INTRODUCTION

As the Oral Health Progress and Equity Network (OPEN) launches its brand and is on the precipice of having an independent backbone organization, the time is right to take stock of what the Network has accomplished and how it needs to move ahead to achieve its goals. In the summer of 2018, Network members formed "target teams" that led an assessment of progress toward the **Network's seven targets**. Each target, identified by the Network in 2014 for achievement by 2020, included milestones to reach by 2018 as markers of progress and indicators of needed adjustments.

Using data collection templates created by each target team, Network state and grassroots reps pulled together information and insights reflecting progress made toward each milestone in their states. With support from the Network Stewardship and Learning Workgroup, Health Equity Workgroup, and the Network Support Team (NeST), the target teams compiled and analyzed findings from across the country in order to illustrate the Network's collective progress and identify critical areas of effort to engage in between now and 2020.

This Executive Summary summarizes the findings of the Network milestone assessment, including the extent of achievement, highlights of success, and obstacles to additional progress toward each target. As shared below, *THE NETWORK HAS EITHER ACHIEVED OR IS ON ITS WAY TO MEETING 27 OF THE TARGETS' 36 MILESTONES,* suggesting incredible progress to date, while also highlighting a need to consider some new or different approaches to reach all of the targets by 2020. A more extensive discussion of these findings is presented in the accompanying report.
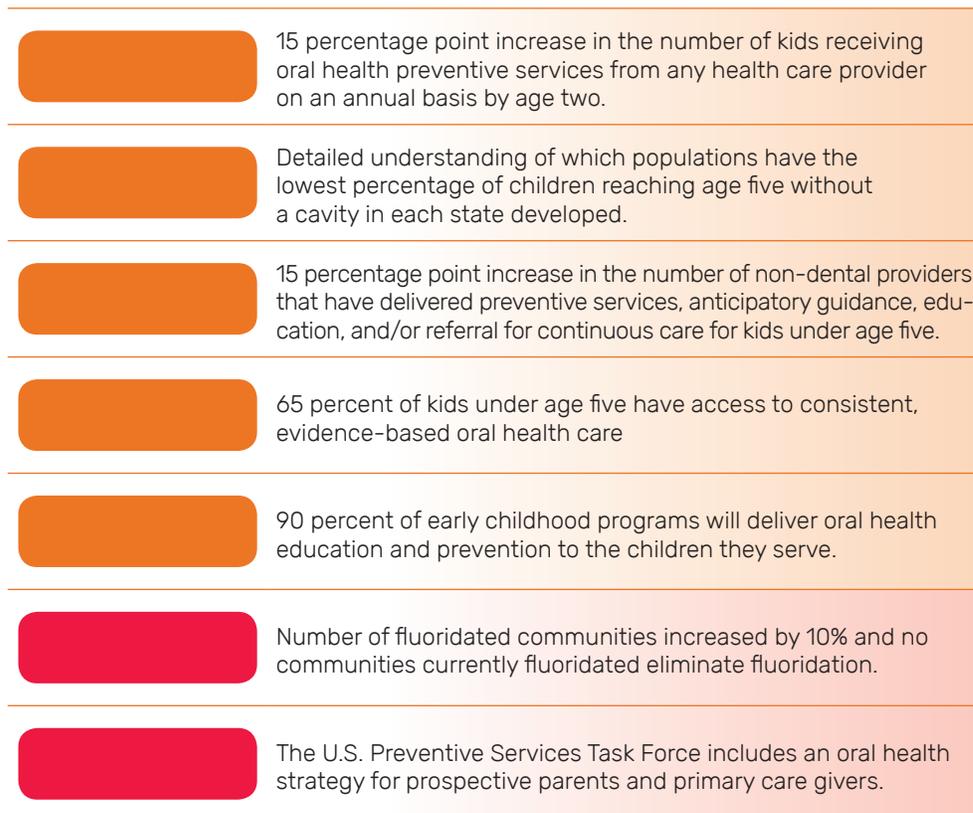
CHILDREN

GOAL Eradicate dental disease in children.

