



Oral Health

Regional Health Improvement Plan Physical Health Small Group

Join Zoom Meeting

<https://us02web.zoom.us/j/82812892700?pwd=CHBOKORYa0tJME0vVTBORmxCVXV4UT09>

Meeting ID: 828 1289 2700

Passcode: 016347

May 1, 2024

3:00 - 4:00 PM

Physical Health Aim/Goal
Equitably and measurably support all Central Oregonians to prevent disease by improving health behaviors and reducing risk factors that contribute to premature death and diminish quality of life.

Oral Health Future State Metric						
By December 2024, increase the percentage of PacificSource (Central Oregon CCO) Medicaid members, at any age, who received both an annual wellness visit by a Primary Care Provider and a preventive dental visit by a member of the Oral Health Care Team by 10 percentage points to:						
<table border="1"> <thead> <tr> <th>Crook County</th> <th>Deschutes County</th> <th>Jefferson County</th> </tr> </thead> <tbody> <tr> <td>29.8%</td> <td>32.75%</td> <td>31.3%</td> </tr> </tbody> </table>	Crook County	Deschutes County	Jefferson County	29.8%	32.75%	31.3%
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AGENDA

- 3:00 - 3:10 Welcome, Introductions, Announcements
- 3:10 - 4:00 Implementation
 - RFP Status Updates
 - List of targeted invitations
 - Review process for next month

Working Document:
https://docs.google.com/presentation/d/1e4c364LrBPoekCuESQqmNm0tO-Wia0LsEKPaOkIPQOs/edit?usp=drive_link

Land Acknowledgment

We recognize and acknowledge the indigenous land on which we live, work, learn, play, and grow. This is the land of the Warm Springs, Wasco, Northern Paiute, Tenino, Klamath, Molalla, and Yahooskin. We acknowledge them as the past, present, and future caretakers of this land. It is on their traditional land that we partner to improve the health and well-being of Central Oregonians. We aspire to be good guests honoring the concept in the Warm Springs culture: "This land is for you to know and live upon and pass on to the children."

Promote Enhanced Physical Health Across Communities

Oral Health Small Group

RHIP Workgroup Virtual Meeting



**Central Oregon
Health
Council**

Regional Health Improvement Plan (RHIP) Workgroup

Guiding Principles

Shared Focus

We come together to improve the health and well-being of individuals living in various and diverse communities throughout Central Oregon region. We use the Regional Health Improvement Plan (RHIP) as our guide. It is our region's shared vision of current problems and our aims. As workgroup partners we develop agreed-upon actions to solve the issues and keep the needs of our communities as the main focus.

Shared Metrics

We measure progress, process and outcomes through a shared lens. We use the Regional Health Assessment (RHA), Regional Health Improvement Plan and community dashboard.

Partner with Priority Populations

The individuals living in our diverse Central Oregon communities are the center of our work. We make every effort to include people from every part of the region in our workgroups, discussions, processes and decisions.

Collaborate to Solve Complex Issues

Inviting diverse perspectives from throughout the Central Oregon region deepens our shared understanding of complex issues and propels us toward better progress and outcomes. We practice frequent, structured, open communication to build trust, assure shared objectives, and create common motivation. We respect the privacy and sensitivity of information partners share.

Coordinate Collective Efforts

We are made up of diverse partner organizations and individuals with unique strengths, skills, and resources. We coordinate our efforts and use our unique strengths and skills to meet the goals of the RHIP.

Learn and Adapt Together

We embrace shared learning and a growth mindset. We create a space that allows for mistakes, failures, second changes, and a celebration of brave attempts. We adjust and apply our learnings to the complex and changing landscape of health and well-being in Central Oregon.

Background: Why are we talking about this?

- Oral health is directly tied to physical health outcomes.
- Oral health concerns impact daily lives - eating, smiling, self-esteem, speech, learning, working, etc.
- Decrease healthcare costs downstream and prevent non-urgent oral health use of the emergency department

Before 2000: Individual efforts to improve oral health. The Surgeon General’s State of Oral Health/Call to Action Report - first time having national convos about treating oral health differently from physical health
 2001-2015: Death of Deamonte Driver from dental infection
 OHP offering comprehensive adult dental benefit OHP
 2016-Present: Tried to pass an adult oral health benefit, didn’t pass in 2022, but now an awareness in the national legislature that it’s important. 4 dentists in Oregon Legislature. SB660 created organization over sealant programs across the state offering.

