



Members of the Oral Health Progress and Equity Network (OPEN) take on America's oral health challenges so that everyone has an equitable chance to thrive. To accomplish this, the network developed six major goals (to achieve by 2020) that range from issues of coverage, to perception, to improving oral health outcomes. As the network has grown and matured, members have come to realize that to achieve these goals, change must also happen in the larger systems — namely, government, policy, and the dental care delivery system — that influence oral health.

OPEN's Policy Team has compiled the following comments to highlight how government and policy impacts each of the network's goals. We hope these statements can serve to clarify some of the aims and activities shared by Policy Team members, but more than that, we hope they may also support network members who may be rethinking the scope of their organization's work and how they engage in these new activities.

GOAL 1

Eradicate dental disease in children

With the closing of disparity gaps, 85% of children reach age 5 without a cavity

WHY

Dental disease is the most common chronic disease in children; it contributes to poor nutrition, failure to thrive and other health problems.

Due to a multitude of barriers, including limited access to clean, fluoridated water and nutritious food; access to affordable dental coverage and care; and scarcity of oral health providers in low income areas, poor oral health disproportionately affects children from low-income families, as well as rural, Black, Hispanic, and Native American children.

Research demonstrates that when dental care begins before age five, children's oral health outcomes are better and the costs associated with their care are lower. Advocacy for federal, state, and local policies that support easy and affordable access to oral health services is necessary to ensure as many children as possible reach the age of five without a cavity.

**SUPPORTING
POLICIES &
INITIATIVES**

- Water Fluoridation: Preserve or grow programs that increase the number of people with access to fluoridated water
- Dental Coverage: Protect or improve programs that provide pediatric dental coverage to children and families, like Medicaid and the Children's Health Insurance Program
- Oral Health Workforce: Support workforce models that provide community-based care
- Oral Health Data: Include oral health data, aggregated by race, income, and geography, in state and local surveillance

GOAL 2

Incorporate oral health into the primary education system

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

WHY

Children can't sleep, eat, or learn if they are in pain, yet dental disease is the most common childhood disease, leading to millions of lost school-hours every year.

School-based oral health services, which range from full-service dental clinics to nurse-supported prevention-only care, meet children where they are and can be an effective tool to prevent and treat dental disease and provide oral health education and referrals to dental homes.

Support of federal, state, and local policies that increase participation in school-based services will expand the number of children seen in school settings and improve decay rates across the country.

SUPPORTING POLICIES & INITIATIVES

- Oral Health Workforce: Support workforce models that provide community-based care
- Policies that reinforce the importance and accessibility of a dental home and ongoing oral health care throughout school age years
- Funding: Champion funding and payment models that support school-based care

GOAL 3

Include an adult dental benefit in publicly-funded health coverage

WHY

Medicaid and Medicare provide publicly-funded healthcare coverage to over 100 million people, or 35% of the nation. Currently, neither program is required to cover dental services for adults enrolled. As a result, many adults who have insurance coverage through these programs cannot access preventive oral health services to stop problems before they start, or treatment to manage dental problems that contribute to costly chronic diseases and other life-threatening issues.

Medicare is a federal program for older Americans and people with disabilities. It does not include a dental benefit. Medicaid is a federal and state partnership to provide insurance coverage for low income people and people with disabilities. Medicaid provides oral health coverage for children, but states may decide whether to provide dental benefits to adults, including which groups of adults qualify for dental coverage and what services are covered. Support for federal and state policies that protect existing dental coverage will ensure no one loses the coverage they have now. State and federal policy change can also increase the number of adults eligible for dental benefits and expand the types of services covered. Such policy change could extend affordable, necessary, and life-saving dental care to a third of the U.S. population. It also would mark a significant step towards integrating dental and physical health care systems.

SUPPORTING POLICIES & INITIATIVES

- Adult Dental Coverage in Medicaid: Protect existing Medicaid programs that provide an adult dental benefit and advocate to include adult dental benefits in those that don't
- Dental Coverage in Medicare: Support the addition of a dental benefit for all adults in Medicare
- Alternative sources of coverage: Additional options include working with managed care organizations at the state and national levels to offer additional dental services to beneficiaries
- Adult Utilization: Encourage programs that promote integration of medical and dental services, education, and referrals so that adults are accessing care available to them

GOAL 4

Build a comprehensive national oral health measurement system

WHY

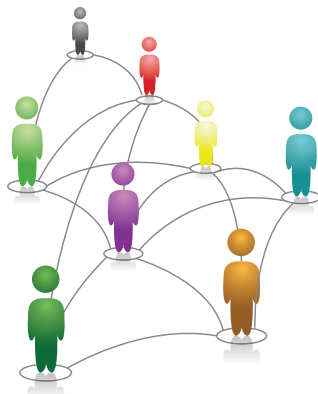
Timely and accurate data can inform and justify policy change, funding allocations, and program innovation.