TARGET With the closing of disparity gaps, 85% of children reach age five without a cavity.

With the majority of this target's milestones in view, meaningful progress has been made nationwide toward eradicating dental disease in children. There have been consistent improvements in oral health care access rates; continued reduction in caries experience in young children; and ongoing interest, discussion, and programs in federal and state agencies to improve access to dental care for Medicaid-enrolled children. The U.S. Preventive Services Task Force (USPSTF) recommendation that children ages five and under receive fluoride varnish applications from their primary care providers was also significant, in that it requires all insurers who participate in the Affordable Care Act marketplaces to reimburse physicians for this service. There is momentum for further improving children's oral health through:

- Medical-dental integration and collaboration
- Lifting up consistent and evidence-based oral health care as necessary to a child's overall health
- Improving oral health education and messaging to ensure that it is targeted and received through multiple channels

The chart below summarizes milestone progress for this goal and target.

	15 percentage point increase in the number of kids receiving oral health preventive services from any health care provider on an annual basis by age two.
	Detailed understanding of which populations have the lowest percentage of children reaching age five without a cavity in each state developed.
	15 percentage point increase in the number of non-dental providers that have delivered preventive services, anticipatory guidance, education, and/or referral for continuous care for kids under age five.
	65 percent of kids under age five have access to consistent, evidence-based oral health care
	90 percent of early childhood programs will deliver oral health education and prevention to the children they serve.
	Number of fluoridated communities increased by 10% and no communities currently fluoridated eliminate fluoridation.
	The U.S. Preventive Services Task Force includes an oral health strategy for prospective parents and primary care givers.

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The first five years of children's lives are critical to their development cognitively, emotionally, and physically. Oral health is no exception.

KEY OBSTACLES

- Lack of prioritization and incentives for preventive care in the Medicaid oral health care delivery system
- Many dentists' discomfort seeing very young children and too few pediatric dentists to do so
- Inadequate and inconsistent data collection by states and other stakeholders
- Misalignment of payment, data collection, and informational resources to support oral health care delivery by non-dental providers
- Lack of an agreed-upon, evidenced-based approach to oral health care for children
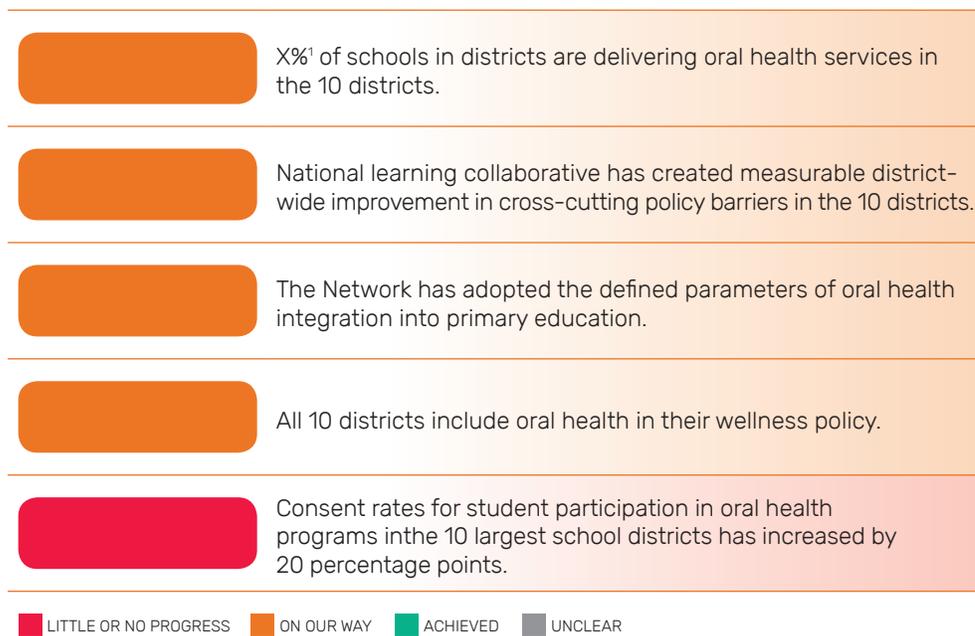
SCHOOLS

GOAL Incorporate oral health into the primary education system.