Current Condition: What’s happening right now?

The percentage of PacificSource (Central Oregon CCO) Medicaid members, at any age, who received both an annual wellness visit by a Primary Care Provider and a preventive dental visit by a member of the Oral Health Care Team was :

Crook 6.6%; Deschutes 9.9%; Jefferson 10.6%; Northern Klamath: 6.9% (PacificSource,2022)
 Crook 9.1%; Deschutes 13.1%; Jefferson 11.3%; Northern Klamath: 7.3% (PacificSource,2018)

Goal Statement: Where do we want to be in 4 years?

By December 2024, increase the percentage of PacificSource (Central Oregon CCO) Medicaid members, at any age, who received both an annual wellness visit by a Primary Care Provider and a preventive dental visit by a member of the Oral Health Care Team by 10 percentage points to:

Crook County	Deschutes County	Jefferson County
29.8%	32.75%	31.3%

Analysis: What’s keeping us from getting there?

- Resistance limits progress toward integration
- Difficulty contacting patients limits patients’ ability to receive care
- Low workforce retention disrupts continuity of care
- Delivery system structure and practices limit patient access to care
- Dental health is undervalued
- Complex insurance systems prevent patients from using their benefits
- Disparate geographic provider locations causes health disparities
- Client anxiety keeps patients at home

Date updated: 2.2024

Strategic Direction: What are we going to try?

- Creating seamless patient transitions, successful care navigation and leveraging community partnerships
- Widening the care bottleneck
- Supporting the provider and their development
- Reducing patient anxiety
- Building knowledge leading to action for oral health

Focused Implementation: What are our specific actions? (who, what, when, where?)

Follow-Up: What’s working? What have we learned?

Oral Health RHIP Subgroup - Enhanced Physical Health Across Communities

Root Cause Barriers: What is blocking us from moving toward our future state measure?

Resistance Limits Progress Toward Integration	Difficulty Contacting Patients Limits Patients' Ability to Receive Care	Low Workforce Retention Disrupts Continuity of Care	Delivery System Structure & Practices Limit Patient Access to Care	Dental Health Is Undervalued	Complex Insurance Systems Prevent Patients from Using Their Benefits	Disparate Geographic Provider Locations Causes Health Inequities	Client Anxiety Keeps Patients at Home
Provider resistance to integration; i.e. fear of scope creep	Contact information is incorrect	Struggle with workforce retention	Demand exceeds dental delivery system capabilities	Preventive oral health care is undervalued	Insurance system created with the insurance system in mind	Dental Care Offices are too far away in some places	Clients have dental anxiety
Integration requires new and revised workflows across disciplines	Patient does not want services ever	Lower provider compensation inhibits providers from entering the field	Staffing shortages exacerbate existing weaknesses in system	Physical health exam is undervalued	Navigating the medicaid system is time consuming	Higher concentration of offices in some areas	Increased general medical anxiety after COVID
Space is limited for integration	Patient does not need services right now	The daily realities that providers experience do not meet their expectations	Small margin for unexpected provider absences	Politicization of medical and dental exams	Members do not know oral care is a covered benefit		
Higher readiness for co-location rather than true integration	Transient patient population	Providers left profession after COVID					
Many parts of the healthcare system have broken communication	Mode of communication incompatible with patient need (i.e. text vs phone, social media, broadband access)						

STRATEGIC DIRECTIONS: What Moves Us Toward Our 2024 Practical Visions

Creating Seamless Patient Transitions	Strengthening Community Partnerships to Serve Patients	Maximizing the Utilization, Skill and Role of Community Health Workers
<ul style="list-style-type: none"> • Expand co-location • Expand PH and OH integration • Dental and physical care one-stop fair: • All providers use an EHR/HIE and share info in it; between OH providers • Provide wraparound (social service and clinical) care: • Offer dental services in urgent and immediate care settings 	<ul style="list-style-type: none"> • Provide integrated care with correct clinical type of partners: • Use insurance assisters/CHW • Having resources available through partner agencies 	<ul style="list-style-type: none"> • Employing Community Health Workers (CHW) • Allowing care assistors/CHW's/navigators to schedule PH and OH appointments • Addressing barriers and learnings from co-location pilots in the region.

