

New Hampshire Oral Health Program Five-Year Communication Plan 2015-2020





MESSAGE FROM THE NEW HAMPSHIRE DIVISION OF PUBLIC HEALTH SERVICES

The oral health of New Hampshire residents is important to overall health and is a priority for the NH Division of Public Health Services Health (DPHS). The reduction of childhood dental caries is an objective in *The State Health Improvement Plan*. When residents suffer from poor oral health, we are all impacted by the staggering cost of delayed care, lost work and missed school days.

The NH DPHS, Oral Health Program collaborates with partners statewide to improve people's ability to get oral health care in community and school-based settings. Oral health programs in schools seek to prevent dental disease before it starts and to link children to treatment in nearby dental offices. Oral health programs in community health centers, hospitals, Head Start, senior centers and Women, Infants, and Children (WIC) sites also provide preventive and restorative services to people who may have difficulty getting oral health care because of cost, transportation or leave time. Dental disease is an infection that has been linked to diabetes, heart disease, stroke and preterm birth; yet there is still a widespread lack of appreciation for the importance of oral health to total health. For this reason and with funding from the Centers for Disease Control and Prevention (CDC), the New Hampshire Oral Health Program has collaborated with partners statewide to develop a 5-Year Oral Health Communications Plan to serve as a guide for the Oral Health Program, the NH Oral Health Coalition, and their partners. The plan is designed to deliver identified, priority oral health information and key messages to providers, patients, and policy makers.

While we celebrate the increased access to oral health care for New Hampshire residents, we must not become complacent. A significant portion of the population still experiences oral health disparities due to income, educational attainment, and geography. We must increase our efforts to educate providers and stakeholders; that oral health is essential to overall health and that we must improve access to care, promote timely preventive interventions and partner with health care providers to integrate care.

I would like to thank our community partners who provided us with input on oral health communication needs in New Hampshire. Thanks also to NH Oral Health Coalition members for their support in the development and future implementation of the Oral Health Communication Plan.

Marcella Jordan Bobinsky, Acting Director, Division of Public Health Services,
New Hampshire Department of Health and Human Services

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Photo on cover: Senior Oral Health Survey, Berlin, NH 2015



I. INTRODUCTION

Oral Health Communication Plan (OHC Plan) Purpose

This five-year New Hampshire Oral Health Communication Plan (OHC Plan) is designed to serve as a guide for the marketing and communications efforts of the New Hampshire Department of Health and Human Services, Division of Public Health Services, Oral Health Program (OHP) and their partners. When this plan was written, there was no funding for a specific communication campaign and as such this plan is written to maximize the audiences targeted over a five-year period with current resources and recommendations. Based on funding and policies, it is recommended that the OHC Plan be reviewed and revised as needed on a yearly basis.

This plan is written to be flexible and adaptable to meet the needs of both the OHP, as well as their partners, including the NH Oral Health Coalition (NHOHC), the NH Oral Health Communication Subcommittee and others who may have an interest. It outlines the plan's five-year goals, objectives, and strategies. The overarching goal of this plan is to accomplish the delivery of OHP key messages and additional information about oral health to key target audiences in New Hampshire in order to address OHP's key Public Health Goals: Access to Oral Health Care, Oral Health Care Prevention and Timely Interventions, and Integration of Oral Health Care into Health Care. The five primary and secondary target audiences are outlined by year in Figure 1: Primary and Secondary Target Audiences, and are as follows: 1) Legislators and decision makers, 2) Parents of children with first their tooth to five years, 3) Medicaid providers, 4) New Hampshire healthcare and oral health providers, and 5) New Hampshire adults.

The oral health objective of Healthy People 2020 (HP 2020) is to prevent and control oral and craniofacial diseases, conditions and injuries and to improve access to preventive services and dental care by 2020. The long-term goal of the OHC Plan is to create messages and outreach strategies that support the HP 2020 objective. The implementation of this plan will be led by OHP staff in coordination with OHP partners and related stakeholders at the state and local level.

OHC Plan Creation

The strategies outlined in this plan were guided and informed through the following resources and approaches.

OHC Plan: A draft version of The 2015 New Hampshire Oral Health Plan (OH Plan) was used to guide the OHC Plan development. The OHC Plan is a standalone guide and also a connection to all communication strategies outlined in the OH Plan.

Working Group: To assist with the creation of the OHC Plan, together with OHP, the Community Health Institute (CHI) invited the OH Steering Committee and communication stakeholders to meet on June 11, 2015 to discuss and identify communication goals, objectives, and influencers/ leadership, define current outreach/communication strategies, potential partners/programs/ initiatives and funding sources. During this meeting the committee discussed barriers as well as factors that could benefit a statewide OHC Plan. Due to time limitations, this meeting was used as a way to gather the information mentioned above and outlined in this report, with little time to discuss why members were prioritizing any specific topic. This is a limitation to the OHC Plan but one that

can be addressed through the future work of the OH Coalition Steering Committee in collaboration with OHP.

