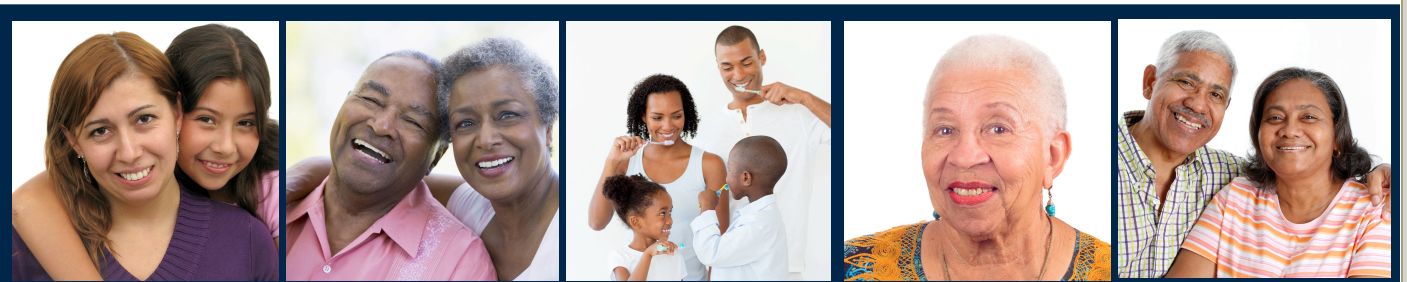




BOSTON PUBLIC HEALTH COMMISSION

OFFICE OF ORAL HEALTH

BOSTON ORAL HEALTH IMPROVEMENT WORKPLAN



Office of Oral Health
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Boston Public Health Commission
Office of Oral Health
Boston Oral Health Improvement Workplan



Boston Public Health Commission

Office of Oral Health

Boston Oral Health Improvement Workplan

Office of Oral Health Mission

The mission of the Office of Oral Health is to improve the oral health of the residents of the City of Boston by eliminating health disparities and inequities and ensuring access to oral health care for all residents.

Oral Health Improvement Coalition

The role of the Oral Health Improvement Coalition is to address oral health disparities by advancing a citywide workplan to promote oral health, prevent disease and close gaps in service for underserved populations.

Need statement

Despite major progress in preventing dental decay and reducing oral infections in recent years – attributable to water fluoridation efforts and increased access – oral disease still poses a significant health threat to people of all ages, both on a local and national level. Dental decay is a bacterial infection with devastating systemic and psychosocial effects if left untreated. The burden of unmet need for vulnerable populations across the lifespan remains an acute problem.

Dental caries continues to be the most common chronic disease affecting children in the United States. It is 5 times more common than asthma and 7 times more common than hay fever. Research indicates that the prevalence rate of caries increases across the human life span. The frequency of caries in children is 18% in children aged 2 to 4 years; 52% in children aged 6 to 8 years; and 67% in children aged 12 to 17 years. The prevalence rates vary by ethnicity as well as socioeconomic status with African American and Hispanic children having the higher rates of caries at all ages, compared with white non-Hispanic children¹.

Adults and seniors also suffer from dental diseases that lead to tooth loss that can interfere with their ability to chew and speak properly and lead to poor nutritional intake, health status and self-esteem. Although it is preventable, risk for tooth loss increases with age, for people of color, and low-income populations.

In Boston, the disparities in access to dental care and dental status vary by neighborhood, public housing residency, race, age, and socioeconomic status. In 2008, 84% of residents with reported household income earnings of \$50,000 or more had dental insurance coverage (public and private) in comparison to those with less income². Imbalances exist in access to dental care as well: while 91% of Boston adults had health insurance coverage in 2005, only 62% had insurance to cover routine dental care³. Boston children experience higher rates of oral disease including untreated decay (dental caries) and mouth pain, than children in other parts of Massachusetts.⁴

¹ US Department of Health and Human Services. Oral Health in America: A Report of the Surgeon General. Rockville, MD: US Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health; 2000.