Creating seamless patient transitions, successful care navigation, and leveraging community partnerships.

- Place an Oral Health provider in the emergency department or as an alternative to using the emergency department.
- Use the dental car vans more.
- Use more community health workers and dental therapists in dental clinics especially in direct client care.
- Incentivize, make it easier, for dentists to participate in Medicaid.
- Use **EPDHs** in a broader way.
- Increase flexibility to use dental therapists much more broadly.
- Engage all the dental specialists in working for system change and accepting Medicaid patients.

Widening the care bottleneck

- Identify what providers want in a clinical office.
- Adjust clinical office culture, practices, set up to meet provider preferences.
- Provide providers with self-care opportunities.
- Promote provider self-care and mental health care.
- Provide comprehensive care with KPI's and track improvement-positive reinforcement for providers and communities.
- Use more CHW in dental clinics especially for client care (directly) and supporting clinic staff (indirectly).

Supporting the provider and their development

- Use CHW at chairside for anxiety management techniques with patient
- Connect member with CHW before treatment to build relationship, address anxiety
- Public education about OH care
- Offer dental services in urgent and immediate care settings

Reducing client anxiety

- Public education about OH care
- Public health announcements promoting dental care
- Preventative OH media campaign addressing negative impacts of substance use, etc.

Building knowledge leading to action for Oral Health

**PHYSICAL HEALTH
2024 Budget**

Overview

	Budget	Spent	Available
5-Year	\$2,000,000	\$1,500,478.10	\$499,521.90
Cycle to Date	\$2,000,000	\$1,500,478.10	\$499,521.90
Yearly	\$500,000	\$382,841.00	\$499,521.90
Yearly Mini-Grant	\$0	\$0.00	\$0.00
Yearly Standard Grant	\$500,000	\$382,841.00	\$117,159.00

\$382,841 = available to **BLUE** measures, per previous agreements (See A-16)

By Future State Measure (5 year)

	Budget*	Spent	Available	Currently Allocated	Projected Available	Notes
Chronic Disease (1)	\$15,048.81	\$15,048.81	\$0.00			
Fruit, Veggie & Activity (2)	\$544,970.00	\$544,970.00	\$0.00	\$0.00		
Preventable Disease (3)	\$23,639.75	\$23,639.75	\$0.00			
Obesity (4)	\$0.00	\$0.00	\$0.00			
Combined Funds	\$382,841.00	\$382,841.00	\$0.00			
Sexually Transmitted Illness (5)	\$500,000.00	\$500,000.00	\$0.00			
Wellness and Dental (6)	\$500,000.00	\$478.54	\$499,521.46	\$499,521.46		

*Budget for each FSM reflects the agreed upon 5 year 'soft budget' minus the portion contributed to shared mini grant budget.

Request for Proposals (RFP)

Central Oregon Health Council Regional Health Improvement Plan

Promote Enhanced Physical Health Across Communities Workgroup: Oral Health

Project Name: Supporting Access to Preventative Dental Care

Access Code: PREVDENTAL

Future State Measures:

Future State Measure: By December 2024, increase the percentage of PacificSource (Central Oregon CCO) Medicaid members, at any age, who received both an annual wellness visit by a Primary Care Provider and a preventative dental visit by a member of the Oral Health Care Team by 10% in each county.

Contact Person: Gwen Jones

Email: Gwen.jones@cohealthcouncil.org

Phone Number: 541-306-3523

About the Central Oregon Health Council

The [Central Oregon Health Council](#) (COHC) is a nonprofit public and private community governance organization. We partner with our communities to guide and align vision, strategy, and activities across industries for a healthier Central Oregon.