Providers, payers, and regulators have historically attempted to track what is done to patients to varying levels of success, and further struggled to track patients' oral health status. The currently available landscape of data often varies drastically across states, coverage sources, and patient types. As we aim to tackle issues of coverage, access, and perception, building a clearer picture of our current oral health delivery system and national oral health status is necessary to understand and address the conditions that contribute to poor oral health outcomes, including the disparities that exist by race, ethnicity, age, geography, and income, as well as to inform the strategies we choose for improvement. Current measurement systems could benefit from expanded scope, increased resources and prioritization, more intentional indicators that better align to health priorities, and improved integration with medical data.

Positive movement from local governments and industry is beginning to reorient and strengthen our measurement systems and OPEN is developing documents to inform national efforts. However, further policy change to promote oversight and funding of these efforts at the local, state, and national levels is necessary to build on these accomplishments. Implementation of these policies will enable providers, program managers, and elected officials to develop, evaluate, and refine health programs, make optimal use of limited funds and resources, and more generally support the improved overall health, agency, and well-being of all people.

SUPPORTING POLICIES & INITIATIVES

- Reimbursement of oral health status/risk assessments measurement: Local governments and health systems are reimbursing measures of oral health status, such as caries risk assessments, as part of regular medical and/or dental care. Such policies help integrate the practice into routine care and give a better understanding of patient and community health status over time
- Reporting and transparency requirements: Policies requiring transparency and public reporting of health systems measures, like Oregon's call for Coordinated Care Organizations to report local metrics, present successes, needs, and disparities, and spark questions and debates that can lead to improved access to oral health services and programs
- Including oral health measurement requirements in other health initiatives: Increasing use of oral health measurements in electronic health records can be an important tool for further integration of medical and dental healthcare. For example, In Massachusetts, community health centers piloted medical-dental integration programs with a special focus on key metrics for quality improvement as well as care protocols. Meanwhile, the American Dental Association's release of an updated set of diagnostic codes and quality measures give health care practitioners a ready-made tool to aid in these efforts



The Oral Health 2020 Network is a national network of individuals and organizations that believe oral health is essential to overall health and wellbeing and has organized across the country to ensure that fact is widely understood and embraced. By focusing on early access and prevention for children, care and coverage across the lifespan, ensuring that oral health is integrated into our overall healthcare, and creating a new social norm for what it means to be healthy, we are building an environment in which all individuals can thrive.

GOAL 5

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

WHY

Oral health is often absent in the public dialogue on health and in public policies designed to improve health. There is a need to develop an understanding among the public and policy makers that health means overall health and wellbeing, and that oral health is a component of overall health that must be supported by an integrated system of care focused on putting people at the center of that system.

As oral health is increasingly included in health dialogue and public policy, we anticipate that oral health-specific strategies will be better funded and better resourced. To meet this goal, it is critical to educate policy makers and leaders in the health community about oral health and the policy solutions required to address the unnecessary suffering and inequities caused by lack of access to oral healthcare.

SUPPORTING POLICIES & INITIATIVES

- **Messaging:** OPEN is promoting “framed” messages with shared language and focus. Using these framed messages, network members can engage in campaigns that build awareness among community members, leaders, and elected officials, of the importance of oral health for overall health and that systems change is required to meet the oral health needs of the full community
- **Education:** Educational campaigns for legislative bodies at the state, federal, and even local levels can demonstrate that oral health is a high priority and make progress by creating oral health legislative caucuses, discussing and debating issues pertinent to oral health, or identifying oral health as a stated priority for relevant committees
- **Developing goals:** Developing and sharing network-wide policy priorities (such as those identified in the other five targets) so the network can speak with a unified voice in lifting up policy solutions to the epidemic of dental disease in America

GOAL 6

Integrate oral health into person-centered healthcare

WHY

The movement towards person-centered healthcare has been putting patients and their families at the heart of every healthcare decision for over a decade, yet few of these person-centered models include oral health in a meaningful way. Given the connection of oral health to overall health and wellbeing, it is essential that oral healthcare be integrated into more of these models. Many person- and family-centered care and payment models are being developed and funded through initiatives of state Medicaid programs or federal agencies. Advocating for inclusion of oral health as these models develop is vital to ensuring whole-person care that includes oral health.

SUPPORTING POLICIES & INITIATIVES

- **Including oral health in “medical home” models:** Whole-person approaches to care within a “medical home” should also include oral healthcare. This will require appropriate reimbursement rates for oral health services provided in primary care settings
- **Including oral health in quality care models and metrics:** The inclusion of oral health in person-centered care policies and in key national accreditation standards, as well as development and adoption of quality metrics for oral healthcare integration, which are agreed to by key stakeholders
- **Including oral health in new payment models:** Adoption of value-based care models for person-centered primary care and dental care will allow for oral health to be a part of innovation and whole-health efforts
- **Including oral health in infrastructure design:** New systems will require information technology that supports the entire healthcare community and allows for the sharing of patient data between dental and medical providers, as well as supporting bi-directional referrals between all types of providers, including dental offices