² Health of Boston 2010. Boston Public Health Commission, Research Office, Boston, Massachusetts 2010

³ The Health of Boston 2008. Boston Public Health Commission, Research Office, Boston, Massachusetts 2008

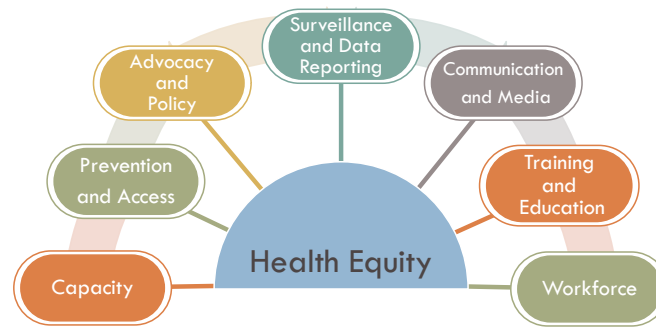
⁴ Catalyst Institute. The Oral Health of Massachusetts' Children, January 2008

Workplan Goal

The goal of the Boston Oral Health Improvement plan is to improve the oral health of Boston residents and prevent oral health disease by:

- Increasing knowledge and promoting the importance on the link of oral health to overall health and well-being;
- Reducing disparities and inequities in dental disease by income, race, ethnicity, age and public housing status;
- Changing social norms, expectations and beliefs around oral health by mobilizing communities and residents for action; and
- Identifying and supporting methods to increase a racially and ethnically diverse dental workforce.

These goals will be met by addressing seven crosscutting areas:



Capacity

Capacity includes having an adequate supply of oral health providers and ensuring that they are linguistically, ethnically and culturally competent and geographically accessible to the population. Increasing capacity can be achieved through broadening the settings, locations, professions and people who provide oral health outreach, education and services.

Populations targeted: All

Objectives

1. Monitor and expand capacity of Boston’s safety-net providers.
2. Increase availability of home-based and community programs for vulnerable populations.
3. Support and expand school-based and early childcare oral health programs to promote optimal oral health.
4. Integrate oral health screening questions utilizing existing assessment tools in primary care and school-based settings.

Prevention and Access

Prevention is the cornerstone of public health. Sound personal oral hygiene practice coupled with access to community water fluoridation and other fluoridation products and sealants largely account for the improved overall oral health status of Boston residents. With regular and early access to preventive and basic restorative care, oral disease and tooth loss can be prevented.

Populations targeted: All

Objectives

1. Promote evidence-based methods of preventing oral disease and ensuring that Boston residents have access to these measures.
2. Increase the number of residents with adequate dental coverage.
3. Increase the number of residents with identified dental home and/or dental provider.

Advocacy and Policy

Advocacy efforts influence public policy and resource allocation decisions within political, economic, and social systems to ensure equal distribution and access to needed care and services. Vulnerable populations bear a disproportionate burden of poor oral health status and are at greater risk of disease. They also rely more on public programs. Since 2002, MassHealth adult dental has experienced a continuous cycle of reduction and restorations of benefit coverage. Over half a million adult Commonwealth residents rely on these benefits. Lack of dental coverage and out-of-pocket dental costs continue to hit low-income adult and seniors particularly hard. Protection and promotion of public dental coverage are an essential upstream approach to eliminating health disparities and promoting social justice.

Populations targeted: Low-income, people of color, immigrants and refugees, medically complex, children, women of childbearing age, elderly and all those eligible for publicly sponsored coverage such as MassHealth, Commonwealth Care and CMSP.

Objectives:

1. Advocate to restore MassHealth adult dental benefits to 2008 levels.
2. Advocate to secure dental coverage benefits in all Commonwealth Care plans.
3. Advocate to increase dental benefits provided to children enrolled in the Children's Medical Security Plan (CMSP).

