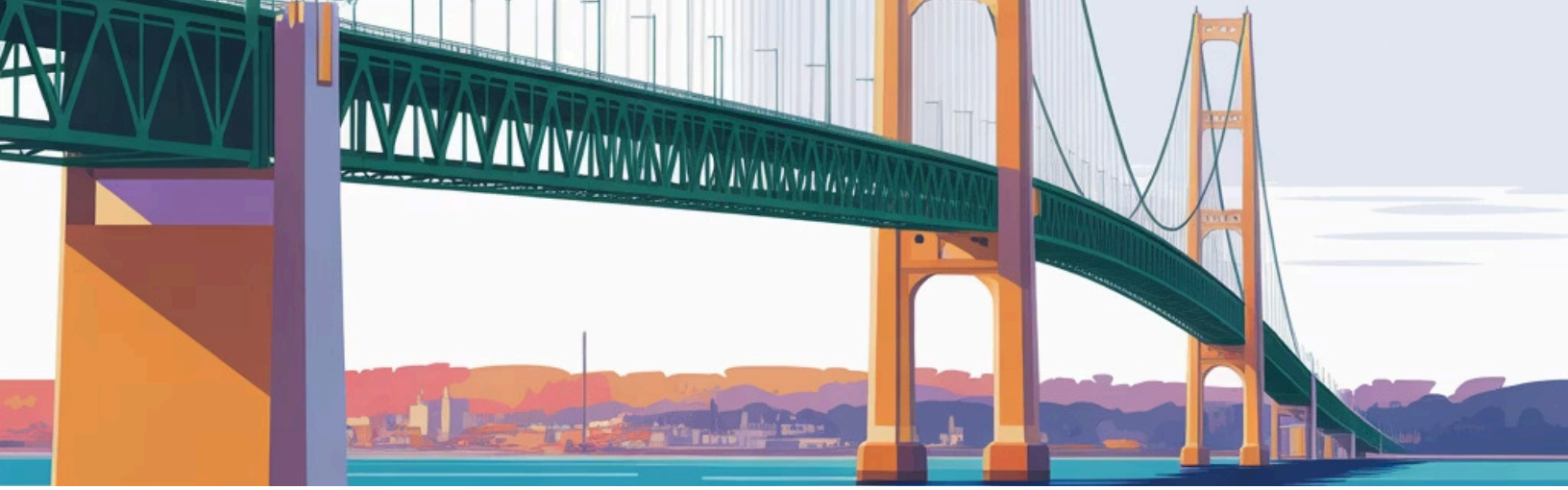
2030 Michigan State Oral Health Plan

A Strategic Action Plan for Oral Health in Michigan

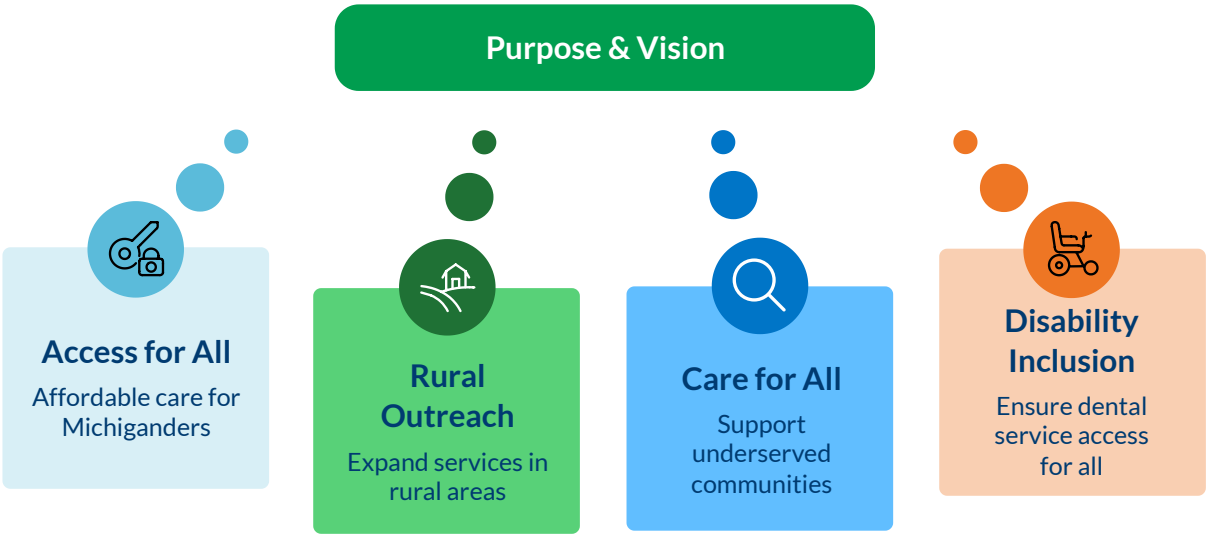


A Strategic Roadmap for the Next Five Years

Oral health is a vital part of overall health. When people can access care and feel supported by their providers, they are more likely to thrive in school, work, and daily life. Yet for many Michiganders, especially those in rural communities, communities of color, and people with disabilities, affordable dental care remains out of reach.

The 2030 Michigan State Oral Health Plan (SOHP) builds on the strong foundation set by past plans and collective progress in recent years and serves as a strategic action roadmap for the next five years. Developed through collaboration between the Michigan Department of Health and Human Services (MDHHS), the Michigan Oral Health Coalition (MOHC), and statewide partners, this plan reflects a shared vision: that every person in Michigan can achieve optimal oral health through improved access and coordination of care.

> This plan is written to guide policymakers, oral health professionals, community advocates, payers, and public health leaders. It documents how far the state has come, captures the voices and experiences of providers, payers, advocates, and residents, and charts a path toward an oral health system that improves access, prioritizes prevention, and meets the needs of all residents.