TARGET The 10 largest school districts have incorporated oral health into their systems.

Where we are: With leadership from the School-Based Health Alliance, the Network is on its way to meeting four of this target's five milestones. Participants in the target's learning collaborative have benefited greatly from sharing approaches to driving change with one another — an ongoing "cross-pollination" of ideas. Approaches undertaken in districts such as New York and Houston to improve rates of consent offer promising practices for others to consider and build upon. Further, Network efforts produced a framework for oral health integration in schools, guided by the varied programs, services, and unique collaborations among school districts, public and private providers, and families.

The chart below summarizes milestone progress for this goal and target.

X%[1] of schools in districts are delivering oral health services in the 10 districts.

National learning collaborative has created measurable district-wide improvement in cross-cutting policy barriers in the 10 districts.

The Network has adopted the defined parameters of oral health integration into primary education.

All 10 districts include oral health in their wellness policy.

Consent rates for student participation in oral health programs inthe 10 largest school districts has increased by 20 percentage points.

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[1] *A target percentage for this milestone was never defined.*

The implications of oral disease for children extend to their overall health, self-image, and quality of life, and specifically affects their ability to be successful in school.

KEY OBSTACLES

- Oral health is often buried deep in educational curricula, where changes take much time and resources
- Most teams worked on changes at the site, rather than district level, and focused on small increments of change
- The need to raise awareness and buy-in for school oral health integration parameters
- Low awareness and appreciation in schools and districts about the importance of oral health, along with competing mandates and priorities
- Lack of funding for oral health investment by schools
- Fear among families with undocumented members

MEDICAID

GOAL Include an adult dental benefit in publicly funded health coverage.

TARGET At least 30 states have an extensive Medicaid adult dental benefit.

Where we are: Progress toward the Medicaid milestones has been very strong: the Network achieved three of the five milestones and is on its way to another. The most impressive and promising findings were 20 states' increases in covered services for all Medicaid–eligible adults, and 21 states' coverage increases for specific Medicaid eligibility groups. This happened amidst great uncertainty about the future of the Medicaid program and other funding related to the **Affordable Care Act**, suggesting strong will among states and other stakeholders to maximize coverage and access, as long as laws and resources allow.

The chart below summarizes milestone progress for this goal and target.
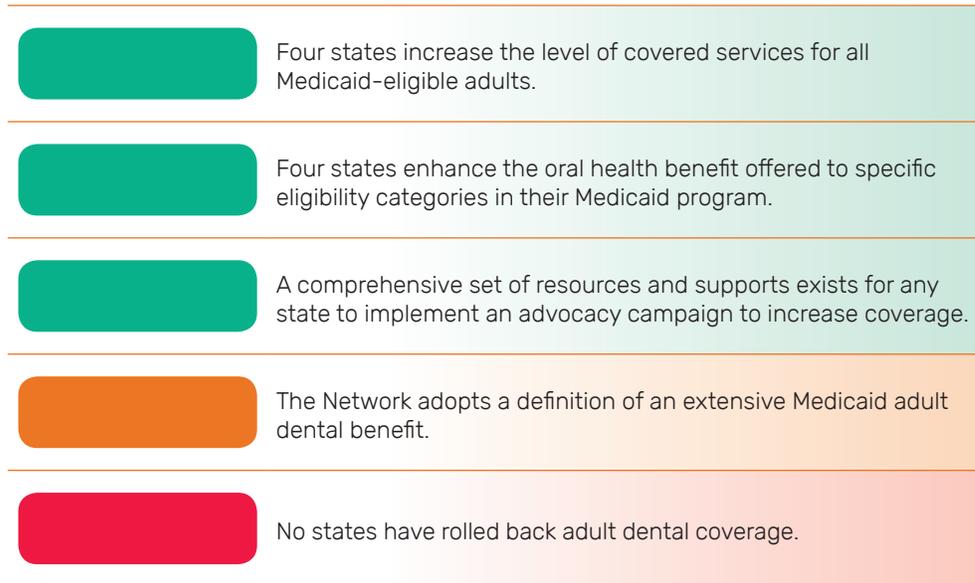
Given the connection between oral and overall health, the impact of inequitable access to oral health care is great, even more so for Medicaid beneficiaries.

