



Pennsylvania  
Department of Health

04/22/2026 10:00AM-12:00PM

# Oral Health Plan Advisory Group Meeting

Oral Health Program

# Agenda

- Welcome and Logistics
- OHPAG Member Sharing
- Current Priorities and Progress Update
- Evaluation Update
- Breakout Session
- Member Discussion
- Next Steps and Adjournment



# Welcome and Logistics

- Meeting Purpose
- Desired Meeting Outcomes



# DOH Update

- Building State Capacity for Integration (BSCI) Learning Collaborative
- Centers for Disease Control and Prevention (CDC)
- Health Resources and Services Administration (HRSA)
- OHPAG Nomination Information



# OHPAG Terms/Roles

TERMS EXPIRING JULY 1, 2026



Name	Organization	Sector	Term Ends
Dr. Malini Moni	Berks Community Health Center	Community Support	July 1, 2026 (2 <sup>nd</sup> term)
Katie Noss	PA Assoc of Community Health Centers	Association	July 1, 2026
Andrea Moore	Quality Insights	Government	July 1, 2026
Kristi Mattzela	Centre Volunteers in Medicine (former)	Health Provider	July 1, 2026
Dr. Ben Fredrick	PA Area Health Education Centers	Education	July 1, 2026
Dan White	The Wright Center	Community Org	December 31, 2025
Darcie Schaffer	Volunteers in Medicine	Individual	July 1, 2026
Beth Frushon	SKYGEN	Insurance	July 1, 2026
Dr. Mark Wolff	University of Pennsylvania	Funder	July 1, 2026 (2 <sup>nd</sup> term)

# OHPAG Terms/Roles

TERMS EXPIRING JULY 1, 2027

Name	Organization	Sector	Term Ends
Dr. Jim Mancini	PA Dental Association	Association	July 1, 2027
Jackie Pugliese	PA Chapter, AAP	Association	July 1, 2027
Dr. Joe Mountain	Family First Health	Individual	July 1, 2027
Kristie Lenze	Keystone Rural Health Consortium	Community Organization	July 1, 2027
Kelly Braun	PA Office of Rural Health	Government	July 1, 2027
Dr. Michael Verber	Verber Dental Group	Health Provider	July 1, 2027
Dr. Nyla Balakrishnan	Pitt Dental	Education	July 1, 2027
Dr. Janine Burkhardt	Project Home	Community Support	July 1, 2027
Jessica Rhodes	UPMC for You	Insurance	July 1, 2027

# OHPAG Member Sharing

- Dr. Malini Moni, Berks Community Health Center,  
Dental Director
- Kristie Lenze, Keystone Rural Health Consortium,  
CEO/CFO
- Kristi Mattzela, Pivot Point Leadership, Senior  
Coaching Associate
- Andrea Moore, Quality Insights, Health Equity  
Specialist



# **Current Priorities and Progress Update**

**Helen Hawkey, PA Coalition for Oral Health (PCOH)**

# Selected Action Steps 2025-2026

## Access, Prevention, and Education


- Increase access to oral health services for people residing in dental health professional shortage areas
- Initiate policy(ies) to expand the oral health workforce in venues serving underserved populations to provide more opportunities for access to treatment, prevention and education services
- Integrate information on oral disease prevention into health field undergraduate and residency curricula
- Reduce total health care costs through policies and advocacy that enhance access to oral disease prevention and treatment services

## Workforce

- Advocate for mandated and increased base level funding for the Medicaid dental fee schedule
- Develop or revise financial assistance programs for dental professionals who practice in rural areas and/or dental health professional shortage areas

## Infrastructure

- Secure state and federal funding to implement, administer and operate statewide dental public health programs designed to enhance oral health equity



# **UPDATE ON PROGRESS**

## **2020-2030 State Oral Health Plan**

**January 2026-April 2026**

## Action Step #1

Increase access to oral health services for people residing in dental health professional shortage areas

- Dental Access Coordinator – making connections with partners
- Shared dental access resources with Head Start staff and leadership at their annual conference
- PACHC hosted their Maternal Health Summit – PCOH shared oral health materials with OBGYNs and providers that see pregnant patients
- Requested for DHS to add fluoride varnish on the medical fee schedule for pregnant patients
- PCOH developed and distributed a brochure for OB-GYNs to educate them on the use of PHDHPs in their offices