About the Partners

Dear Colleagues,

The Michigan State Oral Health Plan 2030 is a shared roadmap for action designed to guide collective efforts and investments that advance a prevention-driven oral health system for all Michiganders over the next five years.

As the statewide organization dedicated to connecting every Michigander to optimal oral health, the Michigan Oral Health Coalition (MOHC) is proud to have developed this plan in partnership with the Michigan Department of Health and Human Services (MDHHS) and partners across the state. Grounded in extensive statewide input, the plan highlights strengths to build on, challenges to overcome, and clear opportunities for cross-sector collaboration to advance oral health together.

MOHC's role is to convene, support implementation, and align efforts across the plan's five priorities: access to care, workforce and training, care integration, prevention and education, and payment and policy modernization. Through our workgroups and partnerships, we will work with MDHHS to support implementation, monitor progress, and share learning through dashboards, convenings, and annual updates that keep results transparent and actionable.

This plan is an invitation to act. We encourage providers, payers, educators, policymakers, community organizations, and advocates to use this roadmap to inform decision-making, align strategies, and identify how you can contribute to measurable, sustainable progress.

Thank you for your commitment to oral health in Michigan. MOHC looks forward to working alongside you and MDHHS in strengthening our commitment to communities across the state.

Sincerely,

Kimberly Raleigh, EdD, MHSA, RDH

Executive Director, Michigan Oral Health Coalition

Michigan Department of Health and Human Services – Oral Health Program (MDHHS)

The MDHHS Oral Health Program advances the health of Michiganders through oral health prevention, education, and policy. Key programs include Kindergarten Oral Health Assessment (KOHA) program, SEAL! Michigan (school-based sealant grants), Varnish! Michigan (fluoride varnish for medical providers), and guidance on community water fluoridation and oral-systemic health connections.

michigan.gov/oralhealth

Michigan Oral Health Coalition (MOHC)

MOHC is a statewide alliance of oral health advocates, providers, public health organizations, and community leaders dedicated to advancing policies, partnerships, and resources that connect every Michigander to optimal oral health. MOHC convenes workgroups on workforce, policy, economic development, and equity, and serves as the collective voice for oral health in Michigan.

mohc.org

MDHHS Michigan Department of Health & Human Services

MICHIGAN Oral Health Coalition

STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

Dear Colleague:

Oral health is a vital component of overall health and well-being across the lifespan. When individuals and families can access timely, affordable, and preventive dental care, they are better positioned to thrive in school, work, and daily life. Yet too many Michigan residents face barriers in achieving optimal oral health.

Michigan has made meaningful progress in improving oral health outcomes in recent years. Historic investments in adult Medicaid dental benefits, expanded reimbursement parity, and continued support for prevention initiatives such as community water fluoridation, fluoride varnish, school-based sealant programs, and the Kindergarten Oral Health Assessment have strengthened access and improved outcomes for children and adults alike. Michigan has also taken important steps to expand its oral health workforce and to advance the connection between oral health and broader health care systems.

Alongside these great strides, persistent workforce shortages, geographic coverage limitations, and gaps in prevention and education remind us that more work remains. Sustaining progress and addressing these challenges will require coordinated action, shared accountability, and long-term investment.

In response, the **Michigan State Oral Health Plan 2030 (SOHP)** was developed through a collaborative, data-driven process led by the Michigan Department of Health and Human Services (MDHHS) and the Michigan Oral Health Coalition (MOHC), in partnership with providers, payers, advocates, policymakers, and community leaders from across the state. This plan builds on prior successes while offering a clear roadmap for the next five years–one that prioritizes prevention, workforce sustainability, integration of care, and modernized payment and policy systems to improve access and outcomes statewide.

The SOHP 2030 outlines five strategic priorities to guide collective action:

- Expanding access and affordability
- Strengthening the oral health workforce
- Integrating oral health into whole-person care
- Empowering prevention and education
- Modernizing policy and payment systems to reward prevention and quality

MDHHS recognizes that achieving the goals of this plan is not possible without the active engagement of partners across Michigan. Oral health is not the responsibility of any single agency or sector. It requires collaboration among state and local government, health systems, providers, payers, educators, community organizations, and advocates working together to align policy, practice, and investment.

I encourage all stakeholders to use the Michigan State Oral Health Plan 2030 as a shared framework for action, guiding decision-making, informing funding and policy priorities, and strengthening collaboration across the oral health system. Through sustained partnership and commitment, we can ensure that every Michigander has a fair opportunity to achieve and maintain optimal oral health.

Sincerely,

Elizabeth Hertel
Director
Michigan Department of Health and Human Services

Development & Discovery Process

The 2030 SOHP was created through a collaborative, inclusive, and data-driven process led by the Michigan Oral Health Coalition (MOHC) and the Michigan Department of Health and Human Services (MDHHS). Planning took place between May and October 2025 and followed a structured framework designed to capture the expertise and lived experience of the field:

01

Environmental Scan

Review of previous Michigan State Oral Health Plans (2010, 2016, 2020, 2025) and current plans from other states.

02

Statewide Survey

Broad outreach to oral health stakeholders to understand experiences with past plans, identify priority populations, unmet needs, and strategic focus areas.

03

Key Stakeholder Interviews

In-depth conversations with policymakers, payers, funders, advocates, and practitioners to surface system challenges and opportunities.

04

Focus Groups

Engagement with providers, community leaders, coalition members, and insurers to test and refine emerging priorities.

