

## Advancing Oral Health Throughout the Lifespan

### National Academies, November 18-19, 2024

The **Advancing Oral Health Throughout the Lifespan workshop** is a two-day event scheduled for **November 18-19, 2024**, in Washington, DC, aimed at exploring comprehensive strategies to ensure equitable oral health care for all Americans.

#### Main Themes:

1. **Equitable Access and Policy Evaluation:**
  - **Federal and Non-federal Oral Health Policies:** Discussions on current initiatives, gaps, and systemic challenges.
  - **Patient and Community Focus:** Addressing determinants of health that impact access and identifying policy needs to promote equity.
2. **Collaboration in Health Care:**
  - **Integration of Oral Health into Whole-person Care:** Emphasizing partnerships between health care providers and educators.
  - **Role of Public and Private Payers:** Strategies for incentivizing collaborative, value-based investments in oral health care.
3. **Strategic Planning and Future Vision:**
  - **Oral Health Equity for Special Populations:** Highlighting successful models and required policies for marginalized groups.
  - **Innovative Solutions by 2035:** Identifying forward-thinking approaches for long-term oral health improvements.
  - **Organizing for System Transformation:** Determining actionable policies and collective efforts to influence change.

The workshop features expert presentations, interactive group discussions, and strategic planning sessions to formulate sustainable solutions for advancing oral health equity across the U.S.

## The ELP™ Structured Advocacy Process

Dr. John Pournoor described how policy transformation can be launched using a structured approach, the ELP™ Process (Executive-Legislative-Pressure Groups). His [presentation](#) laid out this process. In preparation for this Academy meeting, he applied the process to every session of “Advancing Oral Health Throughout the Lifespan” as a demonstration of how the ELP™ framework can be put into practice. This was done based on limited information in the session and presentation titles and some background references, also included here.

Each session has the following information:

1. Policy Status
2. Potential Policy Transformation Required
3. ELP™ Activation Recommendations

## Individual Workshops

### SESSION II: Overview of America's Oral Health Policies (Federal)

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#### 1. Federal & State Policy Status:

- Current federal policies include various Medicare, Medicaid, and CHIP services aimed at improving access to dental care, yet significant gaps in policy and system delivery persist.
- State-level initiatives vary widely, with some states implementing robust dental programs while others face budget and resource constraints.

#### 2. Health Transformation Required:

- Integrate comprehensive dental coverage into public insurance programs.
- Standardize state policies to reduce disparities in care.
- Address administrative barriers that limit efficient program implementation and expand services.

#### 3. ELP Activation Recommendations:

##### • Executive Branch:

- Advocate for task forces within key agencies (e.g., Centers for Medicare & Medicaid Services) to enhance oral health initiatives.
- Push for new federal grants to support state-level dental service implementation with a focus on preventive care and equity.
- Use executive orders to mandate cross-agency collaboration involving public health, education, and social services.
- Explore partnerships with technology firms to integrate innovative solutions for improved accessibility and efficiency.

##### • Legislative Branch:

- Lobby for amendments to existing healthcare laws (e.g., Affordable Care Act) to include comprehensive dental benefits.
- Advocate for new legislative measures to increase funding for dental services in underserved regions.
- Support the creation of bipartisan coalitions to prioritize oral health as a public health concern.
- Encourage legislative committees focused exclusively on oral health policy and disparities.

##### • Pressure Groups:

- Mobilize health advocacy organizations, patient networks, and public health coalitions to push for policy change.
- Organize campaigns featuring real-life stories to foster public empathy and support.
- Partner with think tanks for data-driven reports showcasing economic and social benefits.

- Host webinars, town halls, and educational series to build public awareness and pressure policymakers.