## Action Step #2

Initiate policy(ies) to expand the oral health workforce in venues serving underserved populations to provide more opportunities for access to treatment, prevention and education services

- Senate Majority Policy Hearing on dental workforce shortages
- Advocacy day (3/24) in Harrisburg
- Presented at the PA Dental Hygienists' Association PHDHP Symposium (community water fluoridation)
- Hosted dental workforce webinar on the dental assistant workforce
- State has identified dental workforce as a focus area in the Rural Health Transformation Plan
- 3-hour presentation for the annual meeting of Certified School Dental Hygienists

## Action Step #3

Integrate information on oral disease prevention into health field undergraduate and residency curricula

- Presented results from the sugar-sweetened beverage campaign at the National Oral Health Conference alongside many undergraduate and graduate students
- Attended the Association for Dental Safety bootcamp on infection control and how to implement practices in PA
- Wrapped up the final year of the "Dying from Dirty Teeth" book study program with dental and dental hygiene schools
- Collaboration with Dr. Mark Stephens, the PA 100 Million Mouths champion, on a proposal to the American Medical Association

## Action Step #4

Reduce total health care costs through policies and advocacy that enhance access to oral disease prevention and treatment services

- Water fluoridation rollback threats in Sunbury, Selinsgrove, DuBois, Hanover, Chambersburg, and Hazleton – opportunities to educate
- Met with Erie Water Works leadership who asked PCOH to help address fluoride concerns
- Awarded funds to Beaver Falls Municipal Authority in Beaver County for continued water fluoridation efforts
- Preparing to launch the 2025 Charitable Work Tracking Survey

## Action Step #5

Advocate for mandated and increased base level funding for the Medicaid dental fee schedule

- Convened dental directors and representatives from PA MCOs for an in-person meeting in Harrisburg – Dr. David Kelley and Dr. Sean Shamloo participated as well
- Presented a lecture to Temple public health residents on Medicaid
- Engaged with 40+ legislative offices and Budget Secretary
- Table Engagement: 18 meaningful conversations with legislators/legislative staff; 61 meaningful conversations with community members and advocates

## Action Step #6

Develop or revise financial assistance programs for dental professionals who practice in rural areas and/or dental health professional shortage areas

- HB 157, Rural Healthcare Grant Program – still advocating; stuck in Senate
- Grow PA Scholarship Grant Program – second year of the program. Year one of the program: receiving over 11,000 applications from 162 schools for the current 2025-26 academic program year; nearly 5,700 recipients were awarded the grant from 131 participating schools. Dental pathways are eligible to be on the in-demand career list.
- PCOH is continuing to track loan repayment offered through the Primary Care Office
- Launched registration for the next round of Dental Assisting Radiology Training (DART)

## Action Step #7

Secure state and federal funding to implement, administer, and operate statewide dental public health programs designed to enhance oral health equity

- Met with HRSA to discuss wrapping up current grant and applying for the next round of funding
- The latest State Health Improvement Plan (SHIP) was released and included oral health successes
- Launched initial school outreach for the 2026-27 Basic Screening Survey with funding from Delta Dental
- No interruption in funding for the state's school sealant program initiative

# **Oral Health Plan Evaluation**

**Dr. Christopher Hill, The BESST Learning Group LLC**

**Dr. David Hanson, The BESST Learning Group LLC**

# Pennsylvania Oral Health Plan 2020-2030

Oral Health  
Program






August 2020



# PURPOSE

**The purpose of this PA Oral Health Plan Evaluation is designed to assess the fidelity, document progress, measure outcomes, and provide recommendations, if any, to strengthen the implementation of the Pennsylvania Oral Health Plan 2020–2030 (the Plan).**

## Key actions:

-  **Measure Progress**
-  **Support Accountability & Learning**
-  **Inform Continuous Improvement**
-  **Facilitate Stakeholder Engagement**
-  **Contribute to Long-Term Impact**

# THEORY OF CHANGE

Resources

Base of established data, networks and infrastructure  
 Leadership and support from PADOH and PCOH  
 Engagement from public health, medical and dental communities

Activities

**Focus Years 1-3**

**Health Infrastructure:** Support and expand the interconnected set of key structural elements (government, partnerships, individuals, and workforce) needed to ensure that there is a system capable of meeting the oral health needs of Pennsylvanians.