05

Draft Review & Feedback

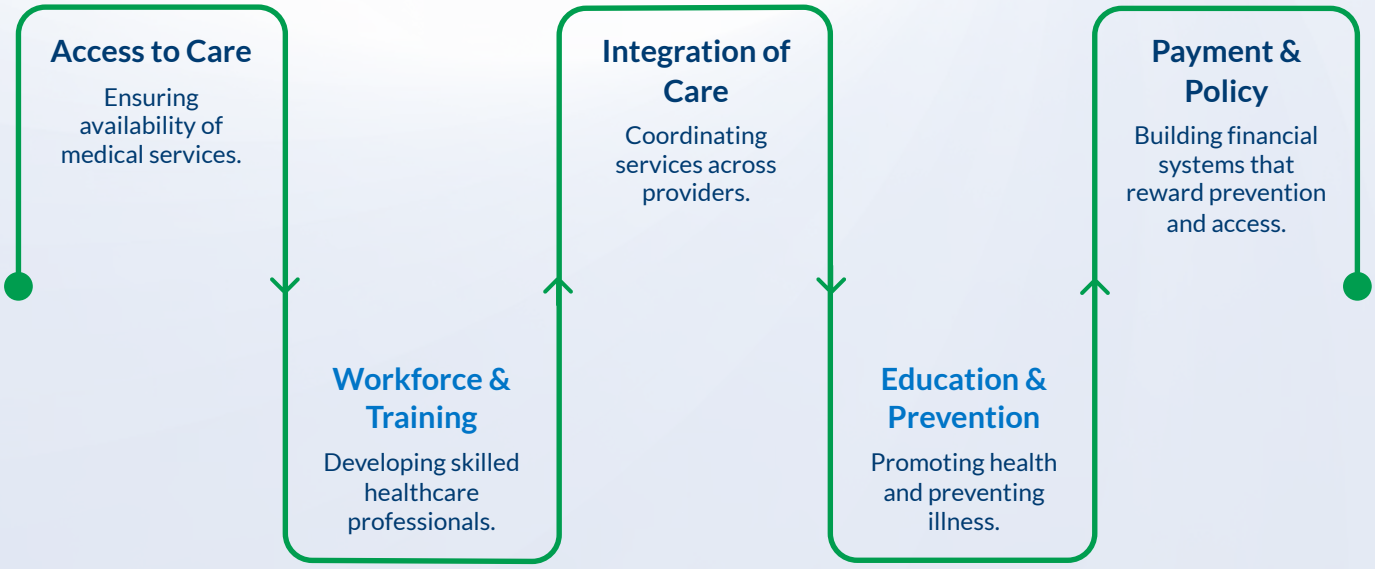
Circulation of early plan drafts to stakeholders for comment, prioritization, and refinement.

06

Finalization & Adoption

Integration of stakeholder feedback and final review by MOHC and MDHHS leadership.

This process ensured that a variety of geographies, perspectives, and professional roles were represented–from rural Upper Peninsula providers to Detroit-based mobile program leaders to state-level policy experts.



Access to Care

Building Pathways to Oral Health Care Across Communities

Access to Care: Accomplishments

Expanded Adult Medicaid Dental Benefits

In 2023, Michigan implemented one of the most significant oral health policy wins in decades by expanding covered services and increasing adult Medicaid dental reimbursement to 100% of average commercial rates. This long-awaited shift ended a two-tiered payment structure, improving affordability and improving access to preventive and restorative services for thousands of low-income adults. Early data suggest increased utilization among adults newly able to access care. National research links comprehensive Medicaid dental coverage to lower emergency department (ED) visits and improved health outcomes[1].

Growth of Mobile and School-Based Dental Programs

Mobile clinics and school-based models expanded in Detroit and other communities with limited access to care, reducing transportation barriers and increasing early screenings for children. These initiatives bring services directly to where families learn and gather, helping detect issues before they become urgent. Evidence shows school-based sealant programs can prevent up to 60% of cavities in treated teeth[2].

> "Mobile dental programs are getting ahead of persistent barriers like provider availability and transportation."
> *– Insurance Leader*

Introduction of Michigan's First Practicing Dental Therapist

In 2025, Michigan reached a long-anticipated workforce milestone with the licensure and placement of its first practicing Dental Therapist, serving within a Tribal community. This advancement reflects years of advocacy to expand the dental workforce and improve access in rural areas and those classified as Health Professional Shortage Areas (HPSAs). Dental therapists provide preventive and routine restorative care under the supervision of a dentist, increasing service capacity and reducing wait times for communities with limited provider availability.

> "Having a practicing dental therapist in Michigan is historic–it shows what's possible when we invest in workforce innovation."
> *– Oral Health Practitioner*

Integration of Community Health Workers (CHWs)

Community Health Workers (CHWs) now play a growing role in educating families, helping navigate dental benefits, and bridging communication and informational gaps–particularly in communities with limited access to oral health services. Research in Michigan and nationally highlights CHWs as a cost-effective way to increase preventive service uptake[3].

Access to Care: Challenges & Current Landscape

Despite significant progress, Michigan faces persistent barriers that prevent many residents from accessing timely, affordable dental care.

Geographic Disparities

Michigan faces longstanding regional gaps in access to oral health care. Fifty-eight of 83 counties are designated dental Health Professional Shortage Areas (HPSAs)[4]. In some rural regions, residents wait weeks to months for appointments and drive long distances (e.g., 40+ minutes in Alpena County) to reach providers[5]. Eleven Michigan counties have fewer than five practicing dentists[6]. Nationally, only 32% of dental needs are met in shortage areas.

Provider Network Instability

Despite Medicaid expansion, many dentists are leaving major commercial insurance networks. In 2025, 25.7% of owner dentists reported dropping at least one network; another 12.9% were considering it. Top reasons include low reimbursement (69.6%), administrative burden, delayed or denied claims, and a push toward fee-for-service autonomy. Patients with coverage often find fewer participating providers[7].

Persistent Access Gaps

Although children's coverage is strong, adults and seniors still encounter stigma, upfront payment barriers, and provider shortages. Veterans often struggle to find trusted providers near home, especially persons not qualifying for full VA dental benefits[8].