## References

Here are some key research references related to America's oral health policies, including federal and state initiatives, gaps, and proposed transformations:

1. **Changes in State Policies Related to Oral Health:** A study found that from 2002-2009, states made progress in Medicaid coverage, income eligibility for children, and fluoride programs, but public and private dental expenditures declined ([Mandal et al., 2014](#)).
2. **Children's Oral Health Progress:** Federal and state policies have expanded Medicaid and CHIP, improving access for children, but notable disparities in dental care remain ([Crall & Vujicic, 2020](#)).
3. **Oral Health Advocacy and State-Federal Priorities:** Significant progress has been made with federal legislation supporting oral health, but challenges in funding and implementation remain, requiring increased state-level advocacy ([Garcia, 2012](#)).
4. **Racial and Ethnic Disparities in Medicaid and CHIP:** Analysis of 2018 data showed disparities in oral healthcare quality among different racial and ethnic groups enrolled in Medicaid and CHIP, highlighting the need for better data and policies ([Herndon & Ojha, 2022](#)).
5. **Medicaid's Access to Dental Care:** Medicaid policies ensure dental care for children but often fall short in actual oral health outcomes, emphasizing the need for further policy refinement ([Shariff & Edelstein, 2016](#)).
6. **Limitations in Access to Dental Care for Publicly Insured Children:** While Medicaid and CHIP provide vital coverage, barriers such as provider availability and reimbursement rates persist ([Rhodes & Bisgaier, 2011](#)).
7. **Integration of Oral Health Services:** Studies indicate that integrating preventive oral health services into primary care can improve access for Medicaid enrollees ([Kranz et al., 2014](#)).
8. **Impact of Medicaid Adult Dental Benefits:** States offering adult dental benefits under Medicaid experienced mixed outcomes in terms of utilization, highlighting the need for broader systemic changes ([Singhal et al., 2017](#)).

These references provide comprehensive insights into the current status, challenges, and recommendations for improving oral health policies in the U.S.

## SESSION III: Overview of America's Oral Health Policies (Non-federal)

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1. **Federal & State Policy Status:**
  - Non-federal stakeholders, including private, non-profit, and industry groups, are actively engaged in promoting oral health, though collaboration is often fragmented.
  - Programs vary in focus, from community outreach to policy advocacy, yet gaps in implementation still hinder comprehensive service delivery.
2. **Health Transformation Required:**
  - Strengthen coalitions among non-federal entities for coordinated advocacy.

- Develop scalable models that can bridge gaps between public, private, and non-profit sectors.
- Address systemic disparities through targeted community programs.

### 3. ELP Activation Recommendations:

- **Executive Branch:**
  - Encourage state governors and health departments to adopt executive actions based on non-federal best practices.
  - Advocate for federal-state collaborative agreements to match funds and strengthen local dental programs.
  - Support pilot programs leveraging partnerships between state/local governments and non-profits.
  - Promote executive initiatives for sharing federal resources and guidelines.
- **Legislative Branch:**
  - Push state legislatures to pass laws recognizing non-profits and community health organizations as essential partners.
  - Advocate for funding and resource-sharing between state agencies and private partners.
  - Support tax incentives for private companies contributing to public oral health campaigns.
  - Promote the creation of state oral health advisory boards with diverse stakeholders.
- **Pressure Groups:**
  - Activate community health advocacy groups to build regional coalitions for state policy changes.
  - Partner with private sector leaders to co-host conferences showcasing successful models.
  - Mobilize social media campaigns to highlight non-federal contributions to oral health.
  - Collaborate with universities for data and case studies to support scaling community programs.

## References

Here are some references relevant to the topic of non-federal oral health policies and the involvement of various stakeholders:

1. The **U.S. Department of Health and Human Services (HHS)** framework focuses on promoting oral health and outlines strategies for collaboration among federal and non-federal partners. This highlights the importance of cross-agency cooperation and public-private partnerships to eliminate disparities and strengthen the oral health infrastructure ([Adesanya et al., 2016](#)).
2. **Public-private partnerships** are essential for improving oral health. Effective collaborations between public health programs and private practices can increase access to care and enhance community outreach efforts ([Bailey, 2014](#)).
3. **Health disparities and access to oral health care** can be mitigated through partnerships involving traditional and non-traditional stakeholders. Collaborative community efforts and strategic coalition

building are proven to amplify the impact of outreach programs and mobilize resources effectively ([Harper, 2003](#)).