**Health Surveillance and Evaluation:** Develop and implement a state surveillance system in PA that is aligned with the CDC National Oral Health Surveillance System to measure key indicators of oral health for tracking purposes; inform use of evidence-based approaches that improve programs and policies; monitor oral health status, service delivery systems, and infrastructure needs and development; and improve collection, reporting, and availability of key data elements.

**Focus Years 4-10**

**Health Equity:** Improve the health of all Pennsylvanians and eliminate disparities across the lifespan by addressing healthy habits, prevention intervention, and determinants of health to attain healthy communities.

**Health Policy and Advocacy:** Support and enact state and local policies that address gaps in oral health service coverage, public understanding of the importance of oral health to overall health, payment and financing systems, oral health care delivery, oral disease prevention strategies, workforce capacity and integration, data collection and analysis, and infrastructure capability.

**Health Community:** Diversify and enhance the individuals, providers, and organizations that support and promote a health care system that values and integrates oral health and overall health.

Short-term goals (2030)

- A1. Increase percentage of people served by community water systems receiving optimally fluoridated water
  - A2. Increase preventive oral health care (dental visit) for children
  - A3. Increase preventive oral health care (dental visit) for children with special health care needs
  - A4. Increase preventive oral health care (dental visit) for pregnant women
  - A5. Increase preventive oral health care (dental visit) for adults
  - A6. Reduce the percentage of untreated decay in children
  - A7. Reduce incidence of tooth loss in adults 18-64
  - A8. Reduce incidence of tooth loss in seniors 65+
  - A9. Increase the percentage of third grade children with dental sealants
  - A10. Increase number of programs providing children ages 6-14 with sealants
  - A11. Increase number of underserved children with an age one dental visit
  - A12. Reduce the incidence of children receiving dental services under general anesthesia
  - A13. Reduce incidence of oral cancer and oropharyngeal cancer
- B1. Increase the percentage of hygienists, general dentists, and specialists participating in the Medicaid program
  - B2. Increase the number of general dentists who bill \$10,000+ per year in the Medicaid program
  - B3. Decrease the number of DHPSA county-level designations
  - B4. Increase the number of primary care medical providers who bill Medicaid for oral health services
  - B5. Increase the number of community health workers (or similar) providing oral health education to their clients either in community health centers or place of residence
- C1. Implement/maintain a comprehensive state oral health surveillance system (SOHSS) in accordance with the National Oral Health Surveillance System
  - C2. Foster and grow a diverse, sustainable, and collaborative state oral health coalition
  - C3. Evidence of effective cross-governmental partnerships with internal DOH and external government entities to develop and partner on educational initiatives, data collection, analysis and reporting, policy initiatives, and program priorities
  - C4. Establish a robust state oral health program with the capacity to meet the ASTDD's 10 Essential Dental Public Health Services created from the CDC model

Decrease barriers to accessing dental care  
 Increase preventive services across populations  
 Improve the oral health literacy of healthcare providers and the general public  
 Build a sufficient, diverse and competent oral health workforce  
 Maintain a strong oral health program infrastructure to sustain proper state oral health surveillance

Enhance the overall health of all Pennsylvanians through improved oral health

# KEY ACTIVITIES, TIMELINE & DELIVERABLES

Evaluation Activities	Timeline	Milestones	Deliverables
Project initiation & framework alignment	Sept 2025	Kick-off meeting with PCOH staff; review existing evaluation tools; finalize approach & methodology	Evaluation framework; updated work plan; meeting notes documenting alignment
Tool refinement & advisory engagement	Oct–Dec 2025	Attend facilitation team & advisory group meetings; update evaluation tool; develop dashboard prototypes	Draft updated evaluation tool; prototype dashboards; meeting participation notes
Data collection & Preliminary analysis	Jan–Apr 2026	Conduct quantitative trend analysis of indicators; analyze qualitative themes from meetings; draft 1–2 page priority area summaries	Draft priority area summaries (3 total); interim data analysis report
Internal learning & reflections	Feb-June 2026	Schedule and facilitate at least 3 learning sessions with internal stakeholders to share emerging themes and open discussion.	Learning session agenda, slide deck and post-session notes
Synthesis & draft reporting	Apr–May 2026	Refine dashboards; integrate quantitative and qualitative findings; draft evaluation report	Draft dashboards (3 annual trends); draft evaluation report
Final reporting & dissemination prep	June 2026	Review feedback from PCOH; finalize dashboards, summaries, and report; present findings virtually	Final evaluation report; updated dashboards; final 1–2 page summaries
(Optional extension: in-person presentation & wrap-up)	Aug 2026 (if extended)	Attend in-person Oral Health Plan Advisory Group meeting in Harrisburg; present findings; finalize dissemination materials	Live presentation; finalized dissemination products

