral health, prenatal care and chronic disease care</li> <li>31. Provide reimbursement for case management</li> <li>32. Implement value-based programs (payment models that prioritize prevention and healthy outcomes over volume of services)</li> </ol>

	33. Educate policymakers about the value and cost-savings of integrated care
E. Enhance dental and medical education	34. Implement and fund <a href="#">rural training</a> or programs in dental education (=) 35. Expand medical-dental integration in medical and dental education 36. Expand training of caring for infants and young children and persons with a disability in dental schools and dental hygiene education programs 37. Increase <a href="#">cultural-competence training</a> in dental programs (=) 38. Include training in preventive screenings for dental students including social determinants of health, behavioral health, tobacco and common chronic conditions such as diabetes and high blood pressure
F. Develop dental pipeline programs and recruitment strategies and offer <a href="#">financial incentives for health professionals serving underserved areas</a> (=)	39. Increase dental pipeline programs 40. Implement <a href="#">recruitment efforts to increase diversity</a> in the dental field including offering financial incentives for students with low incomes or students from underrepresented backgrounds (=) 41. Offer scholarships for dental students from rural areas [e.g., Ohio State University's Commitment to Access Resources and Education (CARE) program] 42. Expand loan repayment or forgiveness programs 43. Increase Medicaid reimbursement rates for dentists practicing in rural communities
G. Implement changes to public insurance programs	44. Support advocacy efforts to include comprehensive dental benefits in the Medicare program 45. Support advocacy efforts to petition CMS to cover dental care needed for medically-necessary procedures 46. Preserve adult dental benefits under Ohio Medicaid 47. Increase Ohio's Medicaid reimbursement rates 48. Educate policymakers (e.g., legislators, the governor, and executive agencies) about the cost and value of oral health on the physical, mental and economic well-being of Ohioans 49. Allow Ohio Medicaid enrollees to seek care outside the network in areas where there is an inadequate network, or where an out-of-network dentist has the necessary expertise (e.g., special needs children, adults with comorbidities)

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## Oral health outcomes

### Reduce tooth decay

Goal	Action step examples
A. Improve Ohio's school-based and early intervention programs	<ol style="list-style-type: none"> <li>1. Expand <a href="#">school-based sealant programs, school based health centers, and school-linked oral health services</a> especially in low-income and rural schools (=)</li> <li>2. Increase use of <a href="#">Fluoride Varnish in children under the age of six in primary care settings (in dental settings they can apply up to age 21)</a></li> <li>3. Provide <a href="#">guidance and training on diet and feeding</a> to pregnant women, and caregivers with children to reduce the risk of early childhood dental caries.</li> </ol>
B. Increase Ohioans' access and uptake of oral hygiene products	<ol style="list-style-type: none"> <li>4. Encourage use of <a href="#">oral fluoride supplements</a> or <a href="#">mouthrinses</a>, and <a href="#">fluoridated toothpaste</a></li> <li>5. Implement <a href="#">text message-based health interventions</a> to encourage improving oral hygiene and health</li> <li>6. Include a waiver to cover oral hygiene products (toothbrush &amp; toothpaste) under SNAP</li> </ol>
C. Improve Ohio's oral public health and clinical infrastructure and programs	<ol style="list-style-type: none"> <li>7. Expand scope of practice for <a href="#">allied dental professionals</a> including dental assistants, community dental health coordinators, dental hygienists, and dental therapists (=)</li> <li>8. Adjust and monitor <a href="#">fluoride in public water supplies</a> to reach and retain <a href="#">optimal fluoride concentration</a> (=)</li> <li>9. Implement oral health surveillance and screening for all populations</li> <li>10. <a href="#">Pilot strategies</a> to improve oral health literacy, so that patients may better understand and navigate their oral health care, through social media messaging and other public awareness campaigns</li> <li>11. <a href="#">Integrate oral health services</a> into overall health such as supporting inter-professional and school- and community-based collaborations</li> <li>12. Include an oral health module about the relationship between oral and systemic health in Community health Worker education and training.</li> <li>13. Increase funding for the <a href="#">Oral Health Improvement through Outreach (OHIO)</a> project</li> </ol>

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## Reduce periodontal disease

Goal	Action step examples
A. Reduce the number of Ohioans who smoke or use chewing tobacco	<ol style="list-style-type: none"> <li>1. Restrict <a href="#">Tobacco retail licensing and density control</a> to prevent youth addiction (=)</li> <li>2. Implement and appropriately fund a <a href="#">Statewide comprehensive tobacco program</a></li> <li>3. Launch a <a href="#">Mass media campaign against tobacco use</a></li> <li>4. Follow strategies in the <a href="#">Ohio Cancer Plan</a> for reducing tobacco use</li> </ol>
B. Reduce periodontal disease in pregnant women <a href="#">to prevent low birthweight and other birth complications</a>	<ol style="list-style-type: none"> <li>5. Educate pregnant women, prenatal providers and students, and community-based program staff about perinatal and infant oral health</li> <li>6. Integrate oral health and primary care practice</li> </ol>
C. Reduce drug use and prevent the spread of HIV	<ol style="list-style-type: none"> <li>7. Ensure <a href="#">access to MAT</a> and other addiction treatment services across the state (=)</li> <li>8. Expand Ohio's <a href="#">Syringe services programs</a> (=)</li> <li>9. Implement <a href="#">Behavioral interventions to prevent HIV and other STIs</a></li> </ol>
D. Improve chronic disease management	<ol style="list-style-type: none"> <li>10. Chronic disease <a href="#">management</a> and <a href="#">self-management</a> programs can improve health outcomes and quality of life for those with chronic diseases</li> </ol>

### Key:

- [Blue links](#) indicate an evidence-based strategy from an evidence registry
- (=) indicates a strategy that has evidence for decreasing disparities

### Increase early detection of oral and pharyngeal cancers

Goal	Action step examples
A. <a href="#">Ensure Ohioans receive regular screening for oral cancer</a>	<ol style="list-style-type: none"> <li>1. Increase use of and train <a href="#">community health workers</a> to perform oral cancer screenings at home visits, especially for vulnerable community members (=)</li> <li>2. <a href="#">Integrate opportunistic oral cancer screening</a> in other medical settings</li> <li>3. Reference Ohio <a href="#">Cancer Plan</a> strategies for HPV vaccination and engagement of dentists in HPV vaccination and prevention</li> <li>4. Promote partnerships between Head &amp; Neck Cancer programs and dental programs to ensure patients undergoing treatment for head &amp; neck cancers receive the dental care they need</li> <li>5. Target screening events in communities and sites where at-risk populations congregate (such as transitional housing sites and counties with a high prevalence of oral cancers)</li> <li>6. Promote Ohio research and QI projects focused on early detection and treatment</li> <li>7. Support advocacy efforts to include a comprehensive dental benefit in the Medicare program</li> </ol>

**Key:**

- [Blue links](#) indicate an evidence-based strategy from an evidence registry
- (=) indicates a strategy that has evidence for decreasing disparities