Non-Financial Barriers

Transportation, child care, benefit navigation, and fear or stigma continue to deter care–even among those with coverage. Many patients lack clear, real-time tools to find participating dentists or understand co-pays until after care is delivered.

> "Health literacy is improving, but north of Saginaw, you see so many issues with access. The UP [Upper Peninsula] is a dental desert."
>
> *– Oral Health Practitioner*

Access to Care: Opportunities for the Future

Scale mobile, school-based, non-profit, and FQHC "one-stop shop" models

Michigan can build on proven success by supporting non-profit safety-net providers, expanding mobile and school-based clinics, and leveraging Federally Qualified Health Centers (FQHCs) as access anchors. FQHCs already serve about 189,000 dental patients (27.7% of all FQHC patients, 2024 Uniform Data System (UDS) data) and can integrate oral care with primary care, behavioral health, and maternal health[9].

Build incentives for provider participation and stability

- Simplify administrative requirements across Medicaid and commercial plans to reduce exit from networks.
- Maintain Medicaid parity, keeping payments and adult benefits stable, to provide confidence for providers considering network participation.
- Use startup grants, tax incentives, and economic development tools to attract practices to shortage areas.

Leverage data to improve access planning

Create public-facing dashboards and heat maps showing shortage areas, utilization, Medicaid enrollment, and differences in access and outcomes across geography, disability status, and other population characteristics. Use this data to guide incentives and target investments, especially prevention, not just describe gaps but act to close them.

Target underserved Populations

These groups consistently fall through the cracks. Prioritize tailored outreach, trusted provider networks, screening, prevention, and patient-centered care:

Veterans

Address eligibility gaps and provider shortages. Most veterans lack VA dental coverage unless they have a service-connected oral health condition. In Michigan, nearly half of U.S. veterans report significant challenges accessing adequate healthcare–including dental care, where reimbursement confusion and limited veteran-designated providers create persistent barriers[10].

People with Disabilities

Expand accessible practice directories and incentivize accommodations. Only 127 providers in Michigan accommodate intellectual disabilities, with 22 counties having none[11]. 80.3% of adults with disabilities have periodontitis[12], yet 41.6% haven't seen a dentist in the past year[13].

Tribal Communities

Invest in Tribal-led clinics and culturally informed workforce pipelines. Tribal residents face long travel distances and systems lacking cultural alignment, making local clinics essential.

Black, Indigenous, and People of Color (BIPOC)

Continue outreach to address longstanding barriers to trust and participation in care. In Michigan, 37.2% of Black adults had no dental visit last year (vs. 28.7% White adults)[13]. Dentists are unevenly distributed, leaving many BIPOC communities underserved[14].

Workforce & Training

Building a Sustainable & Representative Workforce

Workforce & Training: Accomplishments

Loan Repayment Programs

Michigan has strengthened loan repayment incentives such as the Michigan State Loan Repayment Program (MSLRP) and promoted National Health Service Corps (NHSC) opportunities. MSLRP offers up to $300,000 in tax-free loan repayment over 10 years; most participants serve in rural or underserved areas, and many remain after their obligation [16].

> "Creating loan programs so people can take classes and go to school is essential. For example, [my organization holds] an annual workforce summit trying to strengthen the safety net."
>
> *– Foundation Leader in Oral Health*

Pathway Programs

Career exposure initiatives have expanded, particularly in Detroit and the Upper Peninsula (UP), introducing underrepresented youth to dental careers through camps, internships, and mentorship programs. Research shows students with community-based rural rotations are more likely to practice in rural settings [17].

Dental Therapy Program Approaching Launch

The creation of a dental therapy program at Ferris State University will mark a milestone in expanding Michigan's oral health workforce. Dental therapists provide routine, preventive, and restorative services under a dentist's supervision–an evidence-based way to extend care in shortage areas. National studies show dental therapists increase access and maintain high quality, particularly in rural and underserved communities[15].

Workforce & Training: Challenges & Current Landscape

> "We continue with a workforce that is not representative of those served. We need mindset shifts in practice and education."
>
> *– Statewide Health Organization Leader*

Persistent Shortages

Michigan faces critical workforce gaps: 58 of 83 counties are shortage areas, requiring an estimated 400 additional dentists[18]. Two in-state dental schools supply the pipeline, but graduate retention remains challenging[19,20,21]. Dental hygienist shortages are particularly severe, worsened by COVID-19-related attrition. High turnover, early retirements, and limited rural incentives restrict access to essential dental services statewide.

Rural Recruitment Barriers

While exposure programs exist, few durable incentives keep providers in northern and rural regions long-term. Young professionals often prefer metro areas where spouses can find jobs, children have access to quality schools, and local economies are stronger. Rural housing shortages, fewer amenities, and weaker local health systems make relocation challenging.

Generational Ownership Patterns Limit New Provider Participation and Access

Many Michigan dental practices are family-owned, multigenerational businesses. Without intentional pathways, new graduates–especially those who are BIPOC or first-generation professionals–face barriers to buying into or joining stable practices. Lack of capital access, mentorship, and inclusive succession planning reinforces existing gaps.

Underrepresentation of BIPOC Providers

Pathway programs exist but the workforce remains less racially and culturally representative than the populations served. Research shows diverse providers are more likely to practice in underserved settings, yet Michigan lacks comprehensive strategies to recruit, mentor, and retain these professionals.

Workforce & Training: Opportunities for the Future

Expand community-based prevention

Broaden participation under Michigan's PA 161 program* to increase preventive services in schools, Head Start sites, and community settings. Support dental hygienists in community and public health programs, along with collaborating dentists, to reach more underserved populations through expanded practice agreements, shared data systems, and integrated referral networks.

** Michigan's PA 161 program allows dental hygienists, through collaborative agreements with dentists, to provide preventive oral health services to unassigned and underserved populations in Michigan through approved nonprofit programs.*

Expand access in admissions and ownership

Expand mentorship, capital access, and business training for BIPOC and first-generation dentists; incentivize inclusive succession planning in family-owned practices; and offer loan repayment and buy-in support for underrepresented graduates joining or acquiring practices.