# PRIORITY C (From Theory of Change)

- C1. Implement/maintain a comprehensive state oral health surveillance system (SOHSS) in accordance with the National Oral Health Surveillance System
- C2. Foster and grow a diverse, sustainable, and collaborative state oral health coalition
- C3. Evidence of effective cross-governmental partnerships with internal DOH and external government entities to develop and partner on educational initiatives, data collection, analysis and reporting, policy initiatives, and program priorities
- C4. Establish a robust state oral health program with the capacity to meet the ASTDD's 10 Essential Dental Public Health Services created from the CDC model

<b>State Oral Health Surveillance System (SOHSS)</b>
<b>2030 Goal: Maintain</b>
<b>Diverse, Sustainable &amp; Collaborative Coalition</b>
<b>2030 Goal: Maintain</b>
<b>Cross-Governmental Partnerships</b>
<b>Baseline: TBD</b>
<b>ASTDD 10 Essential Services Capacity</b>
<b>Baseline: TBD</b>

# STATE ORAL HEALTH SURVEILLANCE SYSTEM

The SOHSS actively collects and tracks 42 specific oral health indicators.

New surveillance plan written in 2025 to guide the ongoing monitoring of oral disease and the evaluation of programs. This current plan is due to expire in 2030, after which a new plan will be developed.

**Evaluation Question: Is the SOHSS being implemented or maintained? YES**

# DIVERSE, SUSTAINABLE & COLLABORATIVE COALITION

<p><b>Diversity</b></p>	<p>Operationalized as cross-sector and organizational representation within the state’s oral health coalition and advisory groups.</p>	<ul style="list-style-type: none"> <li>● <b>Coalition Composition:</b> tracking the participation of various stakeholder groups.</li> <li>● <b>Targeted Inclusion:</b> engagement with specific sub-populations and the organizations that serve them, ensuring the system integrates with groups like Area Agencies on Aging, Federally Qualified Health Centers (FQHCs), and early learning centers.</li> </ul>
<p><b>Sustainability</b></p>	<p>Operationalized as the ongoing funding, staffing capacity, and systematic institutionalization required to keep public health efforts functioning independently of short-term grants.</p>	<ul style="list-style-type: none"> <li>● <b>Funding Continuity:</b> securing and renewing federal grants (CDC, HRSA, Preventive Health Block Grants) and advocating for dedicated state-level funding allocations.</li> <li>● <b>Staffing and Capacity:</b> expansion of state-level leadership capacity, such as recruiting, hiring, and retaining a Public Health Dental Director, an epidemiologist, and program administrators within the DOH.</li> </ul>
<p><b>Collaboration</b></p>	<p>Operationalized as the active maintenance of partnerships and the execution of joint initiatives, divided into two main categories: Coalition/Cross-Sector Collaboration and Cross-Governmental Partnerships</p>	<ul style="list-style-type: none"> <li>● <b>Coalition/Cross-Sector Collaboration:</b> This is measured by tracking the number of active coalition members, meeting participation rates, and stakeholder satisfaction surveys.</li> <li>● <b>Cross-Governmental Partnerships (Outcome C3):</b> evidence of effective partnerships between the PA Department of Health (DOH) and external government entities (like the Department of Human Services or the Department of Environmental Protection). This is tracked by the number of joint projects, inter-agency agreements, and partnered initiatives in policy and data collection.</li> </ul>

**Evaluation Questions: Is there a diverse, collaborative and sustainable coalition? Is there evidence of effective cross-governmental partnerships? TBD (data collection is ongoing)**