4. **Oral health advocacy** requires engaging non-profit and legislative groups to influence policy and funding. Advocacy efforts need a unified approach involving diverse stakeholders to push for legislative support and resources for state and local programs ([Garcia, 2012](#)).
5. The integration of **oral health in primary care** involves partnerships among public health bodies, private sector stakeholders, and academic institutions. This approach aims to build interdisciplinary networks and coordinated care to bridge existing service gaps ([Harnagea et al., 2018](#)).
6. **State-based initiatives** that support oral health policy development are influenced by national efforts and require active advocacy for funding and support from federal entities to implement evidence-based prevention programs ([Crall & Vujicic, 2020](#)).

These references provide an overview of various strategies, challenges, and collaborative models relevant to the development and support of oral health policies at state and non-federal levels.

## SESSION IV: Patient and Community Focus

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1. **Federal & State Policy Status:**
  - Existing policies often fail to account for social determinants of health that impact oral health access, particularly in underserved urban, suburban, and tribal areas.
  - Current frameworks need expansion to include targeted support for at-risk communities.
2. **Health Transformation Required:**
  - Increase community engagement and education initiatives that inform patients of their oral health rights and resources.
  - Incorporate oral health services as part of broader health equity programs, emphasizing prevention and early intervention.
3. **ELP Activation Recommendations:**
  - **Executive Branch:**
    - Advocate for funding initiatives targeting underserved communities.
    - Propose HHS and the Office of Minority Health develop guidelines for equitable oral health resource distribution.
    - Support pilot programs for mobile dental clinics and telehealth solutions.
    - Partner with federal/local health departments to create comprehensive access plans.
  - **Legislative Branch:**
    - Lobby for bills funding community oral health outreach programs.
    - Integrate dental health provisions into broader social determinant-focused federal programs.
    - Push for legislative mandates for collaboration on oral health strategies.
    - Advocate for expanded loan forgiveness for dental professionals serving high-need areas.

- **Pressure Groups:**

- Engage patient advocacy groups to share impactful community stories.
- Collaborate with social service organizations to emphasize overall health impacts.
- Partner with faith-based groups and civic leaders to push local oral health equity.
- Utilize diverse media to educate the public on oral health's importance.

## References

Addressing social determinants of health is crucial for improving oral health access, especially in underserved communities. This overview provides evidence to support the focus on patient and community-centered policies and initiatives.

1. Existing policies often fail to address social determinants of health, which affects oral health access in underserved areas. Research highlights that poor oral health is a widespread public health problem exacerbated by socioeconomic and cultural disparities ([Petersen & Kwan, 2011](#)).
2. The American Academy of Pediatric Dentistry emphasizes the need for policy frameworks that consider social determinants to prevent oral health inequalities among children ([AAPD, 2018](#)).
3. Community engagement and education are pivotal for informing patients of their oral health rights and resources. Empowering local communities through education can promote preventive oral health practices and reduce disparities ([Watt, 2005](#)).
4. Involving family and community structures has shown to improve children's oral health outcomes, emphasizing the importance of community-based support ([Mouradian et al., 2007](#)).
5. Supporting mobile dental clinics and telehealth solutions can enhance access for underserved communities. Integrating oral health with primary care was highlighted as an effective method to reach vulnerable populations ([Treadwell & Ro, 2002](#)).
6. Policies need to be reoriented to address social and structural determinants comprehensively ([Chidzonga et al., 2015](#)).
7. Legislative support for funding oral health outreach and integrating dental care into broader health programs can address disparities. This requires a commitment to long-term policies targeting social determinants ([Abreu et al., 2021](#)).
8. Research underscores the importance of aligning oral health policy with general health frameworks to enhance impact ([Watt & Sheiham, 2012](#)).
9. Advocacy groups play a critical role in pushing for equitable health measures. Collaborations with civic leaders and media campaigns can amplify awareness and support for oral health equity ([Faulks, 2023](#)).
10. Community-level determinants are essential for children's oral health quality of life, emphasizing the need for neighborhood initiatives ([Guedes et al., 2014](#)).

