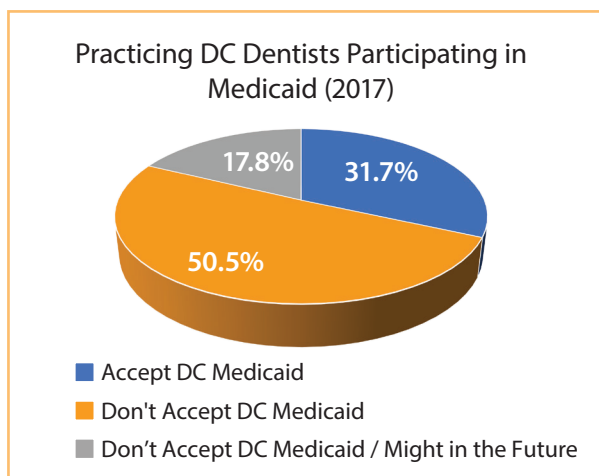


## Oral Health Environmental Scan 2021

### Executive Summary

Oral health is an essential component of overall health and well-being at every stage of life, particularly during early childhood, where many health-related habits are established. However, due to access gaps nearly one in four US children 2-5 years of age experience dental caries on their primary teeth, and dental caries remains predominantly prevalent among children living with limited family resources. The goal of the TOHF project is to improve the oral health of children 0–40 months through the integration of preventive oral health services into primary care settings in community health centers in the District of Columbia, Virginia, New York, and Maryland. Medical-dental integration, also known as interprofessional practice, integrates and coordinates dental care into primary care and behavioral health, increasing opportunity to access oral health services and supporting individual and population health for better patient outcomes. This scan is specifically designed to identify areas of opportunity to advance medical-dental integration.

### Access to Oral Health Services



<sup>1</sup>District of Columbia Department of Health. Dentist Workforce Survey, 2015

### Oral Health Scopes of Practice

- ↔ Community Health Centers can only bill for the EPSDT visit and cannot bill separately for oral health screening, fluoride varnish application, or dental referral.
- ↔ Dental hygienists are not permitted direct access practice and are not able to bill Medicaid independently.
- ↔ Dental therapists are not recognized oral health care providers in the District of Columbia.
- ↔ Dental assistants can perform most services with indirect supervision, but are limited to providing individual and group oral health education in-office under a supervising provider.

- ↔ Certified community dental health coordinators were recently introduced at four sites in the District of Columbia as a pilot.

### Fluoride Varnish

- ↔ In Federally Qualified Health Centers (FQHCs), fluoride varnish application is reimbursed as part of the well-child visit.
- ↔ Non-dental clinical providers who apply fluoride varnish are required to complete an oral health training course and submit proof of completion to the Medicaid office.
- ↔ All EPSDT providers and clinical team members providing fluoride varnish education and/or application are required to complete the fluoride varnish training through the DC HealthCheck training program<sup>2</sup>.
- ↔ The DC HealthCheck Fluoride Varnish Training is based on DC Medicaid regulations, Bright Futures guidelines, and National Maternal and Child Oral Health Resource Center's curricula.

### Community Water Fluoridation

- ↔ The District of Columbia ranks first in the nation for community water fluoridation. 100% of the population has fluoridated water and there are no areas where fluoride exceeds recommended levels.

## Future Strategies

- ⇨ Identify organizations and agencies interested in improving oral health care for pregnant women, infants, and young children, and build a collaborative advocacy framework for addressing barriers and promoting equity among families served by Medicaid.
- ⇨ Ensure that DC Health's Oral Health Program has resources to conduct surveillance, update reports and analyze the oral health landscape in the District of Columbia, particularly services and utilization among low-income families.
- ⇨ Collaborate with the Children's Oral Health Initiative to achieve recognition of the role of Community Dental Health Coordinators and advocate for Medicaid reimbursement for services.
- ⇨ Longer-term advocacy for the District of Columbia to establish community health worker (CHW) certification, ensure inclusion of oral health training in CHW curricula, and establish a plan for Medicaid reimbursement of CHW services.
- ⇨ Collaborate with MCOs to increase emphasis on oral health services for pregnant women and children by establishing oral health metrics and advocating to include oral health in DC's value-based payment program.

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## Resources

- <sup>1</sup> District of Columbia Department of Health. Dentist Workforce Survey, 2015. [https://dchealth.dc.gov/sites/default/files/dc/sites/doh/service\\_content/attachments/Infographic\\_2017%20Oral%20Health%20Infrastructure\\_pgs%201-2.pdf](https://dchealth.dc.gov/sites/default/files/dc/sites/doh/service_content/attachments/Infographic_2017%20Oral%20Health%20Infrastructure_pgs%201-2.pdf)
- <sup>2</sup> DC HealthCheck Training Program: <https://www.dchealthcheck.net/trainings/issues/dental/index.html>

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## NOHI Project

To learn more about the NOHI project, please visit [www.mchoralhealth.org/pdfs/nohi-overview-profiles.pdf](http://www.mchoralhealth.org/pdfs/nohi-overview-profiles.pdf)

## Disclaimer

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