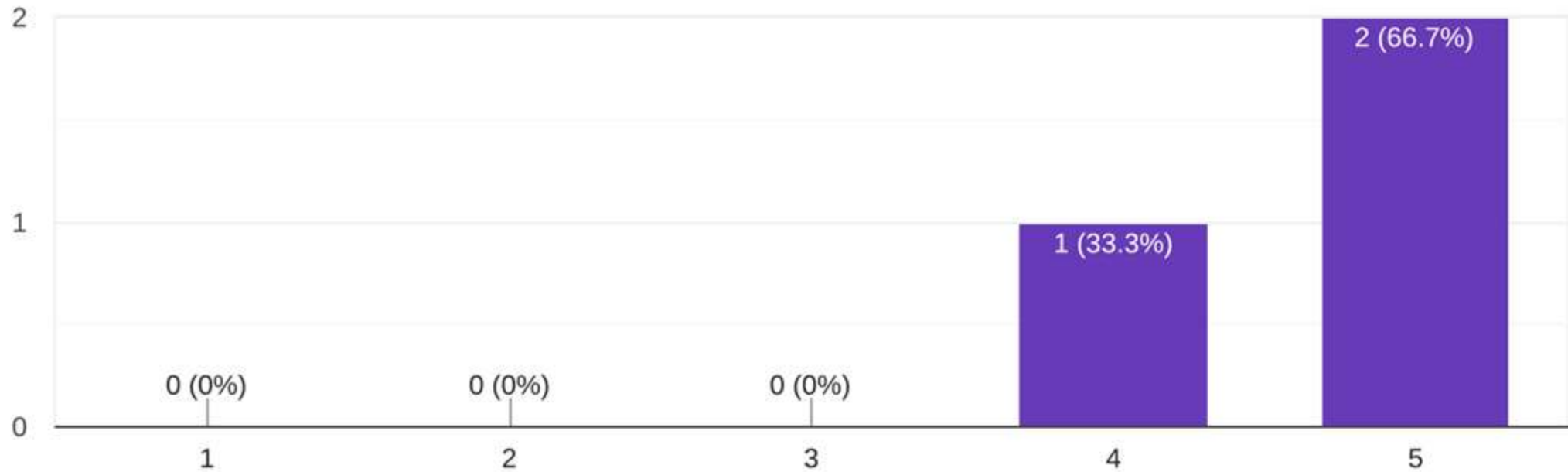
# ASTDD's 10 ESSENTIAL SERVICES ASSESSMENT

- Validated instrument; 10 questions that cover themes such as assessment, policy development and assurance
- Additionally, explored qualitative themes such as gap identification, and a Roses/Thorns/Buds exercise
- Interviews/survey with 5 DOH and PCOH Experts (3 have been completed)

# ASTDD's 10 ESSENTIAL SERVICES ASSESSMENT

Assessment - Service 1: How effectively does DOH/PCOH assess and monitor the population's oral health status, factors that influence oral health, and community needs and assets?