II. GUIDING PRINCIPLES

- The OHC Plan is a working document and should be reviewed, updated and amended annually to reflect changes in funding opportunities, policies, and evidence-based practices.
- Many strategies are intentionally written in broad terms with the understanding that updates will occur when funding, additional research, and changes to policy that would support implementation have been secured.
- The OHP's many partners are encouraged to adopt and/or refer to the OHC Plan when organizing their oral health communication campaign.
- Strategies and tactics outlined in the OHC Plan are designed to be flexible to allow for varying prioritization among partner organizations.

III. COMMUNICATION PLAN PARAMETERS

Program Duration

The OHC Plan runs from the fall of 2015 to June 30, 2020.

Funding

There is no funding specifically for a marketing and communication campaign at this time. In Year One of the OHC Plan, it is recommended that funding opportunities be vetted and secured for the additional four years. Figure 4: Potential Oral Health Funding Sources – lists a variety of sources identified at the June 11, 2015 meeting and should be used as a resource for finding funding to implement the strategies outlined in this OHC Plan.

IV. TARGET AUDIENCES

The OHC Plan targets various groups over the five-year period. Figure 1: Primary and Secondary Target Audiences outlines the primary and secondary target audiences by each year, along with key message



Dr. Laurie Rosato, Concord School Sealant Coalition, 2014

opportunities. The audiences were recommended and prioritized at the June 11, 2015 meeting based on perceived audience readiness and OHP priorities. The broad topical key messages listed come directly from the OH Plan and it is recommended that when key messages are created that the OHP is used to clearly flesh out the specific messages.

It is anticipated that the OHP will work with program partners to create and promote key messages through an organized campaign to reach target audiences. The target audiences may change from year to year depending on funding, political will, and input from partners. It is recommended that by the end of year five, all audiences will have been targeted with key messages through a communication plan/campaign. A primary audience is expected to be reached by a message, and that message has been crafted specifically for that audience. A secondary audience may be reached by and respond to that same messaging but is not the primary target of that message.

Figure 1: Primary and Secondary Target Audiences

Year		Primary Audience	Secondary Audience	Key Message Opportunities
YEAR 1	SFY2016	Legislators and decision makers	Government officials, communities	To raise awareness around the lack of a preventive dental benefit through NH Medicaid and Medicare and a lack of affordable preventive oral care for NH adults, only emergency care is currently covered and is a high-cost intervention.
YEAR 2	SFY2017	Parents of children in the first tooth to five-year range	Schools, dental centers and all parents	To increase the percentage of NH children who receive dental sealants as appropriate for their age and risk for dental caries, and to increase the number of schools served by oral health programs by 10 by 2020.
YEAR 3	SFY2018	Medicaid providers	Medicaid recipients	To increase the number of Medicaid enrolled patients receiving a dental service by 5% by 2020 and provide interdisciplinary training to educate providers, about the Medicaid program, process, and reimbursement.
YEAR 4	SFY2019	NH Medical and Dental Providers	NH Adults	To facilitate education and communication between medical and dental providers.
YEAR 5	SFY2020	NH Adults	NH Providers	To educate NH adults about the importance of oral health as a part of their total health.

Figure 2: Stages of Behavioral Change, shows an overview of the five stages of change, their characteristics, and most importantly, recommended marketing and communication strategies that would be most effective for a target audience in a particular stage of change. For example, in year one the primary audiences are legislators and decision makers and the secondary audiences are government officials and communities. The goal is to educate them about the lack of a Medicaid covered, preventive oral health care benefit for NH adults; that there is only emergency care and it is limited to extractions and the relief of pain and infection. If you made the assumption based on formative research that these audiences were unaware of the issue then your key messages and campaign strategies would focus on creating awareness and trying to change values and beliefs to reach your end goal.

Figure 2: Stages of Behavioral Change – Dr Stephen Dann, Social Marketing Communications Presentation, 2013, based on Prochaska’s Stages of Change Model

Stage	Characteristics	Marketing & Communication Tasks
Pre-contemplation	Potential targets are unaware of issue	Create awareness; change values and beliefs
Contemplation	Targets become aware of the issue and start to consider it in light of their lives	Persuade and motivate
Preparation	Targets determine what they need to know or do to change their behavior	Educate
Action	Targets trial the alternate behavior	Facilitate action
Maintenance	Targets adopt the alternative behavior long term as their “normal” behavior	Reinforce changes, reminder communications

V. COMMUNICATION PLAN GOALS, PRIORITIES, AND OBJECTIVES

The overall goal of this plan aligns with the Healthy People 2020 Goal: *By the year 2020, prevent and control oral and craniofacial diseases, conditions, and injuries, and improve access to preventive dental services in New Hampshire.*

A. NH State Oral Health Plan Goals

- a. All NH residents will have equitable access to appropriate and affordable oral health care.
- b. Timely interventions that prevent and control dental disease across the lifespan for all NH residents will have been promoted and implemented.
- c. A health care system will exist that values and integrates oral health and overall health.