Four states increase the level of covered services for all Medicaid–eligible adults.

Four states enhance the oral health benefit offered to specific eligibility categories in their Medicaid program.

A comprehensive set of resources and supports exists for any state to implement an advocacy campaign to increase coverage.

The Network adopts a definition of an extensive Medicaid adult dental benefit.

No states have rolled back adult dental coverage.

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KEY OBSTACLES

- States' flexibility to reduce or eliminate the Medicaid dental benefit at any time
- Limited funding and competing legislative priorities
- Diverse opinions on necessary components of an extensive dental benefit in Medicaid
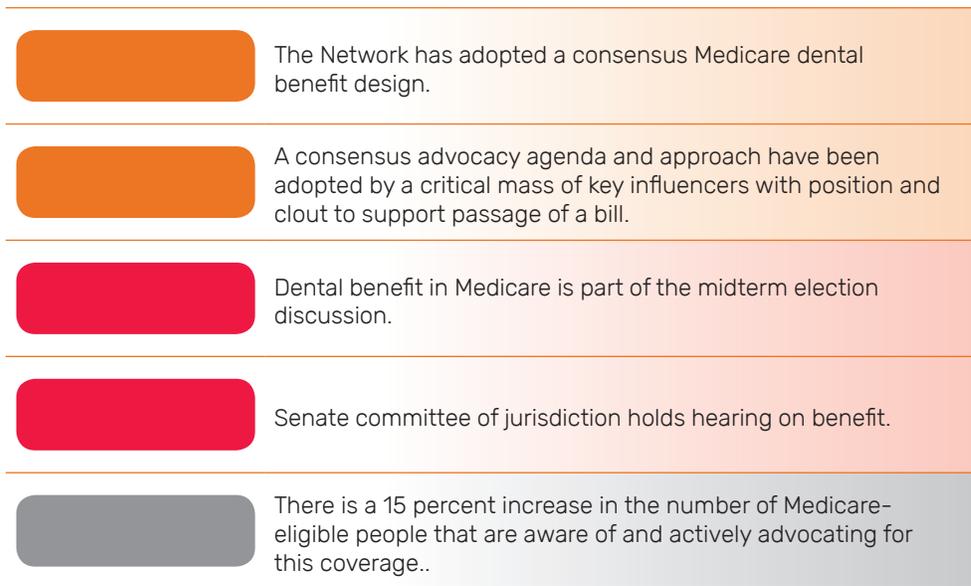
MEDICARE

GOAL Include an adult dental benefit in publicly funded health coverage.

TARGET Medicare includes an extensive dental benefit.

Where we are: While few considered a Medicare dental benefit to be feasible when this work began, the Network is on its way to producing a consensus dental benefit design led by a powerful coalition of stakeholders committed to moving it forward. Key accomplishments toward this target include the engagement of a wide group of subject-matter experts, Medicare advocates, and other stakeholders to design a benefit and advocacy strategy. Their consensus included agreement on a strategy to advocate that CMS use its current regulatory ability to cover medically necessary dental procedures.