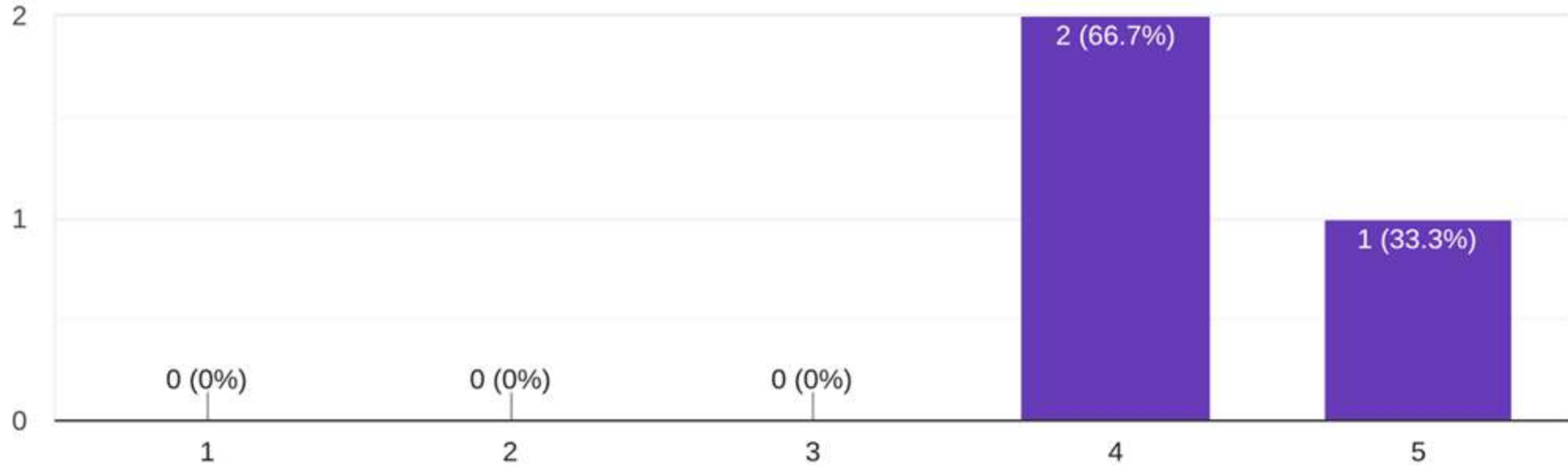
3 responses



# ASTDD's 10 ESSENTIAL SERVICES ASSESSMENT

Assessment - Service 2: How well does DOH/PCOH investigate, diagnose, and address oral health problems and hazards affecting the population?

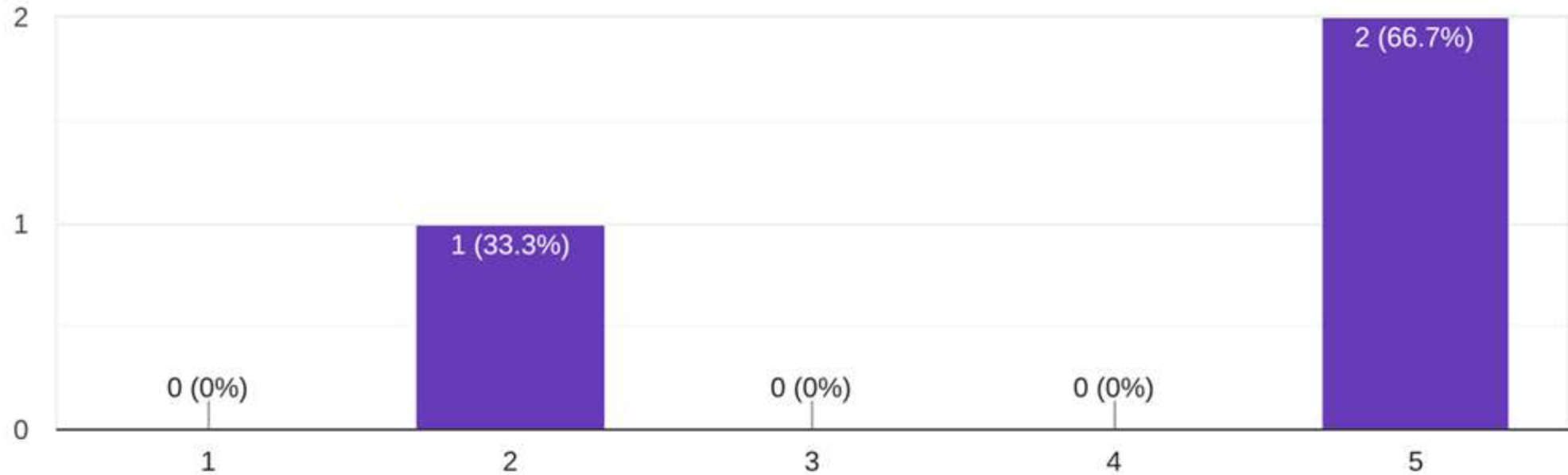
3 responses



# ASTDD's 10 ESSENTIAL SERVICES ASSESSMENT

Policy Development - Service 3: How effectively does DOH/PCOH communicate to inform, educate, and empower people to achieve and maintain optimal oral health?