Surveillance and Data Reporting

Surveillance and data reporting are essential components to track oral health status and outcomes. Data provides the basis for measuring the burden of disease among vulnerable populations in order to address gaps and eliminate health inequities. Data also allows for monitoring progress and communicating health status to communities, providers, and policy makers to influence public agenda and advocate for policies and program changes to improve access to services and resources.

Populations targeted: All

Objectives

1. Develop and support standardized processes for surveillance and data sharing that adheres to the recommendations of the Better Oral Health for Massachusetts Coalition (BOHMAC) - a broad-based statewide collaborative - to facilitate better coordination and collaboration of resources.
2. Utilize data to monitor progress and unmet needs to improve oral health outcomes and reduce inequities.

Communication and Media

Communication and media has an important role to play in the promotion of behavior change and improvement of health outcomes. It is also a successful tool in influencing policy changes, improving the

delivery of health services and the quality of life of vulnerable populations⁵. Utilization of audience based communication technologies like media, and social marketing, as well as community grassroots organizing are powerful venues to increase oral health awareness and engage the public, providers, and policymakers in community-centered prevention strategies.

Populations targeted: All

Objectives:

1. Promote the importance of sound oral health to the public, health providers, and policymakers.
2. Communicate to the public the link between oral health and overall health.

Training & Education

Good oral health is essential to overall health. Historically oral health has been the exclusive responsibility of dental professionals. Health care providers, caretakers and educators have a role to play in supporting and facilitating sound oral health across the lifespan. The alarming severity of dental disease among most vulnerable populations calls for new initiatives and ideas. Recent early childhood regulations have expanded opportunities to integrate oral health activities into other nontraditional settings such as primary care, schools, homes and childcare settings.

Populations targeted: All

Objectives

1. Support training of clinical and non-clinical providers to work across the lifespan and across disciplines to create a culture of health that values oral health.
2. Offer evidence-based oral health education and materials to schools, childcare, adult and elder programs and organizations.

Workforce Development

On a local and national level, there are shortages of oral health safety-net providers and a lack of a racially, linguistically and ethnically representative workforce. The cost of dental school and even undergraduate programs are beyond the reach of many otherwise interested and qualified candidates. There is an also limited opportunity for career promotion of oral health professionals (dentists, hygienist, dental assistants, etc) across the spectrum.

Populations targeted: All youth (especially low income youth), immigrants, and people of color

Objectives

1. Incorporate information about oral health careers into elementary through high school career counseling.
2. Support state and federal efforts that expand financial aid, workforce diversity and role expansion for oral health professionals, midlevel providers and non-dental health providers such as school nurses, social workers and case managers.
3. Support and expand efforts to inform dentists, dental hygienists and dental assistants about loan forgiveness and tuition reimbursement programs available for those who commit to serving in underserved and high-risk populations and Dental Health Professional Shortage Areas (DHPSA).

⁵ U.S. Department of Health and Human Services (Objective 11-01). Healthy People 2010. 2nd ed. With Understanding and Improving Health and Objectives for Improving Health. 2 vols. Washington, DC: U.S. Government Printing Office, November 2000. <http://www.health.gov/healthypeople>.