Central Oregon Health Council champions diversity, equity, inclusion, and belonging in our work culture, grant-making, and community partnerships. Inequalities based on geography, age, sex, race, ethnicity, national origin, language, culture, disabilities, immigration status, faith, gender identity, and sexual orientation, along with income and wealth inequalities, prevent us from fully realizing our vision of creating a healthier Central Oregon. Therefore, we aim to build capacity in communities experiencing health disparities caused by oppression.

The Central Oregon Health Council is responsible for funding projects that improve the health priorities of the [Regional Health Improvement Plan](#). These priorities were decided by the diverse people of our region before the onset of the COVID-19 pandemic.

We recognize that when we invest in long-term, preventative solutions, we build a Central Oregon that is better able to respond to present and future crises. Therefore,

we reserve most of our funds for projects whose impact can be measured over decades. The goal of this request is to support long-term, system-level change.

We also provide smaller funding opportunities for \$5,000 or less called mini-grants [HERE](#).

Description of Grant Opportunity

The Regional Health Improvement Plan (RHIP) Enhanced Physical Health workgroup is investing in programmatic efforts to increase the number of community members who engage in annual preventative dental care visits.

We recognize the multitude of barriers that impact an individual's engagement in preventative dental care. We encourage applicants to reflect upon obstacles they have encountered and create an approach that goes beyond traditional patient engagement and retention strategies.

Programming should focus on strategies to foster patient transitions and care navigation, widen the care bottleneck, increase oral health knowledge and empowerment, and/or reduce dental patient anxiety.

This opportunity is not limited to dental care providers but extends to organizations that work with the community. We seek to support initiatives that will increase the utilization of preventative dental care visits via one or some of the following:

- Promoting awareness and use of dental Community Health Workers to patients
- Payor-agnostic campaign to encourage the use of dental Community Health Workers
- Non-covered dental Community Health Worker services
- Patient and public promotion, prevention, and education about oral health
- Non-billable activities to reduce patient appointment anxiety, used in conjunction with covered dental services (eg, support animals, hand massages, etc.)
- Dental patient incentives, framed as part of a prevention and education campaign
- Build collaboration between community-based organizations and clinical providers to improve culturally specific dental care.

Why are these efforts needed?

Oral health plays a vital daily role in the physical, mental, social, and economic well-being of Oregonians. According to Healthy People 2030, Tooth decay is the most common chronic disease in children and adults across the United States. By emphasizing the importance of regular check-ups, cleanings, and oral health education, we can support well-being and mitigate the risk of more severe health issues down the road, support improved overall health outcomes, and decrease downstream healthcare costs.

Proposal Requirements

Project Criteria

1. Applications must be submitted by an organization with an EIN/Tax ID. Both nonprofit and for-profit organizations are welcome to apply.
2. Projects must directly impact the specified Future State Measures of the Regional Health Improvement Plan (see above).
3. Projects must take place within Central Oregon or serve the following tribal members:
 - Crook, Deschutes, and Jefferson Counties
 - Northern Klamath County, limited to Gilchrist, Chemult, Crescent, Crescent Lake Junction, and Beaver Marsh (Zip codes at 97731, 97733, 97737, and 97739)
 - Confederated Tribes of Warm Springs, Cow Creek Band of Umpqua Tribe of Indians, Klamath Tribes
4. Projects partnering with tribes may be required to submit a memorandum of understanding (MOU) or letter of support.
5. Projects partnering with other organizations will be required to submit a memorandum of understanding (MOU) or letter of support
6. Projects must include prioritized populations* & communities intentionally excluded from power, access, and privilege.
7. Projects must be culturally and linguistically responsive to prioritized populations.
8. Applicants will include their mission and vision statements.
9. Applicants will provide available baseline data regarding the measures they seek to impact. For example, if your program seeks to increase the number of Spanish-speaking patients completing annual preventative dental visits, provide numbers indicating your organization's current performance.

10. Applicants will provide a short explanation of how they have previously attempted to address the barriers outlined in their programming. Describe what you or your organization did and any successes or lessons learned. How will you apply the lessons learned to your current attempt? If there have been no previous attempts, why not?