Strengthen rural recruitment and retention

Pair loan repayment with startup grants, tax credits, and local economic development to make relocation viable for young families (e.g., housing support, partner employment assistance, local primary care investment). Partner with regional development authorities and philanthropy to bundle clinical incentives with community infrastructure. Collaborate with Michigan's colleges and universities to develop targeted admission and training programs for rural students, ensuring a sustainable pipeline of providers rooted in local communities.

Build "grow your own" pipelines

Invest in programs that retrain mid-career adults in rural communities to become hygienists or dental therapists, and create multi-year immersion tracks embedding students in local practices, not just short rotations. These approaches build a workforce that is already rooted in communities.

Scale dental therapy and re-engage former providers

Expand and streamline licensing and practice opportunities for dental therapists to increase preventive and restorative care capacity quickly, especially in shortage areas. Re-engage hygienists and dental assistants who left during COVID-19 through refresher training, flexible scheduling, and streamlined license reactivation–helping existing dentists see more patients and focus on complex care.

Collect and publish workforce data

Create transparent dashboards on workforce supply, specialty gaps, and retention by geography and demographics. Data should inform incentive design, program evaluation, and specialty-targeted investments (e.g., pediatric dentists, oral surgeons for trauma care).

Integration of Care

Connecting Oral Health to Whole-Person Wellness

Integration of Care: Accomplishments

Michigan has made meaningful strides in embedding dental services into primary care and creating more coordinated care pathways.

FQHC Clinical Integration

Many Federally Qualified Health Centers (FQHCs) now co-locate dental and medical care, offering “one-stop” access for patients. This model reduces administrative barriers and strengthens whole-person care. Evidence shows FQHC integration can reduce emergency room (ER) dental visits and improve chronic disease outcomes[24].

Kindergarten Oral Health Assessment

The Kindergarten Oral Health Assessment (KOHA) law[23] now requires an oral health assessment at school entry, further reinforcing the importance of oral health on children's overall health and school performance, and catalyzing medical–dental referrals statewide. Building on this momentum, similar prevention programs could be established in senior centers and elder housing to reach older adults.

> "We were able to train medical professionals for fluoride varnish in offices. That was a success, but we still need to close the gap between medical and dental."
>
> *– State Policy Leader*

> “The FQHC model makes integration easier. One-stop shop is a very favorable solution.”
>
> *– Oral Health Advocate*

Dental Services in Primary Care

Michigan expanded training for pediatricians, family physicians, and OB/GYNs to apply fluoride varnish and conduct oral health screenings through initiatives such as the Varnish Michigan Program. This approach uses trusted medical touchpoints to reduce missed opportunities for prevention. A 2024 randomized trial found that children whose pediatric clinicians provided oral health screening, counseling, and referral had 34% higher odds of attending a dental visit[22].

Integration of Care: Challenges & Current Landscape

Limited maternal, behavioral health, and long-term care integration

Though FQHCs and pilot programs show promise, OB/GYNs, primary care physicians, and behavioral health providers rarely have formal referral or co-management pathways. Despite consensus that dental care is safe during pregnancy[25], many pregnant patients are not referred for routine care. Nursing homes and behavioral health settings lack embedded dental screening or consult processes.

> "Physicians still have a hard time with the mouth–it's still hard to even get a consult back."
>
> *– Oral Health Practitioner*

Calling for A Roadmap for Integration

Persistent Operational Silos

Despite progress in training medical providers for fluoride varnish, integration related to electronic health records (EHRs), and billing remain fragmented. Most dental practices operate outside health information exchanges, and United States Core Data for Interoperability (USCDI) standards are not yet fully adopted for dental data. Billing and reimbursement workflows are siloed, preventing seamless referrals, shared risk tracking, or outcome-based payment.

> "We have had some successes. We were able to train medical professionals for fluoride varnish in offices, for example, but there are still more opportunities state leaders need to leverage to close the gap that remains between medical and dental." – *Payer Organization Leader*

Advancing Statewide Coordination & Direction

Stakeholders frequently note the importance of continued statewide convening and direction to support integration efforts. Building on the leadership of MOHC and MDHHS, partners are seeking a clear, actionable roadmap that aligns state agencies, payers, FQHCs, and professional organizations.

Integration of Care: Opportunities for the Future

Advance Cross-Training, Co-Location, and Shared Records

Launch joint continuing education (CE) for medical and dental teams. Incentivize co-located clinics and "one-stop" service pilots (particularly at FQHCs, community health centers, and large obstetrician (OB) practices). Promote aligned billing codes and payment models that reward shared care and measure integration success through varnish rates, referral completion, and no-show reductions. Include seniors in oral health prevention efforts by integrating fluoride varnish and silver diamine fluoride (SDF) applications into primary and community-based care settings. Expand cross-training to include community health workers (CHWs), doulas, and other trusted community-based providers who can reinforce oral health education, connect patients to care, and facilitate follow-up between medical and dental systems.

Accelerate EHR Interoperability

Use USCDI-aligned dental data standards and pilot medical–dental data exchange for problem lists, medications, imaging, and procedures[26]. Pursue payer and state support for bidirectional data sharing to improve coordination and track outcomes.

Embed Oral Health in Maternal & Behavioral Health and Long-Term Care Pathways

Equip OB providers with toolkits and standing orders for oral health referrals, backed by payer incentives. Add oral health items to nursing home admission assessments (the Minimum Data Set (MDS) includes oral health indicators but is often underutilized) and behavioral health care plans. Normalize age one visits and pregnancy-safe care messaging to strengthen prevention at key life stages. Partner with doulas, home visitors, and CHWs to embed oral health promotion and navigation within maternal and perinatal care–helping families establish early dental homes and integrate oral health into whole-person well-being.