Improving oral health access in underserved areas requires integrating social determinants into policy, enhancing community involvement, and legislative support for sustainable programs.

## SESSION V: Health Care Providers and Educators Focus

### 1. Federal & State Policy Status:

- Limited integration of oral health in medical training and practice has created a barrier to whole-person care approaches.
- Existing state and federal policies do not adequately support interprofessional collaboration.

## 2. Health Transformation Required:

- Reform education and training programs to integrate dental health as a standard part of medical and nursing curricula.
- Incentivize collaborative practices between dental and medical professionals for holistic patient care.

## 3. ELP Activation Recommendations:

- **Executive Branch:**
  - Advocate for interagency agreements promoting oral health training.
  - Propose executive orders including oral health in federally funded training programs.
  - Support grants incentivizing joint educational programs.
  - Recommend establishing federal training centers collaborating with state universities.
- **Legislative Branch:**
  - Lobby for amendments mandating oral health integration in medical/nursing school curricula.
  - Advocate for continuing education grants focusing on dental health practices.
  - Support incentives for interdisciplinary health programs.
  - Promote hearings with educator testimony on the benefits of integrated training.
- **Pressure Groups:**
  - Collaborate with medical/dental associations for unified education advocacy.
  - Partner with foundations to fund scholarships for oral health training.
  - Engage alumni networks and advocates to influence educational policy.
  - Organize workshops and conferences to promote successful models.

## References

Here are some relevant research references on the integration of oral health into medical training and practice, federal and state policy barriers, and strategies for health transformation:

1. **Designing Oral Health Curriculum That Facilitates Greater Integration of Oral Health Into Overall Health** - This paper emphasizes the need for curriculum transformation to support graduates' ability to work in integrated health systems, citing the importance of interprofessional education to improve overall health ([Mays, 2021](#)).
2. **Integration of a Novel Interprofessional Oral Health Module into Medical Student Clinical Skills Curriculum** - Highlights how integrating oral health into medical curricula was effective in promoting awareness and skills related to oral health among medical students ([Calvo et al., 2016](#)).
3. **Primary Care and Oral Health Integration: Comparing Training Across Disciplines** - Discusses disparities in oral health education across medical disciplines and suggests that best practices from successful programs could inform broader integration efforts ([Ticku et al., 2020](#)).

4. **Oral Health Care in the 21st Century: It Is Time for the Integration of Dental and Medical Education** - Proposes the need for joint education and residency training programs to integrate oral health into medical and nursing education ([Donoff & Daley, 2020](#)).
5. **Strategies to Integrate Oral Health into Primary Care: A Systematic Review** - Reviews effective strategies and reports favorable outcomes for integration approaches involving policy changes and training programs ([Christian et al., 2023](#)).
6. **Embedding Dental Hygienists into Medical Care Teams: Implementation and Evaluation of a Medical-Dental Integration Approach in Colorado** - Demonstrates a successful model where dental hygienists were integrated into primary care settings to expand patient access to dental services ([Braun et al., 2023](#)).
7. **Integrating Oral Health into Health Professions School Curricula** - Outlines steps and strategies for integrating oral health education into health professions training programs, addressing challenges such as resource allocation and prioritization ([Gill et al., 2022](#)).

These references provide valuable insights and evidence-based recommendations to support initiatives focused on integrating oral health into broader health training and practice.

