

Community conditions

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

Transportation access

Goal	Action step examples
A. Expand and improve access to public transportation	<ol style="list-style-type: none"> 1. Strengthen access to public transportation by improving and expanding local bus systems (=) 2. Implement and/or subsidize rural transportation services*, such as publicly-funded buses and vans, dial-a-ride or other demand-response programs, or volunteer ridesharing programs (=) 3. Assist older adults with public transportation through travel training and mobility managers
B. Increase utilization of non-emergency medical transportation options	<ol style="list-style-type: none"> 4. Raise the cap on the number on non-emergency medical transportation (NEMT) trips allotted to each Medicaid beneficiary and/or allocate trips for dental care appointments 5. Support Veteran access to health care through Veterans Transportation Service

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

Poverty

Goal	Action step examples
A. Expand income support policies	<ol style="list-style-type: none"> 1. Expand the Ohio Earned Income Tax Credit (EITC) and make it refundable (=) 2. Increase funding for child care subsidies and increase publicly-funded child care eligibility to 150% of the federal poverty level (=)
B. Expand rental assistance and rapid-rehousing initiatives	<ol style="list-style-type: none"> 3. Increase state and federal investments in rental assistance programs, such as the Housing Choice Voucher Program (Section 8) (=) 4. Expand funding and eligibility for rapid re-housing programs (=)
C. Implement and fund adult training and employment programs	<ol style="list-style-type: none"> 5. Expand access to high school equivalency programs, including the GED certificate programs (=), High School Equivalency Test (HiSET) and Test Assessing Secondary Completion (TASC) 6. Prioritize funding for post-secondary career-technical education (adult vocational training) to jobs and employers that pay self-sufficient wages (=)

<p>D. Implement and fund child and youth education programs</p>	<p>7. Expand high-quality early childhood education programs, such as Early Head Start, Highscope Perry Preschool model and Chicago Child-Parent Centers (=)</p> <p>8. Increase opportunities for career training for high school students, including career and technical education, career academies and summer youth employment programs (=)</p>
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Healthy food access

Goal	Action step examples
<p>A. Expand retailer and community-based healthy food programs, especially for underserved areas and population groups</p>	<p>1. Expand access to healthy food in convenience stores (=) (e.g., Good Food Here)</p> <p>2. Establish incentives to bring grocery stores and other healthy food retailers to underserved communities and food deserts, such as the Healthy Food Financing Initiative</p> <p>3. Support nutrition programs for older adults and people with disabilities, including Meals on Wheels, Mom's Meals and Cultivate Safety Net Services</p> <p>4. Expand access to publicly-funded nutrition services programs, such as the Commodity Supplemental Food Program, the Emergency Food Assistance Program, the Child and Adult Care Food Program, C.O.R.E. and HEAL</p>
<p>B. Increase access to healthy foods in educational settings, residential facilities, and community-based programs</p>	<p>5. Increase eligibility for school breakfast programs (=) and ensure that nutrition standards are followed</p> <p>6. Implement school fruit and vegetable gardens in schools and/or districts with limited healthy food access</p> <p>7. Ensure nutrition requirements are followed in older adult living facilities</p>
<p>C. Increase use of healthcare interventions to increase healthy food access</p>	<p>8. Increase the use of food insecurity screening and referral among primary care, dental and other healthcare providers</p> <p>9. Incentivize the use of nutrition prescriptions* (=)</p>

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

Health behaviors

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Nutrition, including sugar-sweetened beverage consumption

Goal	Action step examples
A. Encourage healthy eating, including through restrictions on unhealthy foods and beverages in educational settings, residential facilities, and social service programs	<ol style="list-style-type: none"> 1. Regulate the quality of food that can be sold to students during the school day with School nutrition standards (=) 2. Levy sugar-sweetened beverage taxes to discourage consumption and use tax revenues to subsidize healthy foods programs 3. Encourage healthy eating through healthy vending machine options, point-of-purchase prompts for healthy foods, and competitive pricing for healthy foods
B. Enhance nutrition education	<ol style="list-style-type: none"> 4. Provide nutrition education programs as part of public assistance, such as Supplemental Nutrition Education Program – Education (SNAP-Ed), and those provided by the Abbott Nutrition and Health Institute and nutrition counseling 5. Implement School-based nutrition education programs 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

Oral hygiene

Goal	Action step examples
A. Improve Ohioans' access to oral hygiene preventive products	<ol style="list-style-type: none"> 1. Provide patients with increased access to Fluoride Toothpaste Concentration, Fluoride Mouthrinses and Oral Fluoride Supplements to improve overall oral hygiene and prevent decay 2. Advocate to include oral hygiene products (toothbrushes & toothpaste) under SNAP
B. Improve Ohioans' knowledge of oral health and hygiene	<ol style="list-style-type: none"> 3. Implement Text Message-Based Health Interventions to improve patient knowledge and adherence to preventative oral hygiene and home care 4. Implement health education standards in Ohio which include oral health 5. 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