> "We need systems where OBGYNs can be a part of oral health… integrating the mouth in the mother's overall health and helping parents establish early oral care for their children."
>
> *– Oral Health Practitioner*

Define and Lead a Statewide Integration Roadmap

The Michigan Oral Health Coalition (MOHC) and Michigan Department of Health and Human Services (MDHHS) can jointly convene payers, health systems, and safety-net providers to identify immediate integration opportunities (e.g., varnish performance improvement, bidirectional referrals, data pilots) and set five-year milestones for integrated oral–medical care.

Education & Prevention

Prevention as a Foundation

Education & Prevention: Accomplishments

Growth in School- & Community-Based Prevention Programs

Michigan has invested heavily in school-based sealant programs such as SEAL! Michigan, reaching thousands of elementary students in underserved districts. National evidence shows sealants can reduce cavities in molars by up to 80% [27]. Many counties now partner with mobile dental units to expand reach.

Statewide Messaging & Early Childhood Education

The KOHA law catalyzed parent education on the importance of an oral health check by kindergarten. Local coalitions created culturally tailored campaigns on first dental visit by age one, water fluoridation safety, and sugar-sweetened beverage reduction[28]. Pediatricians, WIC clinics, and Head Start programs increasingly integrate oral health counseling into family engagement.

Fluoride Varnish Integration

As highlighted in Integration of Care, medical providers have been trained and reimbursed to apply fluoride varnish during well-child visits through the Varnish Michigan Program, reducing missed opportunities for prevention.

Health Literacy Tools

MOHC and partners have produced toolkits, videos, and infographics to counter misinformation and explain oral health benefits in simple terms. This work helped communities respond to anti-fluoride misinformation and better navigate Medicaid benefits.

> "School sealant programs have helped reduce cavities in children who otherwise might not receive care." – *State Policy Leader*

Education & Prevention: Challenges & Current Landscape

Persistent Misinformation
Anti-fluoride groups sway local decisions; reactive responses prevail

Health Literacy Gaps
Limited accessible, culturally relevant oral health information

Uneven Prevention Coverage
Adults and seniors lack routine preventive services

Limited Public-Facing Data
Fragmented data hinder real-time monitoring and planning

1

Persistent Misinformation & Erosion of Public Trust

Anti-fluoride groups continue to influence local decision-making. Several communities have debated discontinuing community water fluoridation (CWF) due to cost, safety myths, or public misunderstanding. Stakeholders describe reactive communication rather than proactive education.

> "We often find ourselves fighting misinformation after it spreads, rather than getting ahead of it."
> – *Funding Foundation Representative*

2

Health Literacy Gaps for Adults & Non-English Speakers

While materials for parents of young children have improved, adults with low literacy, non-English speakers, and people with disabilities still lack accessible, culturally relevant oral health information. The navigation of dental benefits remains confusing. Additionally, many Medicaid beneficiaries in these groups often remain unaware of coverage or services available to them. As populations under-utilize their benefits given a lack of accessible materials or navigational help, many default to Emergency Department (ED) to care for non-traumatic dental issues. National data show high ED use for dental problems among Medicaid-insured and uninsured[29].

3

Uneven Prevention Coverage for Older Adults and High-Risk Groups

Most Medicaid prevention benefits target children; adults and seniors have less routine prevention uptake, even after expanded coverage. Nursing homes and long-term care facilities rarely have structured preventive oral health programs. Ideally, screening and prevention programs should start in senior centers and elder housing communities.

4

Limited Public-Facing Data to Guide Local Prevention Efforts

County coalitions and schools want real-time dashboards to see sealant rates, fluoridation coverage, and caries trends to guide campaigns, but these data are fragmented across state systems. To improve outcomes and measure change, real-time dashboards are needed.

Education & Prevention: Opportunities for the Future

The 2030 Michigan State Oral Health Plan identifies several key opportunities to enhance oral health education and prevention statewide. These strategies aim to address current challenges, including misinformation, health literacy gaps, and uneven prevention coverage, by implementing proactive, inclusive, and data-driven initiatives.

Launch a Statewide, Proactive Oral Health Education Campaign

- Build on core messages–fluoride safety, the first dental visit by age 1, and sugar reduction–while pre-empting misinformation with transparent, plain-language resources.
- Partner with schools, WIC, Head Start, and pediatric practices for trusted dissemination.
- Use social media, multilingual radio, and local champions to reach rural and urban communities.

Expand People, Language, and Community-Informed Materials

Invest in translations, plain language videos, and ADA-compliant formats. Work with community partners to test messaging with immigrant, refugee, Deaf and hard-of-hearing, and disability communities.

> "We need to speak to everyone–not just English speakers or parents with health literacy."
> – *Oral Health Practitioner*

To ensure prevention reaches all age groups, particularly vulnerable populations, specific efforts will focus on integrating oral health into adult and senior care settings.

Institutionalize Prevention in Adult and Senior Care

- Require or incentivize oral health screenings and fluoride varnish in senior centers, elders' housing, nursing homes, home health, and adult primary care.
- Expand coverage and outreach for preventive visits under Medicaid and Medicare adult and senior benefits.
- Promote healthy aging campaigns linking oral health to chronic disease and nutrition.

Leveraging data and empowering local initiatives will be crucial for effective implementation and sustained impact across the state.

Develop Public Prevention Dashboards

Publish county-level maps of sealant rates, CWF status, ED dental visits, and caries trends to empower local coalitions and schools to target prevention efforts. Include race, disability, and language data to drive and inform work for all patients.

Support Local Coalitions with Funding and Training

Provide mini-grants and capacity building for community coalitions to lead prevention education, fight misinformation, and deliver culturally appropriate outreach at the neighborhood level.