B. Plan Priorities

- a. Priority Area 1: Access to Oral Health Care
- b. Priority Area 2: Oral Health Care Prevention and Timely Intervention (Including Community Water Fluoridation)
- c. Priority Area 3: Integration of Oral Health with Health Care

VI. COMMUNICATION PLAN FACTORS

At the June 11, 2015 meeting with OHP and the Oral Health Plan Steering Committee, CHI Staff facilitated a discussion to identify communication goals, objectives, influencers and leadership, define current outreach/ communication strategies, potential partners, programs, initiatives, funding sources, barriers and benefits to a statewide recognized OHC Plan. Due to time limitations, the information was gathered and prioritized but it is recommended that a more thorough review of target audiences by year be conducted.

Barriers to implementing an OHC Plan in New Hampshire were identified across the three key priority areas. The common barrier across the three goals is the lack of funding; OHP will need to leverage their partners skills, oral health stakeholders and any resources that are currently in place to complete this OHC Plan.

a. Access: In the area of access the following barriers were identified: lack of funding, transportation to appointments, and insurance and Medicaid coverage. For example: Dental benefits are not covered under the Affordable Care Act.

b. Prevention and Timely Intervention: Barriers related to this category included limited funding, lack of awareness of the importance of oral health and disease prevention, oral health workforce, reimbursement issues and competing financial and time priorities.

c. Integration: Barriers related to integration include the limited funding, the lack of communication between the dental and medical communities, and knowledge gaps.

Activities and environmental drivers that will support the adoption and implementation of the OHC Plan include: the availability of new data as a result of the addition of an oral health measure to the Uniform Data System (UDS), increased support for medical providers to receive



Senior Oral Health Survey, Berlin, NH 2015

training and to bill for fluoride varnish application, the creation of a central oral health communications workgroup that can move messages via the web, the movement toward integrating Medical Homes and Dental Homes to Health Homes, and the increase of dental benefits within the NH Health Insurance Marketplace, Medicaid and Medicare.

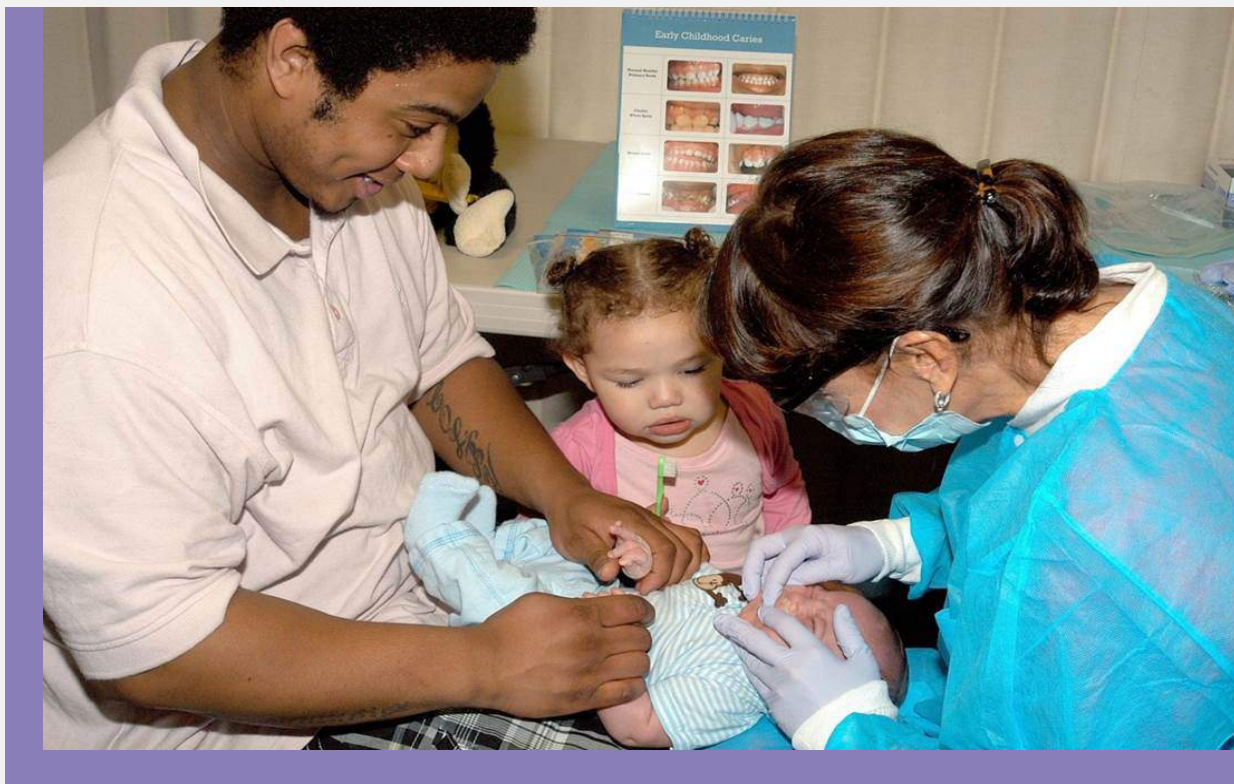
The lack of funding for identified oral health activities is a major gap to reaching the goals of OHC Plan; therefore, the support of influencers and partners will be a critical component of putting the OHC Plan into action. One of the strengths in New Hampshire is the willingness of partners and stakeholders to come together to leverage resources. As discussed in the work plan, it will be critical to engage those identified in Figure 3: NH Oral Health Influencers/Partners, to help create change in New Hampshire by spreading key oral health messages and coming together to identify and implement funding strategies. This list of oral health influencers and partners was created at the June 11, 2015 stakeholder meeting. It is recommended that this list be reviewed and a lead for each agency be identified with the goal of engaging these stakeholders.