## SESSION VI: Role of Public and Private Payers

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1. **Federal & State Policy Status:**
  - Public and private payers have not universally adopted policies that tie reimbursement to outcomes or incentivize preventative care.
  - Policy gaps exist in aligning payment structures with equitable access goals.
2. **Health Transformation Required:**
  - Redefine payment models to focus on value-based care, promoting both preventive measures and equity in service distribution.
  - Develop policies that align public and private interests in funding comprehensive oral health initiatives.
3. **ELP Activation Recommendations:**
  - **Executive Branch:**
    - Advocate for public-private alignment of payer strategies.
    - Propose partnerships rewarding prevention-focused dental care models.
    - Push for CMS-led bundled payment pilot programs.
    - Use federal influence for funding public oral health awareness.
  - **Legislative Branch:**
    - Promote bills aligning public/private reimbursement models.
    - Advocate for mandates covering preventive oral health services.
    - Support bipartisan funding initiatives for public-private campaigns.
    - Push for legislative reviews ensuring payer practices are equitable.
  - **Pressure Groups:**

- Partner with advocacy groups for research on the cost-savings of preventive care.
- Collaborate with consumer rights organizations for transparent coverage policies.
- Mobilize coalitions for payer accountability and public education campaigns.
- Use petitions and media campaigns to push for fair insurance practices.

## References

Here are several relevant research references related to the concept of public and private payer roles and their policies:

1. **Impact of Reimbursement Systems on Equity and Access:** Reimbursement systems, such as capitation and fee-for-service, have complex impacts on socioeconomic and racial equity in access to care. Evidence shows limited benefits from capitation for equitable access but mixed results for other models like pay-for-performance ([Tao et al., 2016](#)).
2. **Linkages Between Reimbursement and Prevention:** Reimbursement schemes such as fee-for-service and pay-for-performance impact the provision of preventive services. Capitation and bundled payments may promote prevention activities more effectively, depending on provider characteristics ([Zwaagstra Salvado et al., 2021](#)).
3. **Provider Payment Incentives:** Different payment methods, including budget reforms, fee-for-service, and capitation, come with inherent incentives that affect provider behavior and health outcomes. Mixed payment models can help balance the pros and cons ([Barnum et al., 1995](#)).
4. **Bundled Payments vs. Fee-for-Service:** Bundled payment systems, unlike traditional fee-for-service, can mitigate excessive treatment intensity and promote cost-efficiency. However, these systems must be carefully designed to avoid adverse impacts on patient selection and provider risk ([Adida et al., 2016](#)).
5. **Physician Incentives and Practice:** Evidence from oncology shows that financial incentives may influence physician decision-making, potentially affecting treatment choices and outcomes ([Mitchell et al., 2019](#)).
6. **Monetary Incentives in Healthcare:** Systematic reviews of financial incentives indicate mixed results regarding their effectiveness in improving healthcare quality and outcomes. Pay-for-performance has shown varied success across different settings ([Heider & Mang, 2020](#)).

These studies underscore the challenges and nuanced impacts of different payment structures on healthcare access, equity, and the promotion of preventive care. The alignment of payer strategies to incentivize outcomes and prevention requires careful policy design to balance benefits and avoid unintended consequences.

## SESSION VII: Achieving Oral Health Equity among Special Populations

1. **Federal & State Policy Status:**
  - Special populations, including those with disabilities and lower-income groups, face significant challenges in accessing oral health care.
  - Policies addressing these issues often lack adequate funding and comprehensive reach.
2. **Health Transformation Required:**

- Implement targeted, equity-focused health policies that recognize the specific needs of these populations.
- Ensure oral health services are inclusive and address barriers like cost, transportation, and language.