Restrictions

Regional Health Improvement Plan grants cannot be used for:

- Activities that can be billed as clinical services
- Administrative activities to support the delivery of covered services
- Tenant assistance, housing assistance, housing construction, and utilities
- Building new buildings and capital investments in facilities designed to provide billable health services
- Projects benefiting a single individual or single household
- Projects that do not address the specified Future State Measures of the RHIP
- Projects only serving undocumented community members
- COHC staff and household members cannot apply
- OHA and DHS cannot apply
- Projects that are primarily designed to control or contain healthcare costs
- Provider workforce development and certification training, including provider credentialing
- Broad assessments or research that does not directly improve community health
- Advocacy work that does not directly improve community health or healthcare quality
- Patient incentives and items and services that could be covered by Flexible Services
- Projects that are inherently religious

Recommended Partnerships

Partnerships that leverage existing community assets and knowledge to improve future state measures are encouraged. Partnerships to consider include, but are not limited to, county public health departments, Dental Care Organizations, dental providers, established Community Health Workers, Emergency Departments and/or urgent care centers, and school districts.

Evaluation Criteria

The RHIP Promote Enhanced Physical Health Across Communities Workgroup will review your grant application using this [SCORECARD](#). We encourage you to use it to help build your proposal.

Funding Details and Important Information

Maximum Award Amount: \$125,000

Available Funds: \$499,521.46

Funding Duration: Single and multi-year projects will be considered.

Anticipated Selection Schedule

Request For Proposal (RFP) Released: 4/22/24

Application Submission Closes: 6/17/24

Notification of Award: 8/12/24

How to Apply

This Request for Proposal is posted on our website [HERE](#).

Instructions on how to submit your Proposal are [HERE](#).

Instructions on how to access this application are [HERE](#).

Once registered and logged in to the grant platform, use this access code to apply for this grant:

Support

The RHIP Promote Enhanced Physical Health Across Communities Workgroup is available to support this project in a collaborative advisory role and to provide networking support.

If you have questions about this Request for Proposal or need technical assistance filling out the application, please contact Gwen Jones by email at gwen.jones@cohealthcouncil.org or by phone at 541.306.3523.

If you have questions about using the grant platform, please contact Kelley Adams by email at Kelley.adams@cohealthcouncil.org or by phone at 541.306.3523.

Resources

2019 Regional Health Assessment [HERE](#)

2020-2024 Regional Health Improvement Plan [HERE](#)

Central Oregon Health Data website [HERE](#)

Glossary of Terms: [HERE](#)

Grant Writing Support: [HERE](#)

*COHC definition of **prioritized populations**:

As an organization created to improve the well-being of all residents across Central Oregon, the Central Oregon Health Council (COHC) has a responsibility to promote and protect that right to health. Prioritized populations are those that experience health disparities due to social, political, cultural, and economic exclusion, and discrimination. Marginalization occurs because of unequal power relationships regardless of reason based on geography, age, sex, size, race, ethnicity, national origin, language, culture, disability, spiritual beliefs, gender identity, sexual orientation, education, criminal background, housing status, income, wealth, displacement, immigration status. It affects both the quality of life of individuals and the equity and cohesion of society as a whole. Poverty is both a consequence and a cause of being marginalized.

COHC definition of **rural:

We strive to support the creation of social conditions that lead to thriving economic, political, and social rights and opportunities in the lives of people at every level of society. The unique challenges of rural communities are within our purview to promote and protect the right to health. Due to the lack of access and inequitable distribution of resources, rural communities are considered marginalized. We define rural communities as:

Population of 35,000 or less AND one or more of the following:

Low income such as:

- High levels of poverty**
- Gaps of incomes and cost of living
- High levels of generational poverty or persistent cycles of poverty

Limited infrastructure, such as:

- Regional connectivity (transportation, communications)
- Social services (affordable childcare, emergency food, shelters)

- Health care (maintenance and prevention)
- Emergency services (public safety, fire, and rescue)
- Economic services (business development, access to capital, and employment services)

**Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members.