Figure 3: NH Oral Health Influencers/Partners

NH DHHS Office of Medicaid Business and Policy	Chairs→ Department of Health and Human Services Commissioner/Legislators/State Senators
Federally Qualified Health Centers (FQHC) + Community Health Centers	15 NH Department of Health and Human Services, Oral Health Program, Contracted Service Providers
Bi-State Primary Care	Northeast Delta Dental (Insurance and Foundation)
DentaQuest Foundation	NH Cancer Collaboration
NH Health Care Association (assisted/long term)	Ronald McDonald Mobile Dental Program
Public Health Taskforce/Oral Health Taskforce	Business and Industry Association
Regional Public Health Networks (RPHN)	Veterans Administration
New Hampshire Public Health Association (NHPHA)	New Hampshire Dental Society
NH Department of Education/School-based Oral Health Programs	NH Oral Health Coalition
University of New England, College of Dental Medicine	NH Voices for Health
Governor’s Policy Committee	NH Family Voices
Jeb Bradley (Chair of Pathways Commission)	NH Hospital Association
Health Equity Partnership	Foundation for Healthy Communities
NH Dental Hygienist Association	Other Foundations/Insurers
NH Immunization Program	

Figure 4: Potential Oral Health Communication Plan Activities Funding Sources

Robert Wood Johnson Foundation (RWJF)	Denta Quest Foundation	Endowment for Health
American Academy of Pediatrics	Oral Health America – Kellogg	Clinton Foundation
NH DHHS Division of Public Health Services	Northeast Delta Dental Corp.	Bill & Melinda Gates Foundation
American Dental Association	NH Charitable Foundation	Cogswell Trust
Health Resources and Services Administration (HRSA) Oral Health Workforce Grants	National Association of Chronic Disease Directors (NACDD)	Ronald McDonald House Charities
HNH Foundation	NH Dental Society Foundation	National Library of Medicine
DPHS, Office of Rural Health and Primary Care	Ralph Rumford Foundation	The PEW Charitable Trust
RPHN Advisory Councils		



WIC Knee-to-Knee Oral Health Screening, Upper Valley Smiles, Alice Peck Day Memorial Hospital, 2013



VII. NH ORAL HEALTH FIVE-YEAR COMMUNICATION PLAN WORK PLAN SUMMARY

- a. Strategies Overview (based on priority area and year)
- b. Strategy Summary of OHC Plan work plan and all activities, time lines, person(s) responsible, and evaluation/performance measures are outlined in the work plan.

YEAR 1 RECOMMENDATIONS

In the first year of this OHC Plan it will be critical to determine funding sources for statewide marketing and communications activities, including funds to support an OH Communications Director at the NH OH Coalition (NHOHC) to implement this communication plan. Potential funding sources identified by the NH Oral Health Stakeholders in June 2015 are outlined in Figure 4. In addition, the education and outreach communications plan that will be developed will focus on legislators and decision makers. Recommendations that appear in bold are ongoing and will occur each year.

In year one, recommended activities include:

- **Communicating monthly oral health observances, priority documents (State Oral Health Plan, Oral Health Models, OHC Plan), and oral health collaborations and workgroup activities, monthly or timely, to partners and decision makers via identified paths.**
- **Develop and present at least five oral health presentations on Oral Health Models at state, regional and national conferences that align with the OHP's mission and purpose, Figure 5: Potential Conferences to Present Oral Health Topics, in order to increase awareness of messaging and partnerships in the oral health coalition.**
- **Work with dentists, oral health providers and the NH Tobacco Prevention and Control Program (TPCP) to develop oral health training around 2 As and R (Ask, Assist and Refer).**
- **Promoting the benefit of oral health programs to clients of Community Health Centers.**
- **Researching the cost drivers for Medicaid (in NH and/or nationally) related to oral health.**
- **Attending oral health-related national, regional and local conferences to continue to gather resources and tools that align with OHP's mission and purpose.**
- **Review and update OHC Plan yearly based on environmental changes.**
- **Determining the scope and funding source for a Communication Director at the NHOHC.**
- *Establishing roles and responsibilities for statewide oral health communications activities and leadership.*
- *Developing educational material regarding Medicaid coverage for providers to reduce administrative burdens to increase the number of Medicaid clients receiving care.*
- *Working with partners to develop an oral health message campaign including a social marketing campaign, focused on legislators and decision makers.*
- *Raise awareness around the importance of HPV vaccinations and oral cancer.*