Payment & Policy

Building Financial Systems that Reward Prevention and Access

Payment & Policy: Accomplishments

Michigan has achieved significant milestones in refining its oral health payment and policy frameworks, setting a robust stage for continuous enhancement. These key accomplishments reflect a strategic move toward an oral health care system that improves access, efficiency, and outcomes.

1

Historic Medicaid Adult Dental Reform & Reimbursement Parity

In 2023, Michigan aligned adult Medicaid dental reimbursement with commercial rates, a landmark policy victory after decades of advocacy. This change removed one of the largest barriers to provider participation and patient access. Stakeholders report an initial increase in dentist participation and improved stability for safety-net practices.

> "Offering adult dental coverage from a Medicaid lens was significant. This is a huge change that is definitely beneficial." – *Insurance Leader*

2

Value-Based & Alternative Payment Model Pilots

Payers and health systems have tested value-based dental pilots, tying incentives to preventive care, risk-based caries management, and integration with primary care. These early efforts–though small–have shown reduced emergency department visits and higher varnish rates when incentives are aligned[30].

> "Dental needs to catch up to medical on value-based care–some payers are finally testing models." – *State Policy Leader*

3

Improved Data Sharing & Economic Development Focus

MDHHS and MOHC have worked to leverage claims data to support data-driven decision-making and have convened a Dental Economic Development Workgroup to better understand market trends, workforce viability, and insurance participation. This sets the stage for stronger, data-informed payment strategies.

Payment & Policy: Challenges & Current Landscape

Network Instability Despite Medicaid Gains

Even with reimbursement parity, dentists continue dropping commercial networks. In 2025, nearly 26% of owners left at least one network and another 13% considered leaving. Top reasons include administrative complexity (81%), slow or denied payments, and desire for practice autonomy[7]. National analyses link benefit instability to avoidable ED use, delayed diagnoses and reduced value of insurance for patients[31].

Limited Adult/Senior Dental Benefits Outside Medicaid

Medicare does not broadly cover dental care, leaving many older adults uninsured or underinsured. Private coverage often has annual caps ($1,000–$1,500) that fail to cover major restorative or surgical needs. Seniors and adults with complex conditions face high out-of-pocket costs even when insured. All plans should be encouraged to include fluoride varnish and SDF.

> "Network access plans are haywire because providers are opting out–patients can't use the benefits they have." – *Insurance Leader*

Administrative Burden and Misaligned Incentives

Providers cite time-consuming prior authorization, inconsistent fee schedules, and a lack of shared risk incentives. These factors discourage participation in public programs and innovative models.

Inadequate Funding for Local Public Health & Prevention

County and local health departments face flat or declining budgets, limiting their ability to sustain sealant programs, fluoride education, or mobile outreach. Prevention often relies on short-term grants rather than stable, braided funding.

Payment & Policy: Opportunities for the Future

Michigan can strengthen oral health through sustainable payment and policy that stabilize provider participation, scale value-based care, expand coverage, and secure durable prevention funding.

Stabilize Provider Participation Through Simplified Administration

- Streamline claims, credentialing, and prior authorization across payers.
- Build transparent, predictable fee schedules to sustain Medicaid parity.
- Offer startup /expansion grants to support participation in shortage areas.

Scale Value-Based and Alternative Payment Models (APMs)

Transitioning toward value-based care in oral health will reward prevention, reduce avoidable costs, and align with national health reform trends. By incentivizing outcomes instead of volume, Michigan can improve long-term health while controlling expenditures.

Short-term (12–24 months)

Test incentive bundles tied to preventive metrics (KOHA completion, sealants for ages 6–14, fluoride varnish in medical and dental settings), informed by Oregon's Coordinated Care Organization (CCO) approaches[32].

Mid-term (24–36 months)

Pilot risk-adjusted episode/population payments tied to outcomes (e.g., fewer non-traumatic dental condition ED visits, improved continuity) and track return on investment using state all-payer/hospital datasets and national benchmarks[33].

Longer-term

Align dental APMs with medical home/ACO models to reward integrated outcomes (varnish rates, completed referrals, reduced no-shows).

Expand Adult and Senior Preventive Dental Coverage Beyond Medicaid

- Support federal Medicare dental benefit pilots and advocate for state wrap-around programs.
- Encourage employer-sponsored and exchange plans with higher annual maximums and stronger prevention coverage.
- Pilot low-cost public dental plans for adults not eligible for Medicaid.

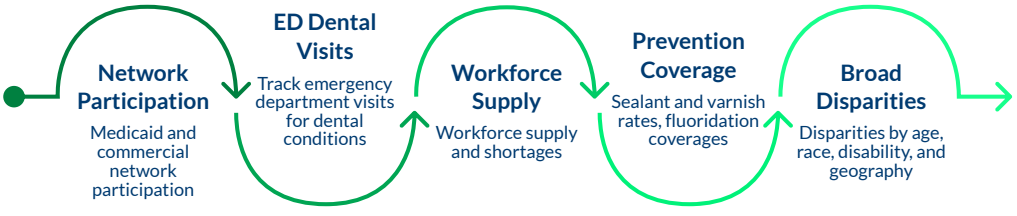
Blend and Braid Funding to Sustain Prevention and Local Coalitions

Combine state general funds, philanthropic dollars, Medicaid administrative claiming, and federal grants to give local health departments and coalitions stable resources for prevention, education, and care navigation.

> "We can't keep relying on short-term grants–stable funding is needed for prevention and coalition work."
> *– Funding Foundation Representative*

Leverage Transparent Data to Inform Policy

Maintain and expand public dashboards using data to shape targeted incentives, benefit design, and resource allocation



2030 Michigan State Oral Health Plan

Roadmap to Action

Roadmap to Action: Five Strategic Priorities

The 2030 Michigan State Oral Health Plan outlines five critical strategic priorities to guide our collective efforts over the next five years. These priorities are interconnected and designed to create a comprehensive, sustainable oral health system that meets the needs of Michiganders across communities, building upon our strengths and addressing persistent challenges.