In addition, publication of the Oral Health America 2018 white paper, **An Oral Health Benefit in Medicare Part B: It's Time to Include Oral Health in Health Care**, reflected consensus on benefit design and financing among key national organizations including the **American Dental Association**, **Center for Medicare Advocacy**, **Families USA**, **Justice in Aging**, and the **Santa Fe Group**. Congressional visits, though still modest, are also notable in forming a ground floor for greater advocacy. Another key accomplishment was the impact of the "Demand Medicare Dental" campaign piloted in 2017 in Orlando, Florida, which produced broad support from constituents of different political leanings and various age groups, and later spread to other markets.

The chart below summarizes milestone progress for this goal and target.

	The Network has adopted a consensus Medicare dental benefit design.
	A consensus advocacy agenda and approach have been adopted by a critical mass of key influencers with position and clout to support passage of a bill.
	Dental benefit in Medicare is part of the midterm election discussion.
	Senate committee of jurisdiction holds hearing on benefit.
	There is a 15 percent increase in the number of Medicare-eligible people that are aware of and actively advocating for this coverage..

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Millions of aging Americans are shocked to learn that Medicare does not include any oral health benefit.

KEY OBSTACLES

- Competing priorities and scarce resources among state groups to devote time to Medicare

- The need for a supportive president in office

- Competing health care issues, including prioritization of a Medicaid adult dental benefit in states without it

- Lack of understanding or appreciation among legislators about the importance of a dental benefit or prioritization of older adults

- Inadequate resources for an adult oral health advocacy agenda

MEASUREMENT

GOAL Build a comprehensive national oral health measurement system.

TARGET A national and state-based oral health measurement system is in place.

Where we are: Progress toward the measurement target has been mixed, with bright spots around aligned Network-wide data collection and the development of recommendations for a core set of measures. The white paper **Making Oral Health Count: Toward a Comprehensive Oral Health Measurement System** was a tremendous accomplishment in this area, including a matrix of oral health measurement priorities and a driver diagram outlining factors that may advance progress toward a more ideal oral health measurement system. Produced by the **Children's Dental Health Project** and the **Association of State and Territorial Dental Directors**, the brief resulted from a multi-year effort to gather oral health stakeholder input on the state of oral health measurement and data collection, and opportunities to move toward the Network's measurement target. With input from key stakeholders in the measurement space, it represents both strong consensus and technical precision.

The chart below summarizes milestone progress for this goal and target.
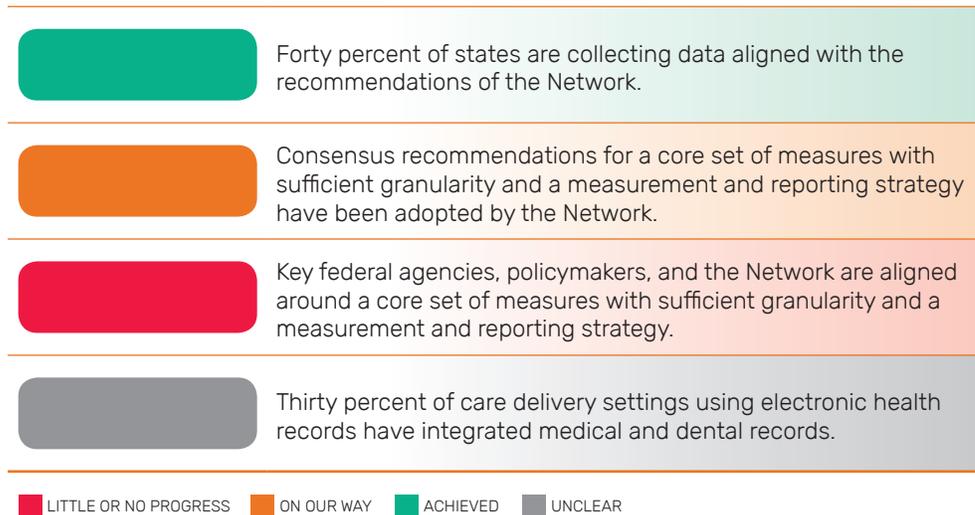
To better inform policy and improve accountability, policymakers and advocates continue to seek a comprehensive and well-aligned system of oral health measurement.