Figure 5: Potential Conferences to Present Oral Health Topics

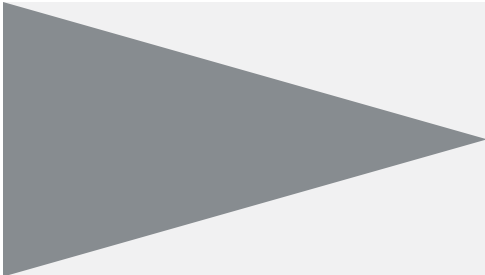
2016 Conferences	Information
National Oral Health Conference	Cincinnati, OH - April 17th – 20th, 2016 http://www.nationaloralhealthconference.com/
The NH Dental Society Annual Meeting	Meredith, NH - May 19-21, 2016
Annual NH Calibration Clinic for school-based dental programs	May/June, 2016
Annual Oral Health 2020 National Network Gathering through DentaQuest Foundation	New Orleans, LA - October 21-23, 2016
NH Oral Health Forum	Concord, NH - October 30, 2016 , 8am-4pm http://nhoralhealth.org/events-2/
New England Rural Health Conference with an oral health program	Southbridge, MA November 2nd & 3rd, 2016. http://www.newenglandruralhealth.org/2015

YEAR 2 RECOMMENDATIONS

In year two the focus will be on developing a marketing plan that incorporates the target audiences, continuing to conduct outreach to partners and decision makers, developing an oral health marketing plan targeted at parents of children in the first tooth to five years range, to increase preventive care and maximize their prevention benefits.

In year two, recommended activities include:

- *Developing marketing plans for target audience –Recommendation: legislators, decision makers, and Medicaid and government officials.*
- *Work with partners to develop an oral health marketing plan targeted at parents of children in the first tooth to five years range have dental coverage to maximize their prevention benefits, including testing the “Healthy Teeth/Happy Babies Campaign.”*
- *Research and understand how to promote integrated oral health into a medical home and*



integrate preventative medicine in dental practices to create a shared investment in whole health for the patient.

- *Research and understand how to promote integrated medical health into a dental practice.*
- *Evaluation of oral health message campaign focused on legislators and decision makers.*
- **Ongoing recommendations.**

YEAR 3 RECOMMENDATIONS

During year three activities will be focused on strengthening partnerships, communicating oral health messages, and implementing the next phase of the communication plan targeted at Medicaid providers.

In year three, recommended activities include:

- *Communicating the interactive statewide grants database to partners/providers.*
- *Planning and implementing of marketing and of media campaigns to oral health and medical Medicaid providers.*
- *Evaluation of the oral health marketing plan targeted at parents of children in the first tooth to five years range.*
- **Ongoing recommendations.**

YEAR 4 RECOMMENDATIONS

In year four activities will continue to be focused on strengthening partnerships, communicating oral health messages, and implementing the next phase of the communication plan targeted at reaching NH Medical and Dental providers.

In year four, recommended activities include:

- *Working with partners to develop and implement an oral health marketing plan targeted to New Hampshire Medical and Dental providers.*
- *Evaluation of the media campaign for Medicaid providers.*
- **Ongoing recommendations.**

YEAR 5 RECOMMENDATIONS

In year five activities will continue to be focused on maintaining the momentum of activities in years 1-4, while evaluating the five-year plan, and planning for the next five years. The focus of the OHC Plan will be targeted at reaching New Hampshire adults.



In year five, recommended activities include:

- *Working with partners to develop and implement an oral health marketing plan targeted to New Hampshire adults.*
- *Evaluation of the media campaigns to oral health and medical providers.*
- *Planning the evaluation of the current OHC Plan.*
- *Begin developing 2020-2025 communication strategic plan.*
- **Ongoing recommendations.**

VIII. APPENDICES

Appendix A:

NH Oral Health Program Five-Year Communication Plan – Logic Model

FOCUS 2015 NH Oral Health Plan Priorities	Resources (inputs)	Activities	Outputs	Short-Term Outcomes	Long-Term Outcomes	Goal	Impact
Priority Area 1: Access to Oral Health Care	<ul style="list-style-type: none"> NH Oral Health Program Staff NH Oral Health Coalition Staff Funding TA from ASTDD TA from CDC Partners: NH Oral Health Steering Committee, NE Delta Dental, NH Dental Society Foundation, NH DPHS, NH Medicaid, Office of Rural Health, Office of Primary Care, NH Hygienists Association, HNH Foundation, Endowment for Health, Oral Health Advisory Group, Department of Education [school-based programs] Dental Champions (Dentists who set the bar) 	<ul style="list-style-type: none"> Communicate the interactive statewide grants database to partners/providers. Develop education & communication materials for provider use to reduce administrative burdens with Medicaid. Develop education & communication materials for decision-makers to understand importance of OH, burden of OH on State and value of Medicaid Preventative Benefit. 	<ul style="list-style-type: none"> Number of partners/providers aware of grants database. Number of providers using administrative assistance documents/processes. Number of decision makers supporting an increased OH Adult Medicaid Benefit. 	<p>Increased resources available from State, Federal and philanthropic funds.</p> <ul style="list-style-type: none"> Increased care for Medicaid population (adult and children) Increased number of providers accepting Medicaid. Increased preventive care visits by population. Expansion of Medicaid dental benefit to cover preventive care for adults. Decreased ER visits by adults. Increased services provided to low income patients. 	<p>Stable funding for the State Oral Health Plan Priorities</p> <ul style="list-style-type: none"> The proportion of children aged 6 to 9 who have received dental sealants on one or more of their permanent first molar teeth is maintained (OH 12.2) The proportion of children aged 6 to 9 with dental caries experience in their primary and permanent teeth and untreated dental decay in their primary teeth is maintained (OH 1.2 and OH 2.1) The proportion of adults aged 65 to 74 years who have lost all of their natural teeth is decreased from 17.2% to 13.1% (OH 4.2) The proportion of adolescents aged 13 to 15 years with untreated dental decay in their permanent teeth is 15.3% (OH 2.3) Increase the proportion of low income children and adolescents who received any preventive dental service during the past year covered by Medicaid from baseline to 80%. Decrease the rate of dental emergency room visits by NH adults from 127.6 9(per 10,000) to 121.25 (per10,000). Increase the proportion of adults who received information from a dentist or dental hygienist focusing on reducing tobacco use or on smoking cessation in the past year (OH 14.1) 	<p>All NH residents will have equitable access to appropriate and affordable oral health care.</p>	<p>By the year 2020, prevent and control oral and craniofacial diseases, conditions, and injuries, and improve access to preventive services and dental care in New Hampshire. (Healthy People 2020)</p>
	Priority Area 2: Oral Health Care Prevention and Timely Intervention (Including Fluoride)	<ul style="list-style-type: none"> Partnership established to collaborate on media and marketing Communicate monthly OH health observances, priority documents (OH Plan), and OH Coalition and Workgroup Activities, monthly or timely to partners & decision makers via identified paths. Work with dentist or dental hygienists, in collaboration with the NH TPCP, to provide information to patients that focuses on reducing or quitting tobacco use and on how to refer patients who want to quit to the State's tobacco helpline. Establish a funding source for a FT or PT Communications position at the NH OH Coalition. 	<ul style="list-style-type: none"> Number of ads run. Number of messages received. Number of practices providing sealants. Number of practices providing fluoride varnish. Number of practices providing oral and pharyngeal cancer screenings. Partnership established Number of emails from OHC around observances/events. Number of Press Releases from OHC around observances/events. Number of documents, newsletters, emails received and opened and shared by target audiences. Number of trainings provided. Number of posters/rack cards distributed. Funding secured for position. 	<ul style="list-style-type: none"> Increased oral recall by target populations. Increased number of practices providing sealants. Increased number of practices providing fluoride varnish. Increased number of practices providing oral and pharyngeal cancer screenings. Increased public awareness of the importance of good oral health as component of overall health. Increased utilization of the promoted resources. Increased number of health centers (primary care practices) offering oral health preventive care. Increase indirect and direct referrals from dentists, dental hygienists and dental centers to the NH Tobacco Helpline. Increased coordinated communications for the NH Oral Health Partners via the NH Oral Health Coalition. Coordinated communications and messaging between the NH OHC and the NH DPHS, DPHS OHP. 	<p>Timely interventions that prevent and control dental disease injury across the lifespan for all NH residents will have been promoted and implemented.</p>		
Priority Area 3: Integration of Oral Health with Health Care		<ul style="list-style-type: none"> Promote benefit of oral health programs at all FQHCs 	<ul style="list-style-type: none"> Number of FQHCs that receive promotional materials. Number of FQHCs that inquire about implementing an OH Program. 	<ul style="list-style-type: none"> Increased number of clients visiting FQHCs Number of FQHCs that inquire about implementing an OH Program. 	<p>The proportion of FQHCs with dental centers is increased from 4 to 5 (OH 10.1).</p>	<p>A health care system will exist that values and integrates oral health and overall health.</p>	

VIII. APPENDICES
Appendix B:

2015 NH Oral Health Plan Priorities	Priority Goal
Priority Area 1: Access to Oral Health Care	All NH residents will have equitable access to appropriate and affordable oral health care.
Priority Area 2: Oral Health Care Prevention and Timely Intervention (Including Fluoride)	Timely interventions that prevent and control dental disease injury across the lifespan for all NH residents will have been promoted and implemented.
Priority Area 3: Integration of Oral Health with Health Care	A health care system will exist, that values and integrates oral health and overall health.