Objectives	Activities Planned to Achieve Objectives	Outcomes / Deliverables/Data/Evaluation	Proposed Resources and/or Partners	Timeline
Capacity				
<p>Objective 1. Monitor and expand capacity of Boston’s safety-net providers.</p>	<p>A. Develop and promote inventory of existing oral health providers in Boston that accept/provide services to MassHealth patients and/or offer free or subsidized services to low income residents.</p> <p>B. Convene meeting with Mass League of Community Health Centers and Mass Department of Public Health to coordinate and standardize efforts to collect and present capacity data.</p> <p>C. Partner with safety-net programs (Community Health Centers, dental and dental hygiene schools) to establish referral systems to link uninsured, under-insured and low-income residents to appropriate and timely care.</p> <p>D. Provide training and technical assistance to private dental providers on strategies to expand Mass Health patient pool and maintain financial stability.</p>	<ul style="list-style-type: none"> – Agreement established with Mass League of Community Health Centers and Mass Department of Public Health Office of Oral Health on standardized tool to survey and collect data on oral health capacity of community health centers and other dental programs. – Inventory of available oral health providers created. – Referral system available and accessible on-line. – 2 trainings conducted. 	<ul style="list-style-type: none"> – Office of Oral Health/BPHC – Mass League of Community Health Centers – Mass Department of Public Health Office of Oral Health – DentaQuest – Mass Dental Society – Dental and Dental Hygiene Schools 	<p>Year 1 and 2</p>
<p>Objective 2. Increase availability of home-based and community programs for vulnerable populations.</p>	<p>A. Sponsor community-based screenings and referrals for vulnerable populations.</p> <p>B. Work with elder care service providers and other relevant partners to identify available resources.</p>	<ul style="list-style-type: none"> – Inventory of available resources for seniors completed. – 10 community-based screenings conducted. – 100 people referred to dental services. 	<ul style="list-style-type: none"> – Mayor’s Health Line – Office of Oral Health/BPHC – Mass Department of Public Health Office of Oral Health – Boston Housing Authority – Mass League of 	<p>Year 1</p>

Objectives	Activities Planned to Achieve Objectives	Outcomes / Deliverables/Data/Evaluation	Proposed Resources and/or Partners	Timeline
			Community Health Centers – Elderly Commission	
Objective 3. Support and expand school-based and early childcare oral health programs to promote optimal oral health.	A. Create an inventory of services being provided in Boston Public Schools and ABCD programs. B. Partner with Child Care Choices of Boston, Child Development and Education Center and other childcare agencies to provide support and training for the implementation of the new Oral Health in Early Childhood regulation to childcare providers. C. Work with Boston Public Schools, School-Based Health Centers and ABCD’s Early Child Care and Education and other childcare organizations to stress the importance of providing oral health screenings, sealants, and education in school and childcare settings.	– Inventory of services offered at BPHC and ABCD programs available. – 300 childcare providers trained on EEC tooth brushing curriculum requirements. – Oral health education components incorporated in all BPS elementary school curriculums. – 75% of all BPS nurses trained on oral health screening and referral system. – Oral health screening and referral implemented and functional.	– Office of Oral Health/BPHC – Boston Public Schools – ABCD’s Early Child Care and Education – Head Start Programs – Head Start Oral Health Consortium – Child Care Choices of Boston – Child Development and Education Center – Healthy Baby, Healthy Child/BPHC – Healthy Start/BPHC – Dental Schools	Year 1
Objective 4. Integrate oral health screening questions utilizing existing assessment tools in primary care, school-based and home-based care settings.	A. Collect inventory of existing assessment tools utilized in primary care, school-based and home-based care settings. B. Work with Mass League of Community Health Centers and other interested partners to develop and pilot assessment tools for primary care providers, school-	– Inventory of available assessment tools researched and identified. – Assessment tool created. – 2 staff trained on new assessment tool at each recruited site.	– Office of Oral Health/BPHC – Mass League of Community Health Centers – Mass Coalition of School-Based	Year 2