	Forty percent of states are collecting data aligned with the recommendations of the Network.
	Consensus recommendations for a core set of measures with sufficient granularity and a measurement and reporting strategy have been adopted by the Network.
	Key federal agencies, policymakers, and the Network are aligned around a core set of measures with sufficient granularity and a measurement and reporting strategy.
	Thirty percent of care delivery settings using electronic health records have integrated medical and dental records.

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KEY OBSTACLES

- A challenging political environment that resulted in disruption of many improvement efforts
- Lack of resources for additional data collection and/or integration
- Insufficient availability of interoperable electronic health records
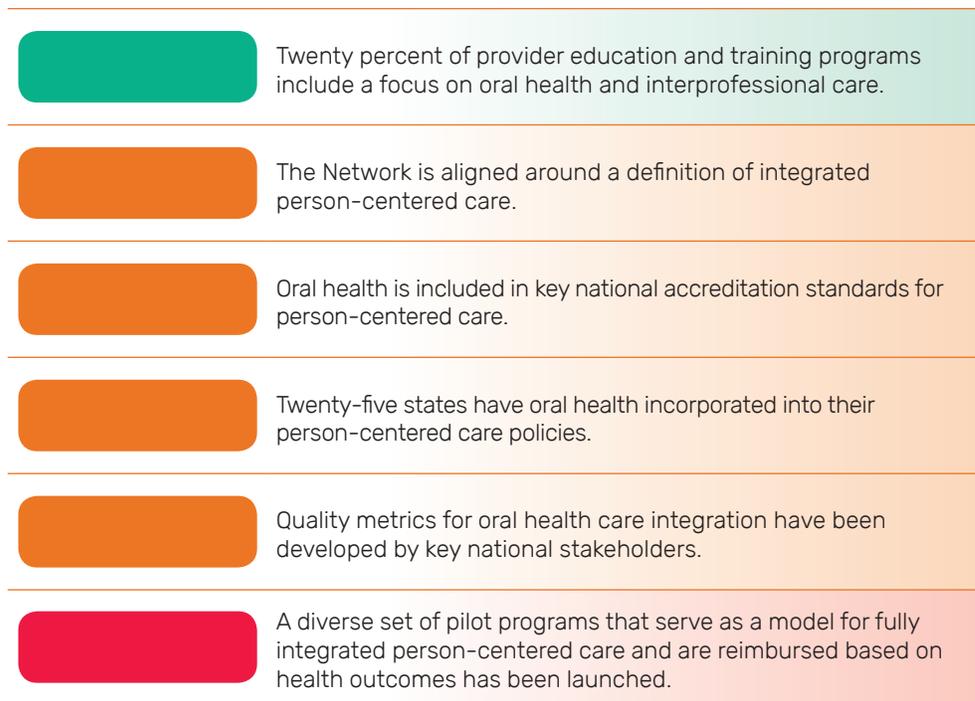- Competing priorities

PERSON-CENTERED CARE

GOAL Integrate oral health into person-centered health care.

TARGET Oral health is integrated into at least 50% of emerging person-centered care models.

Where we are: The Network made meaningful progress toward oral health integration in patient-centered care models, with foundational achievements including two thirds of states' reporting provider education programs that address interprofessional care including oral health (far-exceeding that milestone). Pivotal to this success has been the **Smiles for Life** online oral health curriculum. Movement in national accreditation standards, person-centered care policies, a nascent and emerging alignment around a definition of integrated person-centered care,and quality metrics for oral health care integration further point to recognition of the target's importance in advancing both oral and overall health outcomes.

The chart below summarizes milestone progress for this goal and target.