### 3. ELP Activation Recommendations:

- **Executive Branch:**
  - Advocate for directives making oral health equity part of broader health equity initiatives.
  - Push for federal partnerships with community centers serving vulnerable groups.
  - Recommend emergency funds for oral health in high-need regions.
  - Propose outreach strategies with public health officials and special interest groups.
- **Legislative Branch:**
  - Support bills funding programs for marginalized populations.
  - Advocate for mandated data collection on oral health disparities.
  - Push for pilot projects exploring tailored care delivery models.
  - Promote expanded Medicaid/CHIP services to ensure full coverage.
- **Pressure Groups:**
  - Partner with disability and senior advocacy organizations for increased attention.
  - Mobilize groups to testify and share experiences at hearings.
  - Collaborate with social services for outreach campaigns.
  - Organize coalition-building events connecting leaders with policymakers.

### References

1. **Access Challenges:** Special populations, such as individuals with disabilities, face significant obstacles in accessing oral health care due to inadequate policies and funding. This includes a lack of comprehensive policy frameworks that target these unique needs ([Buchholtz & King, 2012](#)).
2. **Administrative Barriers:** The integration of oral health services into primary care is hindered by administrative challenges, which contribute to disparities in service delivery ([Norwood et al., 2017](#)).
3. **Targeted Policies:** Implementing education and targeted policies that train dental professionals to meet the needs of special populations can help reduce health inequalities ([Faulks et al., 2012](#)).
4. **Flexible Solutions:** Addressing rural and socio-economic barriers requires practical approaches, such as mobile clinics and telehealth, to increase access and equity ([Skillman et al., 2010](#)).
5. Advocate for oral health equity initiatives within broader health equity programs and direct resources towards partnerships with community centers that serve vulnerable groups ([Henderson, 2005](#)).
6. Propose emergency funding and strategic outreach in regions with high unmet oral health needs ([Balasubramanian et al., 2019](#)).
7. Support legislative bills that secure funding for programs targeting marginalized and special needs populations ([Henderson, 2005](#)).

8. Mandate data collection and promote pilot projects to explore effective care delivery models ([Balasubramanian et al., 2019](#)).
9. Build coalitions with advocacy organizations to share experiences and testimonies, mobilize for hearings, and organize outreach campaigns to increase awareness ([Buchholtz & King, 2012](#)).

These references collectively outline the current status, needed transformations, and action strategies for achieving oral health equity among special populations.

## SESSION VIII: Oral Health in 2035

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### 1. Federal & State Policy Status:

- Emerging policies focus on future goals but may lack the innovative scope needed for long-term solutions.
- Coordination between federal and state initiatives to meet ambitious oral health goals by 2035 is limited.

### 2. Health Transformation Required:

- Embrace emerging technologies and innovative care delivery methods.
- Create adaptable policy frameworks that can evolve with advancements in oral health care.

### 3. ELP Activation Recommendations:

- **Executive Branch:**
  - Advocate for future-focused task forces researching technology in oral health.
  - Propose partnerships with tech firms for pilot tools like AI-driven diagnostics.
  - Recommend federal funding for innovation in oral health.
  - Support advisory boards forecasting future oral health advancements.
- **Legislative Branch:**
  - Push for laws supporting continuous innovation funding.
  - Promote incentives for public-private tech research partnerships.
  - Advocate for expanded dental education focusing on future-oriented skills.
  - Encourage hearings with expert testimony on technology's impact on public health.
- **Pressure Groups:**
  - Partner with think tanks and tech leaders for advocacy forums.
  - Mobilize media campaigns featuring experts and innovations.
  - Create educational content highlighting future policy investment benefits.
  - Advocate for partnerships between professional groups and tech firms.