Objectives	Activities Planned to Achieve Objectives	Outcomes / Deliverables/Data/Evaluation	Proposed Resources and/or Partners	Timeline
	<p>based and home-based care settings.</p> <p>C. Recruit pilot sites.</p>	<ul style="list-style-type: none"> - Tool piloted at 12 recruited sites (4 primary care settings, 4 school-based settings, and 4 home-based care settings). 	<ul style="list-style-type: none"> - Health Centers - Mass Dental Society - Mass Department of Public Health Office of Oral Health (Fluoride varnish program training) - Mass Department of Public Health/School Based Health Centers - Boston Public School Nurses 	
Prevention and Access				
<p>Objective 1. Promote evidence-based methods of preventing oral disease and ensuring that Boston residents have access to these measures.</p>	<p>A. Utilize existing BPHC efforts (Communications Office and Strategic Alliance for Health) to promote public awareness of the benefits of community water fluoridation and to support opportunities for residents to use tap water.</p> <p>B. Collaborate and support BPHC’s Communications Office and Communities Putting Prevention to Work (CPPW) Soda Free Summer challenge and other activities that promote organizational policy changes to reduce sugar-sweetened beverages.</p> <p>C. Collaborate and support BPHC Tobacco Program oral cancer prevention efforts to</p>	<ul style="list-style-type: none"> - Increase knowledge of Boston resident on the link between soda consumption and oral health. - 5000 soda free summer pledges collected. - Increase the number of organizations establishing policies regarding reduction of sugar-sweetened beverages. - 2 funding/grants secured. - Messaging created and distributed through various channels of communication throughout the city. - 75 health care professionals (Pediatric MD’s, NP’s, and 	<ul style="list-style-type: none"> - Office of Oral Health/BPHC - Strategic Alliance for Health/BPHC - Communities Putting Prevention to Work/BPHC - Tobacco Prevention Program/BPHC - HIV&AIDS Program/BPHC - Center for Health Equity and Social Justice/BPHC - ABCD/Head Start - Boston and Tufts 	<p>Year 1 and 2</p>

Objectives	Activities Planned to Achieve Objectives	Outcomes / Deliverables/Data/Evaluation	Proposed Resources and/or Partners	Timeline
	<p>train health care professionals including dentists, dental hygienists and pharmacists in cessation counseling and referral skills to increase the number of medical professionals who provide cessation counseling.</p> <p>D. Collaborate, support BPHC HIV/AIDS program efforts to ensure people are aware of available dental services, and have access to those services.</p> <p>E. Secure additional funding or reimbursements to increase opportunities for dissemination of benefits and access for sealants and supplemental fluoride varnish application.</p> <p>F. Collaborate with elder and child service agencies including schools to increase number of clients with access to preventative services e.g. sealants, fluoride varnish, and oral cancer screenings.</p> <p>G. Convene quarterly Boston Oral Health Improvement Coalition to provide structure and guidance for the implementation of the city’s workplan.</p> <p>H. Conduct community outreach and education through community events, presentations and website to raise awareness and increase knowledge about measures to prevent oral disease.</p>	<p>residents), 30 dental clinicians (dentists, dental hygienists) and 20 pharmacists trained in cessation counseling and referral.</p> <ul style="list-style-type: none"> – 10-16 CHC dental offices using Quit Line referral system. – 9,000 new clients referred to Quit Line. – 1500 clients using BPHC HIV/AIDS dental referral system. – Office of Oral Health website fully developed with up-to-date information for consumers, policymakers and clinicians. – 3 Boston Oral Health Improvement Coalition meetings convened. – 24 community outreach and education sessions conducted. 	<p>University (Smart Smiles Program)</p> <ul style="list-style-type: none"> – Boston Public Schools – Boston Housing Authorities (BHA) – DentaQuest – Mass Department of Children and Families 	
Objective 2. Increase the number of residents	A. Provide information, referral and enrollment assistance for public and	– Information, referral and	– Office of Oral	Year 1 and 2