Key:

Oral Health Coalition = OHC
 Oral Health Coalition Communication Director = OHCCD
 NH Oral Health Communication Subcommittee = OHCS

Oral Health Program = OHP
 Oral Health = OH
 Tobacco Prevention and Control Program = TPCP

Overall Goal:				
Year 1	Activities/Tasks	Time Line	Person(s) Responsible	Evaluation/ Performance Measure (PM)
	Objective 1: Establish roles and responsibilities for Statewide OH Communications Plan.			
1.1	Determine funding for statewide marketing and communications.		OHP & OHC	
1.1.1	Research current OH tools, resources and marketing plans.		OHP & OHC	
1.2	Define current communication channels and messages to promote to partners.		OHC	
1.3	Establish a sub-communications advisory group with Oral Health state holders by identifying Oral Health champions including dental providers and PCP's who include oral in exams.		OHP	
1.3.1	Review Communication Advisory group and determine if group needs to recruit.		OHP	
1.4	Review and update Oral Health communications plan yearly based on environmental changes.		OHP	
1.5	Create Communication Evaluation Plan.			
	Objective 2: Develop educational material regarding Medicaid coverage for providers to reduce administrative burdens.			
2.1	Research and develop materials (if needed) that educate providers on Medicaid coverage reimbursement for oral health care.		OHP	Distribution of Materials
	Objective 3: Determine the scope and funding source for a Communication Director at the NH Oral Health Coalition.			
3.1	Establish a funding source for a full- or part-time communications director.		OHC	List of funders.
3.2	Apply for funds to hire communications director.			Proposal
3.3	Hire communications director.			Hire letter
	Objective 4: Work with partners to develop an oral health message campaign including a social marketing campaign.			

4.1 Establish capacity for message campaign creation sub-contract/ funding.			OHCS	
4.2 Review <i>Oral Health Burden Report</i> to identify baseline data before campaign begins.			Subcontractor or OHCCD	
Objective 5: Communicate monthly Oral Health observances, priority documents (Oral Health Plan), and Oral Health Collaborations and Workgroup Activities, monthly or timely to partners & decision makers via identified paths.				
5.1 Reach out to identified Oral health partners to define/ roles/communication channels newsletter web, etc.			OHCCD & OHP	
Objective 6: Develop & present at least 5 presentations regarding Oral Health.				
6.1 Present at Bi-State conference.			OHP	
6.2 Establish a presentation for Grand Rounds (different topics)			OHC or OHP	
6.3 Annually –Present at medical director month meeting at NH Hospital Association			OHC or OHP	
6.4 Present to the following conferences: PEDI Society meeting, NH Medical society, NH Dental Society plus Chicago meetings.			OHC or OHP	
Objective 7: Work with Dentist and Oral Health providers and TPCP to develop Oral Health training around 2 As and R / (Families first-Dental program and network.)				
7.1 Review and update previous Oral Health 2 As and R training.			OHP or OHC	
7.2 “Sell” systems chance to Oral Health providers at identified locations.			OHP or OHC	
7.3 Perform environmental scan of selected sites and EMRs to see what opportunities there are for collaboration.			OHP or OHC	
Objective 8: Promote benefit of oral health programs to clients of FQHC’s.				
8.1 Research and develop communication plan centered on promoting oral health programs.			OHD or Subcontractor or OHCCD	
Objective 9: Develop marketing plans for target audience –Recommendation: legislators, decision makers, Medicaid and government officials.				
9.1 Determine who are the OH champions among legislators, decision makers, Medicaid and government officials.			OHCS	
9.2 By end of year 2 implement marketing campaigns to legislators and decision makes.			OHCS & OHCCD & OHP and/or subcontractor	
Year 2:				
Objective 5: Continuation of communicating monthly Oral Health observances, priority documents (Oral Health Plan), and Oral Health Collaborations and Workgroup Activities, monthly or timely to partners & decision makers via identified paths.				
5.2 Continue outreach to identified oral health partners through identified communication channels.			OHCCD & OHP	
Objective 6: Develop & present at least 5 presentations regarding Oral Health.				

6.1 Present at Bi-State conference.		OHP	
6.2 Establish a presentation for Grand Rounds (different topics)		OHC or OHP	
6.3 Annually –Present at medical director month meeting at NH Hospital Association		OHC or OHP	
6.4 Present to the following conferences: Pedi Society meeting, NH Medical society, NH Dental Society plus Chicago meetings.		OHC or OHP	
Objective 7: Work with Dentist and Oral Health providers and TPCP to develop Oral Health training around 2 As and R / (Families first-Dental program and network.)			
7.4 Evaluate and promote programs i.e.; CHAN- ex Got Medicaid or private dental insurance with 2 As & R in place.		OHP & TPCP	
7.5 Identify more sites to train.		OHP & TPCP	
Objective 10: Work with partners to develop an oral health marketing plan targeted at parents of children in the first tooth to five year range, to increase preventive care and maximize their prevention benefits.			
10.1 Develop and implement marketing plan.		OHCS and/or Subcontractor	
Objective 12: Research and understand how to promote integrated oral health into a medical home.			
12.1 Find medical providers who integrate dental practices to conduct KIIS.		OHCS & Subcontractor or OHP	
12.2 Develop a marketing plan to integrate Oral Health into medical practices.		OHCS & Subcontractor or OHP	
Objective 13: Review and update Oral Health communications plan yearly based on environmental changes.			
Objective 14: Develop a sustainability plan for communications position at Oral Health Coalition		OHP	
		OHCS	
Year 3:			
	Activities/Tasks	Person(s) Responsible	Evaluation/ Performance Measure (PM)
Objective 15: Communicate the interactive statewide grants database to partners/providers.			
15.1 When ready to launch, promote grants database.		OHCCD	
Objective 16: Planning and implementing of marketing and of media campaigns to providers who serve the Medicaid population.			
16.1 Develop and implement marketing plan.		OHCS & Subcontractor	
Objective 5: Continuation of communicating monthly Oral Health observances, priority documents (Oral Health Plan), and Oral Health Collaborations and Workgroup Activities, monthly or timely to partners & decision makers via identified paths.			
5.1 Reach out to identified Oral health partners to define/ roles/communication channels newsletter web, etc.		OHCCD & OHP	
Objective 6: Develop & present at least 5 presentations regarding Oral Health.			
6.1 Present at Bi-State conference.		OHCCD, OHP	

