

# Transforming Oral Health for Communities (TOHC)

TOHC is one of eight Maternal and Child Health–Improving Oral Health Integration projects funded by the Maternal and Child Health Bureau to advance the integration of preventive oral health care (POHC) into primary care to make POHC more accessible to infants, children, adolescents, and pregnant women, including those with special health care needs, who are at risk for poor oral health.

TOHC is implementing a two-tier, state- and local-level approach to improve access to oral health care for their target population—pregnant women and infants and children from birth to age 40 months who receive care at participating community health centers (CHCs).

## Partners

TOHC is led by the Health Center Network of New York (HealthEfficient). HealthEfficient partners with the Schuyler Center for Analysis and Advocacy (SCAA) on state-level activities. The TOHC Alliance provides guidance and support and includes key stakeholders, such as the New York State (NYS) Department of Health (DOH), Division of Family Health; NYS Medicaid; the NYS Perinatal Association; the NYS Oral Health Coalition; the Center for Health Workforce Studies, the University of Albany; the NYS Early Childhood Advisory Committee; NYS Head Start; the NYS Council on Children and Families; Public Health Solutions; the NYS American Academy of Pediatrics; and the Children’s Health Fund.



## State-Level Approach

TOHC’s state-level approach aims to advance three core functions (policy and practice; outreach and education; and data, analysis, and evaluation) to promote integrated POHC for their target population.

## Core Function Activities

### Policy and Practice

SCAA completed an environmental scan with input from TOHC Alliance members to gain knowledge about factors that could impact the integration of oral

health care into primary care for the target population. The scan included questions focused on medical providers’ and dental providers’ scope of practice, Medicaid billing and payment, and policies and regulations. Selected findings include:

- Medical providers can be reimbursed through Medicaid for performing a caries risk assessment and/or oral evaluation of a child under age 3 and for applying fluoride varnish to the teeth of children from birth to age 21.
- Medical providers are not reimbursed through Medicaid for applying silver diamine fluoride to children’s teeth.

- Medicaid does not reimburse medical providers for POHC provided to pregnant women ages 21 and over.
- Dental hygienists can work in public health settings including schools, long-term care facilities, and mobile outreach units if they have a collaborative arrangement with a dentist.
- New York does not have a certification process for community health workers (CHWs). While CHWs may provide oral health education and care coordination, they are not permitted to deliver other POHC, such as fluoride varnish application.
- Dentists and dental hygienists can use synchronous and asynchronous teledentistry in New York and be reimbursed through Medicaid.

SCAA, with guidance from the TOHC Alliance, used the environmental scans *Capacity Inventory for Integrating Oral Health Care into Primary Care for Children: Tool* and *Capacity Inventory for Integrating Oral Health Care into Primary Care for Pregnant Women: Tool* to identify several policy and practice improvement opportunities:

- Expanding the use of dental hygienists in medical settings using teledentistry, with support from CHWs.
- Developing an oral health certification for CHWs.
- Securing Medicaid reimbursement for medical providers who apply fluoride varnish to pregnant women's teeth.
- Monitoring the progress of the collaborative practice bill, which would further expand opportunities for dental hygienists to deliver care in other types of settings, including schools, group homes serving people with intellectual and developmental disabilities, temporary housing facilities, domestic violence shelters, and settings in which home-bound residents cannot be relocated for necessary treatment.

## Education and Outreach

TOHC seeks to expand oral health literacy state-wide by supporting the New York State Oral Health Tools, Training, Education, and Resources (OTTER) library. OTTER aims to equip health providers, early child care and education professionals, and families with evidence-based training tools and materials about oral health for pregnant women and young



children. All resources in the library were vetted by the NYS Council on Children and Families, SCAA, and the University of Rochester Eastman School of Dentistry.

## Data, Analysis, and Evaluation

TOHC is working with state agencies via the TOHC Alliance to help build sustainable and measurable oral health data systems across New York. Early engagement with state agencies has focused on strategies to better track oral health interventions delivered to the target population through primary care and to align future surveillance systems with Medicaid quality frameworks. TOHC is collaborating with alliance members to support state agency efforts to develop a centralized oral health dashboard to provide easier access to the data.