Objectives	Activities Planned to Achieve Objectives	Outcomes / Deliverables/Data/Evaluation	Proposed Resources and/or Partners	Timeline
with <i>adequate</i> dental coverage.	<p>safety net programs to Boston residents lacking dental coverage.</p> <p>B. Conduct community outreach and education to increase knowledge about available programs and provide referral support e.g. Mayor’s Health Line Services</p>	<p>enrollment assistance provided to 2000 vulnerable residents.</p> <ul style="list-style-type: none"> – 500 residents using Office of Oral Health and Mayor’s Health Line’s multilingual call service – 24 events/outreach efforts conducted. 	<p>Health/BPHC</p> <ul style="list-style-type: none"> – Mayor’s Health Line/BPHC – Outreach/BPHC 	
Objective 3. Increase number of residents with identified dental home and/or dental provider.	<p>A. Develop and promote a resource guide that maps all available dental services such as safety-net programs, non-profit organizations, and all other organizations offering services free of charge or at reduced rates.</p> <p>B. Monitor progress through Behavioral Risk Factor Surveillance System (BRFSS)</p> <p>C. Staff and support pilot innovative community-based models that link residents to services e.g. Fenway and Dimock Community Health Centers, and mobile oral health care providers.</p> <p>D. Conduct community outreach and education to increase knowledge about available resources and provide referral support e.g. Mayor’s Health Line Services</p>	<ul style="list-style-type: none"> – Resource guide completed, available in print, and online. – 2 pilot projects supported. – 10 community outreach and education sessions conducted. – 75% of Boston residents with identified dental home/dental provider. 	<ul style="list-style-type: none"> – Office of Oral Health/BPHC – Research and Evaluation Office – Mayor’s Health Line – Mass League of Community Health Centers – Harvard School of Dental Medicine 	Year 1 and 2
Advocacy and Policy				
Objective 1. Advocate to restore MassHealth adult dental benefits to 2008 levels.	<p>A. Advocate to ensure adequate state budget funding for oral health services to those most in need such as ensuring dental benefits for adults on Mass Health and</p>	<ul style="list-style-type: none"> – State budgets passed with adequate funding of oral health services. – Legislative/regulatory changes to 	<ul style="list-style-type: none"> – Office of Oral Health/BPHC – Mass League of Community Health 	Year 1 & 2

Objectives	Activities Planned to Achieve Objectives	Outcomes / Deliverables/Data/Evaluation	Proposed Resources and/or Partners	Timeline
	<p>Commonwealth Care.</p> <p>B. Advocate for increased provider rates for safety-net providers.</p> <p>C. Monitor and support legislative efforts to add Medicaid coverage for anesthesia and other ancillary care for special needs patients.</p> <p>D. Collaborate with Mass League of Community Health Centers, Mass Department of Public Health and BPHC Tobacco program to support inclusion of an enhanced fee for tobacco cessation services in payment mechanism for public and private payers during oral health visits.</p> <p>E. Continue Boston Oral Health Improvement Coalition to support advocacy and policy efforts.</p> <p>F. Monitor the inclusion of oral health in the federal health care reform.</p> <p>G. Inform residents and consumers on their role as health advocates.</p>	<p>increase provider rates for safety-net providers approved.</p> <ul style="list-style-type: none"> - Administrative changes to provider rates approved. - 25 residents and consumers trained in health advocacy and voter registration. 	<p>Centers</p> <ul style="list-style-type: none"> - Tobacco Prevention Program/BPHC - Mass Department of Public Health Office of Oral Health - Oral Health Advocacy Task Force 	
<p>Objective 2. Advocate to secure dental coverage benefits in all CommCare plans.</p>	<p>A. Advocate to ensure adequate state budget funding of oral health services to those most in need such as ensuring dental benefits for adults on Medicaid, and for low-income adults in Commonwealth Care.</p> <p>B. Participate in Oral Health Advocacy Taskforce Coalition to support advocacy and policy efforts to secure dental coverage benefits.</p>	<ul style="list-style-type: none"> - Legislation to ensure adequate state budget funding passed. - Oral Health Advocacy Taskforce events/meetings attended 95% of the time. 	<ul style="list-style-type: none"> - Office of Oral Health/BPHC - Oral Health Advocacy Task Force - Better Oral Health for Mass Coalition 	<p>Year 1 & 2</p>

