

## OHP AC State Oral Health Plan Survey: Supporting Evidence

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**Q4. To support the objectives you proposed in Q3, please identify any evidence-based, evidence-informed, or best practice sources, or any promising practices you would recommend for consideration in the State Oral Health Plan.**

- Best Practices for Providers in Addressing No Show Rate - Denti-Cal Provider Bulletin: [http://www.denti-cal.ca.gov/provsrvcs/bulletins/Volume\\_31\\_Number\\_14.pdf](http://www.denti-cal.ca.gov/provsrvcs/bulletins/Volume_31_Number_14.pdf)
- Provide a health equity lens to all policies involving oral health in CA (if we have more time, we can flesh this out more) Focus on vulnerable populations.
- North Carolina state-wide program to involve primary care providers in oral health care for young children (Washington ABCD program and public education campaign to improve dental/oral health and dental/oral health care for young children and pregnant women. (and the California/Alameda County program developed along similar lines)
- See reports and proposals developed at the Pacific Center for Special Care at the University of the Pacific School of Dentistry on the Virtual Dental Home system and Value-based incentives,
- surgeon general's report
- IOM report(s) in 2011
- There are any number of states with excellent oral health surveillance systems, including many states currently funded by CDC for infrastructure enhancement.
- Tele-dentistry project model through UOP, project implemented by Dr. Glassman
- We would like to make the group aware of research the California Dental Association conducted and the proposal that resulted from that work. Released in 2011, the proposal takes a strategic approach, making multiple recommendations intended to be implemented in 3 phases over 7-10 years. Entitled Phased Strategies for Reducing Barriers to Dental Care in California, the proposal can be accessed on cda.org at: [http://www.cda.org/Portals/0/pdfs/access\\_proposal.pdf](http://www.cda.org/Portals/0/pdfs/access_proposal.pdf)
- There are several pilots around the country employing silver nitrate/F varnish or SDF in specific populations for caries arrest and control. There was a meeting recently in Hood River, OR. Convened by QUEST with partial funding by Dentaquest and Delta of Wisconsin. The proceeding should be coming out soon.
- CMS Oral Health Initiative has series of webinars including Medicaid approaches to reducing ECC, School-Based Health, etc. that feature speakers from other states with whom best practices could be obtained. Diane Baum from Washington's ABCD Program or Dr. Fine from Alameda's version of ABCD comes to mind.
- Policymakers, as well as the general public, need to understand the connection between oral health and total health. Increasing awareness is pivotal in aiding local and state oral health advocates to obtain more funding. The new funding needs to be geared to what works for the prevention and treatment of oral disease. Evidence based science will lead us to the correct path to address CA oral health problems. Therefore, Program/Policy Evaluation should be the third objective.
- Universal access to preventative and maintenance oral health care has been proven to be the most cost effective and outcome based approach to oral health care by numerous peer reviewed studies.

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- General fund expenditures to maintain & grow CWF
- Advertising campaigns to maintain & grow support for CWF
- Advertising campaigns to increase utilization of CWF, especially in Spanish-speaking communities
- Capital funding support for FQHC dental service expansions in HPSAs, including SBHC
- Clarification of multiple FQHC billing barriers
- Organized, collaborative statewide sealant initiatives
- Incorporating oral health into primary care practice for early prevention
- Increasing/incentivizing FFS Dental fees for perinatal & children 0-5 preventive services
- Early entry into Medi-Cal yields lower cost, North Carolina Study;
- WIC as a powerful and demonstrated entry point for primary preventive services and access to ongoing care.
- ABCD and the Alameda County Healthy Kids, Healthy Teeth Program models of innovative population based practices to increase access to care.
- School based dental sealant programs, maximizing partnerships of FQHCs, and local health Dept.
- Maximizing CHDP programs for recruitment and retention of dental providers.
- Indian Health Service (IHS) Basic Screening Survey Results; IHS Early Childhood Caries Initiative
- Sealants for preventing dental decay in the permanent teeth. Anneli Ahovuo-Saloranta, Helena Forss, Tanya Walsh, Anne Hiiri, Anne Nordblad, Marjukka Mäkelä, Helen V Worthington, Cochrane, March 2013
- Virtual Dental Home
- Oregon's ACO model (I think)
- Medicaid program enhancements implemented in Connecticut, Texas and Michigan (and several other states across the U.S.)
- A number of the CDC funded states oral health plans with excellent components targeting financing oral health care and developing and sustaining disease prevention programs.
- Re: Objective 2, engaging with Oral Health Action California and other state-based organizations active in oral health policy advocacy could be helpful to provide landscape of local coalitions that could provide input into plan/coordinate efforts/share insights on how their county can support.
- The creation of a fully integrated oral health care program has proven to be a very successful model in the FQHC environment and it is this integration that must be promoted across the healthcare system.
- An increased focus on building a robust workforce to meet the growing demand, including but not limited to: dentists. Maximizing the use of both mid-levels and technology to address the needs of the communities.
- Fluoride varnishes for preventing dental caries in children and adolescents. Valeria CC Marinho, Helen V Worthington, Tanya Walsh, Jan E Clarkson, Cochrane, July 2013
- My Smile Buddy The My Smile Buddy program in New York City uses community health workers without previous dental training to engage poor, minority, low-literacy parents

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of young children in order to assess a child's risk for early dental disease, provide pediatric oral health education, and help them set oral health goals, based on their specific needs. The community health workers are equipped with an iPad to support individualized plan development and implementation work. Initial studies of the project have demonstrated positive results.

- Child Health Investment Partnership (CHIP) Child Health Investment Partnership (CHIP) of Roanoke Valley, Virginia: a home visiting program that promotes children's health and family self-sufficiency. CHIP's Begin With A Grin program provides preventive dental services in the home (oral health anticipatory guidance and fluoride varnish) for children from 0 to 6 years old. The home visiting model introduces children and their families to dental prevention and has been shown to improve dental health literacy, establish dental homes, and increase the application of fluoride varnish.