## Local-Level Approach

TOHC will work with CHCs across three cohorts to implement a patient-centered, team-based POHC model supported by CHWs and other team members to improve access to oral health care for pregnant women and/or infants. TOHC's local-level approach



incorporates activities in three core function areas: policy and practice; outreach and education; and data, analysis, and evaluation.

## Core Function Activities

### Policy and Practice

TOHC will initiate three 12-month learning collaborative (LC) cycles for nine participating CHCs across three cohorts during the project period. TOHC is using the Breakthrough Series collaborative model developed by the Institute for Healthcare Improvement, along with clinical quality improvement approaches, to guide care transformation. TOHC will collaboratively design the implementation plan with each CHC, considering each CHC's existing resources, staffing capabilities, and community needs.

TOHC is working with two CHCs in its first cohort to integrate POHC into primary care. TOHC developed a memorandum of understanding (MOU) to define expectations and implementation responsibilities and will coach medical providers and staff to:

- Modify clinic workflows to add CHW-delivered POHC during a primary care visit and/or telehealth visit.
- Implement a referral tracking process to determine receipt of POHC.

- Identify quality-improvement tools to assess workflow improvements and develop a realistic, measurable plan to scale up successful integrated oral health workflows across participating health centers.
- Create relationships with maternal and child health programs in the community (e.g., Early Head Start program; Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); home visiting) to extend the reach of CHW oral health services beyond the CHC.

Lessons learned from the CHCs in cohort 1 will inform planning and resource development for subsequent cohorts.

### Education and Outreach

TOHC will conduct an analysis of oral health knowledge and skills gaps among medical providers, CHWs, and staff. Results will inform site-specific provider and staff training and programming for LC meetings. TOHC will tailor training programs for CHWs to ensure that they have the necessary skills to effectively deliver POHC and coordinate care for pregnant women and infants. TOHC will also assess oral health knowledge among pregnant women and families with infants and young children to inform the development of anticipatory guidance and patient



education. In addition, TOHC will provide resources and support to facilitate effective collaboration between CHWs and local community programs to develop and implement oral health education programs for pregnant women and families with infants and young children.

### Data, Analysis, and Evaluation

To enhance clinical data collection and analysis, TOHC's data analyst will work with each CHC's information technology staff to optimize the electronic health record system to ensure precise collection of structured data to support the integration of oral health care into primary care. TOHC will use successful strategies from a previous project to inform clinical data collection, analysis, and evaluation:

- Build strong working relationships early on with CHCs to evaluate their electronic health record (EHR) and health information technology systems, assist with the development of data templates and billing alignment, and train medical providers on how to use the systems to make it easier to adopt and sustain an integrated workflow. EHR optimization is essential to supporting sustainable integration of oral health care into primary care.

- Develop a process to track and monitor referrals within EHRs, closing the loop between medical care providers and oral health providers whenever possible.

TOHC will share data with CHC teams via an analytics and visualization platform to guide coaching, monitor and track project progress, and identify areas for improvement.

## Early Successes/Lessons Learned

- State-level coordination: Established a strong foundation for cross-sector collaboration through activation of the TOHC Alliance and its subcommittees focused on policy and practice, workforce and training, and data and evaluation. Early participation from statewide partners, including the NYS DOH Division of Family Health, SCAA, the NYS Oral Health Coalition, the Center for Health Workforce Studies, and the Oral Health Workforce Research Center has reinforced alignment with broader state oral health initiatives and created momentum for policy advancement around dental hygienist scope of practice and CHW oral health certification.
- Foundational tools: Completed foundational tools (environmental scan and capacity inventory) that provided a comprehensive baseline for assessing readiness and guiding year 2 implementation priorities.



## Early Challenges

- Health center participation and responsiveness: Although several CHCs expressed strong early interest and commitment to participating in TOHC, follow-through and engagement have been slower than anticipated. Delayed communication, competing priorities, and staff turnover at some sites have impacted scheduling of kickoff meetings, completing readiness assessments, and making progress toward early deliverables.
- Balancing competing demands: CHCs continue to face post-pandemic operational challenges and staffing shortages, which have limited their capacity to prioritize new initiatives such as TOHC. Thus, flexibility in timelines and additional outreach from the project team has been required to maintain engagement and momentum.

### Project Contacts

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