Objectives	Activities Planned to Achieve Objectives	Outcomes / Deliverables/Data/Evaluation	Proposed Resources and/or Partners	Timeline
Objective 3. Advocate to increase dental benefits provided to children enrolled in the Children’s Medical Security Plan (CMSP).	A. Participate in other statewide coalitions including the Oral Health Advocacy Task Force and Better Oral Health for Massachusetts Coalition to support advocacy and policy efforts.	<ul style="list-style-type: none"> – Two-fold increase in dental benefits provided to children enrolled in the Children’s Medical Security Plan (CMSP). – Legislation filed to match CMSP dental benefits to MassHealth. 	<ul style="list-style-type: none"> – Office of Oral Health/BPHC – Oral Health Advocacy Task Force – Better Oral Health for Mass Coalition 	Year 1 & 2
Surveillance and Data Reporting				
Objective 1. Develop and support standardized processes for surveillance and data sharing that adheres to the recommendations of the Better Oral Health for Massachusetts Coalition (BOHMAC) - a broad-based statewide collaborative - to facilitate better coordination and collaboration of resources.	<ul style="list-style-type: none"> A. Review Better Oral Health for Massachusetts criteria. B. Crosswalk current tools to follow Better Oral Health for Massachusetts Coalition recommendations. C. Collaborate with other agencies to standardize collection and coordination of data to support/follow Better Oral Health for Massachusetts recommendations. 	<ul style="list-style-type: none"> – Surveillance elements system finalized. – Collection and coordination of data standardized. 	<ul style="list-style-type: none"> – Office of Oral Health/BPHC – Better Oral Health for Mass Coalition – Healthy Baby, Healthy Child/BPHC – Healthy Start/BPHC 	Year 1 & 2
Objective 2. Utilize data to monitor progress and unmet needs to improve oral health outcomes.	<ul style="list-style-type: none"> A. Aggregate oral health data for inclusion in annual Health of Boston report. B. Issue oral health in Boston report. 	<ul style="list-style-type: none"> – Oral health data included in Health of Boston Report. – Oral health of Boston completed and available. – Dissemination of data easily available and accessible. 	<ul style="list-style-type: none"> – Office of Oral Health/BPHC – Mass Department of Public Health Office of Oral Health 	Year 1 & 2

Objectives	Activities Planned to Achieve Objectives	Outcomes / Deliverables/Data/Evaluation	Proposed Resources and/or Partners	Timeline
Communication and Media				
Objective 1. Promote the importance of sound oral health to the public, health providers, and policymakers.	<p>A. Provide accessible and culturally appropriate evidenced based educational materials to residents and policymakers.</p> <p>B. Increase staffing and resources for Office of Oral Health to support work plan implementation efforts.</p>	<ul style="list-style-type: none"> - Number of educational materials distributed. - New part-time staff identified and hired. 	<ul style="list-style-type: none"> - Office of Oral Health/BPHC 	Year 1
Objective 2. Communicate to the public the link between oral health and overall health.	<p>A. Explore venues for comprehensive, audience-based dissemination of information.</p> <p>B. Develop and support Office of Oral Health website and newsletter.</p> <p>C. Develop large-scale media campaign – leveraging other campaigns such as health care reform, Communities Putting Prevention to Work (CPPW) and Strategic Alliance for Health (SAH).</p>	<ul style="list-style-type: none"> - Communication venues identified. - Website updated and functional. - Large-scale social media campaign created and implemented. 	<ul style="list-style-type: none"> - Office of Oral Health/BPHC - Communities Putting Prevention to Work (CPPW)/BPHC - Strategic Alliance for Health (SAH)/BPHC 	Year 1 & 2
Workforce Development				
Objective 1. Incorporate information about oral health careers into elementary through high school career counseling.	<p>A. Collaborate with career pipeline programs such as Boston Area Health Education Center (BAHEC) and Project White Coat to organize presentations about oral health careers.</p>	<ul style="list-style-type: none"> - Oral health careers curriculum developed , integrated and promoted into pipeline programs and available on-line at One-stop Career Centers, the city’s new Computer Learning Centers etc. 	<ul style="list-style-type: none"> - Office of Oral Health/BPHC - Boston Area Health Education Center (BAHEC)/BPHC - Project White Coat 	Year 1 and 2