🟩	Twenty percent of provider education and training programs include a focus on oral health and interprofessional care.
🟧	The Network is aligned around a definition of integrated person-centered care.
🟧	Oral health is included in key national accreditation standards for person-centered care.
🟧	Twenty-five states have oral health incorporated into their person-centered care policies.
🟧	Quality metrics for oral health care integration have been developed by key national stakeholders.
🟥	A diverse set of pilot programs that serve as a model for fully integrated person-centered care and are reimbursed based on health outcomes has been launched.

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Increased awareness of the importance of oral health to overall health has made organizations more willing to focus on oral health, driving accrediting organizations to recognize it.

KEY OBSTACLES

- The slow pace of change
- A lack of funding for states to test innovative care models, particularly for reimbursing the delivery of integrated care
- Uncertainty about the return on investment of oral health care
- Low prioritization of oral health
- Little integration between electronic health records and electronic dental records
- A lack of consensus around what metrics to use to assess oral health care integration

PUBLIC PERCEPTION

GOAL Improve the public perception of the value of oral health to overall health.

TARGET Oral health is increasingly included in health dialogue and public policy.

Where we are: The Network made meaningful progress toward all four of the target's milestones, due largely in part to endeavors of the Policy Network Response Team and concerted efforts by Network members to understand and apply framed messages to their work. The February 2018 New York Times article "**How Dental Inequality Hurts Americans**" was a clear example of a well-framed media piece on oral health that resulted directly from Network efforts. The article highlighted connections between inadequate access to oral health care through Medicaid and dental disease, systemic disease, social interactions, pain, personal appearance, and employability.

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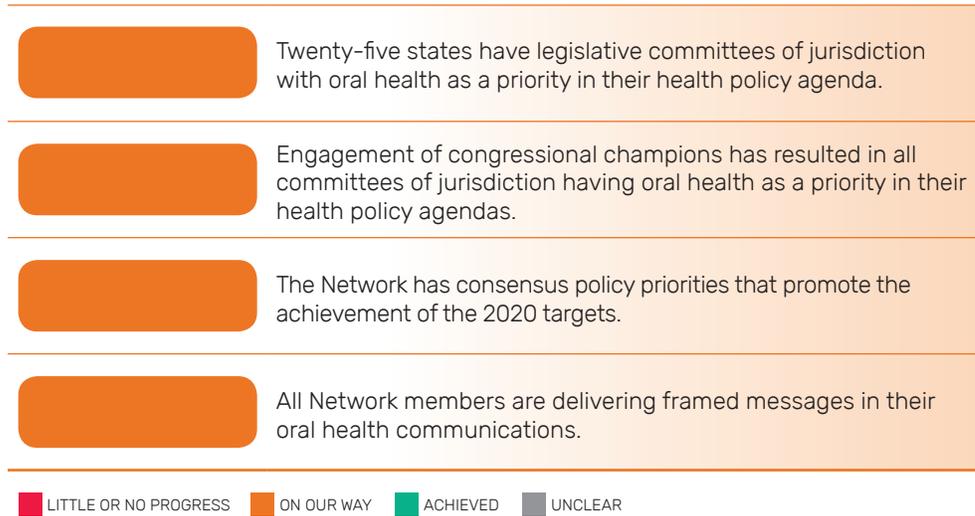
Changing the public discourse about oral health – that it is not just about the teeth and mouth, but about overall health, quality of life, and equity – is critical to creating an environment where oral health equals overall health.

Twenty-five states have legislative committees of jurisdiction with oral health as a priority in their health policy agenda.

Engagement of congressional champions has resulted in all committees of jurisdiction having oral health as a priority in their health policy agendas.

The Network has consensus policy priorities that promote the achievement of the 2020 targets.

All Network members are delivering framed messages in their oral health communications.

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KEY OBSTACLES

- Inadequate funding for advocacy
- Competing policy priorities
- The absence of an oral health coalition or of political/legislative champions
- Tremendous diversity on the types of policy initiatives on which Network members are working – making agreement on Network-wide policy goals challenging
- The need for significant shifts in mindsets about approaches to communication, which takes time