Access to quality care

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Workforce capacity and availability

Goal	Action step examples
<p>A. Develop dental pipeline programs and recruitment strategies and offer financial incentives for health professionals serving underserved areas and populations (=)</p>	<ol style="list-style-type: none"> 1. Implement recruitment efforts to increase diversity in the dental field including offering financial incentives for students with low incomes or students from underrepresented backgrounds (=) 2. Offer scholarships for dental students from rural areas [e.g., Ohio State University's Commitment to Access Resources and Education (CARE) program] 3. Expand loan repayment or forgiveness programs for oral health providers serving underserved areas or populations
<p>B. Enhance dental and medical education</p>	<ol style="list-style-type: none"> 4. Expand training of caring for infants and young children and persons with a disability in dental schools and dental hygiene education programs 5. Increase cultural-competence training in dental programs (=) 6. Expand medical-dental integration in medical and dental education, including oral-systemic health training for: <ul style="list-style-type: none"> • Community health workers (e.g., using the <i>Smiles for Life Front Line Health Workers curriculum</i>) • Social workers • Nurses • Physician assistants • Pharmacists
<p>C. Enhance oral health leadership at the state level</p>	<ol style="list-style-type: none"> 7. Hire a dental director at the Ohio Department of Health
<p>D. Expand allied dental professional scope of practice (=)</p>	<ol style="list-style-type: none"> 8. Increase scope of practice for dental hygienists, dental assistants and EFDAs 9. 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"> • The requirement for a dentist to review the health history of each patient prior to the provision of OHASP dental hygiene services • The requirement that the patient be seen by a dentist prior to receiving subsequent services from a dental hygienist

	<ul style="list-style-type: none"> The need for the dentist to be OHASP-certified and the dental hygienist to have an OHASP license
E. Implement changes to Ohio's teledentistry (=)	<ol style="list-style-type: none"> Allow asynchronous teledentistry in Ohio Reduce administrative and cost barriers to obtain a teledentistry permit

Insurance and affordability

Goal	Action step examples
A. Conduct insurance enrollment outreach and support (=)	<ol style="list-style-type: none"> Conduct Ohio Medicaid enrollment outreach and support Provide education surrounding Medicaid eligibility for lawfully present immigrants, including refugees and asylees
B. Ensure reimbursement for oral health services by private and public insurers, including Medicare	<ol style="list-style-type: none"> Support advocacy efforts to include comprehensive dental benefits in the Medicare program 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 Require all insurance plans to reimburse oral health providers for preventive education
C. Expand access to low-cost and free dental care	<ol style="list-style-type: none"> Increase funding for dental safety net clinics Expand or continue funding of programs that increase access for underserved populations such as: <ul style="list-style-type: none"> The Oral Health Improvement through Outreach (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>) 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>) Post-doctoral residency programs, including in FQHCs or dental safety net clinics
D. Increase the number of oral health providers who provide services to Medicaid enrollees	<ol style="list-style-type: none"> Increase Ohio's Medicaid reimbursement rates Modify Medicaid policy to address Ohio's shortage of oral surgeons and other dental specialists who accept Medicaid Include oral health as a necessary service in Medicaid

Dental care outcomes

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Increase preventive care and 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"> 1. Increase the number of school-based health centers with dental services (=) 2. Increase the number of portable dental programs or mobile units providing comprehensive care (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) 3. Increase the number of school-based dental sealant programs (=) and other preventive dental care services in school, preschool and childcare settings 4. Increase dental service offerings at FQHCs (=)
B. Increase preventive clinical interventions	<ol style="list-style-type: none"> 5. Increase use of fluoride varnish among primary care providers, including family practice physicians and pediatricians 6. 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
C. Expand medical/dental integration	<ol style="list-style-type: none"> 7. Promote and establish medical-dental partnerships 8. Increase oral health integration within behavioral health, prenatal care and chronic disease care
D. Implement patient navigation services (=) and culturally-adapted care (=)	<ol style="list-style-type: none"> 9. Increase the number of community dental health coordinators 10. Increase the number of community health workers trained in oral health (=) 11. Implement culturally-adapted care (=)
E. Improve Ohio's public health infrastructure for oral health	<ol style="list-style-type: none"> 12. Adjust and monitor fluoride in public water supplies to reach and retain optimal fluoride concentration (=) 13. Implement oral health surveillance and screening for all populations
F. Ensure Ohioans receive regular screening for oral cancer	<ol style="list-style-type: none"> 14. Increase use of and train community health workers to perform oral cancer screenings at home visits, especially for vulnerable community members (=) 15. Integrate opportunistic oral cancer screening in other medical settings 16. Reference Ohio Cancer Plan strategies for HPV vaccination and engagement of dentists in HPV vaccination and prevention