Objectives	Activities Planned to Achieve Objectives	Outcomes / Deliverables/Data/Evaluation	Proposed Resources and/or Partners	Timeline
Objective 2. Support state and federal efforts that expand financial aid, workforce diversity and role expansion for oral health professionals, midlevel providers and non-dental health providers such as school nurses.	A. Participate in other statewide coalitions including Oral Health Advocacy Task Force and the Better Oral Health for Massachusetts Coalition to support advocacy efforts.	<ul style="list-style-type: none"> - Financial aid, workforce diversity and role expanded at the state and federal level. 	<ul style="list-style-type: none"> - Office of Oral Health/BPHC - Intergovernmental Affairs/BPHC - Oral Health Advocacy Task Force - Better Oral Health for Mass Coalition 	
Objective 3. Support and expand efforts to inform dentists, dental hygienist and dental assistants about loan forgiveness and tuition reimbursement programs available for those who commit to serving in underserved and high-risk populations and Dental Health Professional Shortage Areas (DHPSA).	<p>A. Collaborate with dental and dental hygiene schools to provide information on available loan and tuition reimbursement programs.</p> <p>B. Collaborate with career pipeline programs such as Boston Area Health Education Center (BAHEC) and Project White Coat to organize presentations about oral health careers and financial incentives available.</p>	<ul style="list-style-type: none"> - Information brochures distributed to students at dental and dental hygiene schools. - 2 presentations conducted at career pipeline programs and One-Stop Career Centers. 	<ul style="list-style-type: none"> - Office of Oral Health/BPHC - Mass Department of Public Health Office of Oral Health - Dental and Dental Hygiene Schools - Boston Area Health Education Center (BAHEC)/BPHC - Project White Coat 	
Training and Education				
Objective 1 Support training of clinical and non-clinical providers to work across the lifespan and across disciplines to create a culture of health that values oral health.	<p>A. Collaborate with Mass Association of Community Health Workers (MACHW) and Community Health Education Center (CHEC) for specialized oral health training for community health workers, laypersons and the public.</p> <p>B. Integrate oral health components into perinatal and parenting education</p>	<ul style="list-style-type: none"> - Oral health components integrated into Community Health Worker curriculum. - 100 Community Health Workers trained. - Oral health components developed and integrated into perinatal and parenting program 	<ul style="list-style-type: none"> - Office of Oral Health/BPHC - Community Health Education Center (CHEC)/BPHC - Healthy Baby Healthy Child/BPHC 	Year 1 and 2

Objectives	Activities Planned to Achieve Objectives	Outcomes / Deliverables/Data/Evaluation	Proposed Resources and/or Partners	Timeline
	<p>programs.</p> <p>C. Organize professional development seminars.</p>	<p>curriculum.</p> <ul style="list-style-type: none"> - 1,000 perinatal and parenting women reached. - 2 professional development seminars conducted. 	<ul style="list-style-type: none"> - Healthy Start/BPHC - Boston Area Health Education Center (BAHEC)/BPHC - Mass Association of Community Health Workers (MACHW) - Boston University - Tufts University 	
<p>Objective 2. Offer evidence-based oral health education and materials to schools, childcare, adult and elder programs and organizations.</p>	<ul style="list-style-type: none"> A. Work with schools to incorporate oral health into health education curriculum. B. Work with school nurses to conduct oral health screenings. C. Incorporate oral health assessments for seniors residing in the community and in nursing homes. D. Seek funding to support more evidence-based community-oriented education and screening. 	<ul style="list-style-type: none"> - Oral health materials incorporated into health education curriculum at 75% schools. - 30 school nurses trained in oral health assessment and referral. - 50% of students receiving oral health screenings at school. - 90% of students needing care referred to dental services. - Oral health assessments completed for 250 seniors in community and in nursing homes. - Funding/grants secured to support evidence-based/promising practice, community-oriented education and screenings. 	<ul style="list-style-type: none"> - Office of Oral Health/BPHC - School Health/BPHC - Boston Public Schools - Mass Coalition of School-Based Health Centers - Boston Housing Authority - Dental Schools - Massachusetts Department of Public Health - Office of Oral Health 	