6.2 Establish a presentation for Grand Rounds (different topics)		& OHCS	
		OHCCD, OHP & OHCS	
6.3 Annually –Present at medical director month meeting at NH Hospital Association		OHCCD, OHP & OHCS	
6.4 Present to the following conferences: Pedi Society meeting, NH Medical society, NH Dental Society plus Chicago meetings.		OHCCD, OHP & OHCS	
Objective 7: Continue to work with Dentist and Oral Health providers and TPCP to promote Oral Health training around 2 As and R.			
7.6 Determine network or region to continue trainings in year 3.		OHP & TPCP	# of trainings in each NH region.
Objective 17: Work with partners to develop and implement an oral health marketing plan targeted to providers who serve the Medicaid population.			
17.1 Develop and implement marketing plan.		OHCS & Subcontractor	
Objective 18: Review and update Oral Health communications plan yearly based on environmental changes.		OHP & OHCS	
Objective 19: Develop a sustainability plan for communications position at Oral Health Coalition		OHCS	
Year 4:			
Objective 5: Continuation of communicating monthly Oral Health observances, priority documents (Oral Health Plan), and Oral Health Collaborations and Workgroup Activities, monthly or timely to partners & decision makers via identified paths.	Activities/Tasks	Person(s) Responsible	Evaluation/ Performance Measure (PM)
5.1 Reach out to identified Oral health partners to define/ roles/communication channels newsletter web, etc.		OHCCD & OHP	
Objective 6: Develop & present at least 5 presentations regarding Oral Health.			
6.1 Present at Bi-State conference.		OHP	
6.2 Establish a presentation for Grand Rounds (different topics)		OHC or OHP	
6.3 Annually –Present at medical director month meeting at NH Hospital Association		OHC or OHP	
6.4 Present to the following conferences: Pedi Society meeting, NH Medical society, NH Dental Society plus Chicago meetings.		OHC or OHP	
Objective 7: Continue to work with Dentist and Oral Health providers and TPCP to promote Oral Health training around 2 As and R.			
7.7 Determine network or region to continue trainings in year 4.		OHP & TPCP	# of trainings in each NH region.
7.8 Develop plan to continue to train previously trained providers.		OHP & TPCP	
Objective 20: Work with partners to develop and implement an oral health marketing plan targeted to medical and dental providers.			
20.1 Develop and implement marketing plan.		OHCS & Subcontractor	
Objective 18: Review and update Oral Health communications plan yearly based on environmental changes.		OHP & OHCS	

18.1 Continue campaigns in target of audience's evaluate and refocus as needed.			OHCS & Subcontractor	
Objective 19: Continue to develop and implement a sustainability plan for communications position at Oral Health Coalition			OHCS	
Year 5:				
Activities/Tasks	Time Line	Person(s) Responsible	Evaluation/ Performance Measure (PM)	
Objective 5: Continuation of communicating monthly Oral Health observances, priority documents (Oral Health Plan), and Oral Health Collaborations and Workgroup Activities, monthly or timely to partners & decision makers via identified paths.				
5.1 Reach out to identified Oral health partners to define/ roles/communication channels newsletter web, etc.		OHCCD & OHP		
Objective 6: Develop & present at least 5 presentations regarding Oral Health.				
6.1 Present at Bi-State conference.		OHP		
6.2 Establish a presentation for Grand Rounds (different topics)		OHC or OHP		
6.3 Annually –Present at medical director month meeting at NH Hospital Association		OHC or OHP		
6.4 Present to the following conferences: Pedi Society meeting, NH Medical society, NH Dental Society plus Chicago meetings.		OHC or OHP		
Objective 7: Continue to work with Dentist and Oral Health providers and TPCP to promote Oral Health training around 2 As and R.				
7.9 Implement plan to continue to train previously trained providers.		OHP & TPCP		
Objective 18: Review and update Oral Health communications plan yearly based on environmental changes.				
18.2 Based on years 1-4 continue to implement successful strategies based on outcome of evaluation plan.		OHP, OHCS, Subcontractor		
Objective 19: Develop a sustainability plan for communications position at Oral Health Coalition		OHCS & Subcontractor		
Objective 21: Begin developing 2025 communication strategies plan.		OHP & OHCS		
Objective 22: Work with partners to develop and implement an oral health marketing plan targeting New Hampshire adults				
22.1 Develop and implement marketing plan.				