## References

Here are relevant research references related to policy, technological integration, and advocacy for oral health:

1. **Emerging Policies and Coordination:** Research highlights the integration of oral health into universal health coverage (UHC), with a focus on overcoming fragmented primary oral health services and high out-of-pocket expenses ([Fisher et al., 2018](#)).
2. **Global Policy Initiatives:** The WHO's Global Oral Health Action Plan 2023-2030 emphasizes the alignment of oral health strategies with non-communicable disease prevention, promoting cohesive global policy efforts ([Eaton et al., 2023](#)).
3. **Technological Innovations and Adaptable Policies:** Discussions on the use of digital health solutions during the COVID-19 pandemic showed that technological advancements, such as tele-dentistry, could improve access and adaptability in oral health care ([Giraudeau & Varenne, 2021](#)).
4. **Integration and Prevention-Oriented Models:** Future directions emphasize integrating oral health with broader health systems, supporting interdisciplinary coordination and e-health technologies for sustainable advancements ([Harnagea et al., 2018](#)).
5. **Executive Branch Strategies:** Advocacy for digital tools and AI-driven diagnostics aligns with global calls for comprehensive digital health adoption to enhance early detection and public health initiatives ([Giraudeau & Varenne, 2021](#)).
6. **Legislative and Research Support:** Emphasizing continuous funding for innovative technologies and expanding educational focus on future-ready skills will ensure robust oral health infrastructure ([Etiaba et al., 2015](#)).

These references provide an informed basis for discussing long-term strategies, policy advancements, and technological innovation in oral health leading up to 2035.

## SESSION IX: Organizing and Disrupting for System Transformation

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1. **Federal & State Policy Status:**
  - There is a recognition that without systematic change, current efforts may fall short of achieving comprehensive oral health equity.
  - Policies need to shift towards adaptable, sustainable solutions that include diverse stakeholder input.
2. **Health Transformation Required:**
  - Organize cross-sector collaborations that build collective influence for policy change.
  - Emphasize flexible, adaptive policies that can respond to evolving health landscapes.
3. **ELP Activation Recommendations:**
  - **Executive Branch:**
    - Advocate for strategic partnerships across government agencies for multi-sectoral approaches.
    - Propose a national oral health strategy office coordinating state and federal efforts.
    - Support executive-sponsored summits for public health leaders and advocates.
    - Form task forces prioritizing oral health in public health plans.
  - **Legislative Branch:**

- Push for legislation creating cross-functional congressional task forces.
- Advocate for bills facilitating collaboration between public, state, and non-profit sectors.
- Support legislative frameworks allowing new public-private delivery models.
- Promote hearings involving expert and advocate dialogue for policy change.
- **Pressure Groups:**
  - Partner with think tanks for policy impact reports.
  - Mobilize campaigns connecting health, education, and social service advocates.
  - Organize summits uniting grassroots and policymakers for collective plans.
  - Engage media for op-eds showcasing systemic change success stories.

## References

To support your concept of organizing and disrupting for systemic transformation in oral health, several relevant research findings can be cited:

1. Policies impacting oral health have shown shifts over time, particularly in Medicaid expansions and the inclusion of dental services, but systemic and coordinated action is needed for comprehensive oral health equity ([Mandal et al., 2014](#)).
2. Addressing systemic inequalities requires robust leadership at federal levels and a focus on cross-sector collaboration ([Watt et al., 2019](#)).
3. Collaborative approaches integrating multiple stakeholders in policy development have been highlighted as crucial for fostering adaptable, evidence-based oral health policies ([Listl et al., 2023](#)).
4. Strategic alignment between federal and state initiatives can drive better policy cohesion and address public health gaps ([Garcia, 2012](#)).
5. Coordinated federal efforts are essential for sustained policy impact, such as creating specialized oral health task forces and advocating for a national oral health strategy ([Edelstein, 2015](#)).
6. Strategic partnerships that bridge government sectors and community organizations can foster a more integrated approach to public health ([Crall & Vujicic, 2020](#)).
7. Legislative efforts should focus on creating cross-functional task forces and bills that support collaborative frameworks and public-private partnerships ([Gehshan & Snyder, 2009](#)).
8. Advocacy groups and think tanks can play a critical role by publishing impactful reports and mobilizing campaigns to build public and legislative support ([Swann et al., 2022](#)).

These references illustrate the importance of structured collaboration between policy makers, healthcare leaders, and community stakeholders to achieve systemic change in oral health equity.



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