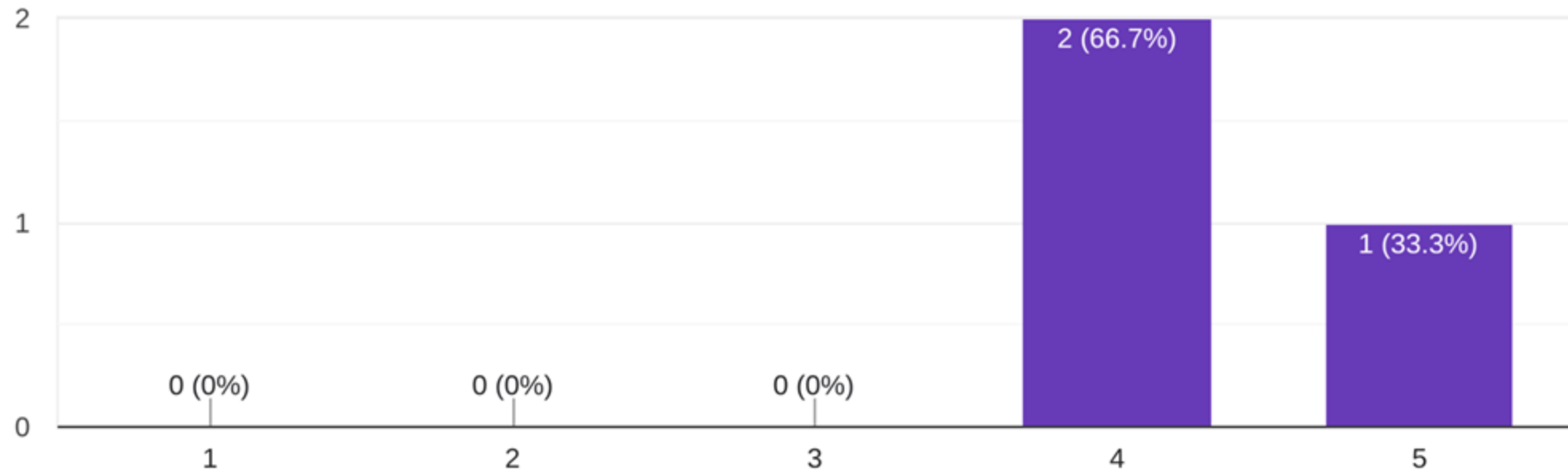
3 responses



# ASTDD's 10 ESSENTIAL SERVICES ASSESSMENT

Assurance - Service 7: How effectively does DOH/PCOH reduce barriers to care and assure access to and use of personal and population-based oral health services?

3 responses



# GAPS, ROSES/THORNS/BUDS

## Top Gaps Identified:

- Develop, champion and implement policies, laws, and systematic plans
- Assure an adequate, culturally competent, and skilled public and private oral health workforce

## Roses:

- PCOH's vast network of partnerships, activities, and strategies to promote dental public health.
- A comprehensive surveillance system is in place and actively used to monitor oral health outcomes, access to care, and related risk factors.
- School-based service delivery models are effectively reducing barriers to care by bringing services directly to high-need populations.

## Thorns:

- Limited partner capacity and competing priorities
- Key activities rely on data systems and reporting platforms that are outside of direct control.
- Current funding supports implementation but is largely time-limited and program-specific.

## Buds:

- A defined subset of partners, such as selected schools, community water systems, or healthcare providers, can be identified based on need and readiness.

# Breakout Sessions

Room 1: Access

Room 2: Workforce

# 2025-2026 Selected Action Steps

## **Room 1: Access, Prevention, and Education**

- Increase access to oral health services for people residing in dental health professional shortage areas
- Initiate policy(ies) to expand the oral health workforce in venues serving underserved populations to provide more opportunities for access to treatment, prevention and education services
- Integrate information on oral disease prevention into health field undergraduate and residency curricula
- Reduce total health care costs through policies and advocacy that enhance access to oral disease prevention and treatment services

## **Room 2: Workforce**

- Advocate for mandated and increased base level funding for the Medicaid fee schedule
- Develop or revise financial assistance programs for dental professionals who practice in rural areas and/or dental health professional shortage areas



# Breakout Room Prompts

**Prompt #1:** Reflecting on the action steps selected for 2025-2026, what specific strategies or programs has your organization implemented (or seen implemented) that align with these priorities? What lessons or promising practices can you share with others in the group?

**Prompt #2:** What challenges are you seeing in advancing the Plan's goals within your sector or across systems? How might we overcome these barriers through collaboration, resource sharing, or policy change?

**If time allows.....**Thinking long-term, what would success look like by 2030 if our collective work continues to align with the Plan? How can we ensure momentum beyond 2026?



# Member Discussion

# Closing Remarks and Adjournment

- Next Steps
- Review Notes
- Visit [paoralhealth.org/OHPAG](https://paoralhealth.org/OHPAG) to review materials
- Ongoing: Submit success stories
- Send comments/additional materials to [info@paoralhealth.org](mailto:info@paoralhealth.org)
- Upcoming meetings:
  - Nomination information session: Tuesday, May 12<sup>th</sup>, 1pm-2pm (Zoom)
  - Annual in-person meeting: Wednesday, August 26<sup>th</sup>, 9am-3pm (Harrisburg)





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**Thank you for attending!**