1. Expand Access Across Communities

Ensure that every Michigander, regardless of geography, income, or ability, can access timely, affordable dental care.

- Grow mobile, school-based, and FQHC-integrated care models, bringing services to where people live and learn.
- Prioritize outreach to veterans, older adults, people with disabilities, Tribal communities, and rural residents through tailored, culturally responsive approaches.
- Maintain adult Medicaid dental parity and use incentives, startup grants, and simplified administration to stabilize provider participation.
- Build public data tools and dashboards to identify dental deserts, monitor disparities, and guide resource allocation.

2. Strengthen and Broaden the Workforce

Build a sustainable, representative oral health workforce equipped to meet Michigan's evolving needs.

- Launch and scale Michigan's dental therapy programs, expanding preventive and restorative capacity in shortage areas.
- Reinforce recruitment and retention in rural regions through loan repayment, startup grants, and bundled community incentives (housing, family supports, local partnerships).
- Expand "grow-your-own" training pipelines and re-engage hygienists and assistants who left the field.
- Promote admissions, mentorship, and ownership pathways for BIPOC and first-generation professionals.
- Collect and publish workforce data to drive targeted investments and transparency.

3. Integrate Oral Health into Whole-Person Care

Embed oral health across Michigan's health system, connecting dentistry with medical, behavioral, and maternal care.

- Advance co-location of dental and medical services–especially in FQHCs and OB/GYN practices–and expand fluoride varnish and SDF use across settings.
- Develop interoperable data systems and shared electronic health record (EHR) standards to close referral loops and track outcomes.
- Train Community Health Workers, Doulas, and home visitors to deliver oral health education and navigation support.
- Embed oral health assessments in maternal, behavioral health, and long-term care protocols to promote prevention throughout life.

4. Empower Prevention and Education

Make prevention the foundation of Michigan's oral health system .

- Launch a proactive, statewide oral health education campaign addressing fluoride safety, first dental visit by age one, and sugar reduction–using plain language and multilingual materials.
- Partner with schools, Head Start, WIC, and community organizations to reach families early and often.
- Institutionalize prevention in senior centers, nursing homes, and adult primary care through regular screenings and varnish application.
- Develop public prevention dashboards showing county-level data on sealants, fluoridation, and disparities to inform local action.
- Fund and train local coalitions to lead culturally tailored outreach and counter misinformation.

5. Modernize Policy and Payment Systems

Build financial and policy environments that reward prevention, quality, and fair access to care.

- Streamline claims and credentialing to stabilize provider participation and sustain Medicaid parity.
- Pilot value-based and population-based payment models that link reimbursement to preventive outcomes (sealant rates, varnish use, reduced ED visits).
- Expand adult and senior dental coverage beyond Medicaid through federal, employer, and state initiatives.
- Blend and braid funding across state, philanthropic, and federal sources to sustain prevention and coalition infrastructure.
- Use transparent, public dashboards to guide policy decisions and track return on investment.

Monitoring & Implementation

Tracking Progress and Accountability

The 2030 Michigan State Oral Health Plan (SOHP) is a living roadmap. Its impact depends on active monitoring, regular updates, and shared accountability across the state. The Michigan Oral Health Coalition (MOHC) and the Michigan Department of Health and Human Services (MDHHS), as facilitators and conveners of this shared work, are committed to maintaining the momentum built through the development of this plan and to fostering continued collaboration toward its vision. MOHC, in partnership with MDHHS, will continue to bring partners together to carry forward this plan's priorities by:

Championing the plan's priorities through coordinated communication, public education, and advocacy that strengthen awareness and reinforce the value of oral health in overall well-being.

Supporting ongoing convenings that bring partners together to review progress, share lessons learned, and identify new opportunities for action aligned with the plan's strategies.

Producing policy statements and shared agendas that support the advancement of this plan.

Supporting efforts to combat misinformation, build community campaigns, and disseminate relevant and timely information.

Maintaining public dashboards that track access, workforce supply, prevention measures (sealants, varnish, CWF status), utilization of Medicaid dental benefits, and disparities by age, race, disability, and geography.

Continuing to explore and develop oral health workforce initiatives with local and statewide partners.

Publishing annual progress updates highlighting progress, persistent challenges, and emerging needs to ensure that data and insights remain transparent and actionable.

Convening statewide partners, including payers, providers, coalitions, and public health agencies, to review progress and reprioritize strategies.

Strengthening local capacity by providing training, technical assistance, and mini-grants that help coalitions and community organizations align their efforts with statewide strategies.

Pursuing sustained funding mechanisms to maintain infrastructure, support workforce participation, and ensure long-term implementation and evaluation of plan priorities. This may include aligning with state budget cycles, leveraging public–private partnerships, and seeking philanthropic or federal grants to sustain collaborative infrastructure and workforce participation.

Together Toward 2030

Michigan's oral health future depends on coordinated action across every level–policy, practice, and community. By aligning around shared goals, measuring progress, and investing in prevention and workforce innovation, we can ensure that every Michigander has a fair chance at lifelong oral health.

Sustaining Progress

Over the next five years, MOHC, MDHHS, and their partners will continue striving to advance the strategies outlined in this plan while maintaining the gains achieved to date. This includes preserving progress in the field of oral health in this state while adapting to new opportunities and needs as they emerge. Through shared investment, consistent communication, and mutual accountability, Michigan's oral health community can ensure that the progress made through the 2030 SOHP is not only realized but sustained.

A Shared Call to Action

This plan is an invitation to act. Policymakers can use it to guide funding and legislation; payers can advance fair and value-based payment supporting all populations; providers and health systems can innovate care models; and community coalitions can amplify prevention and access across communities. Progress depends on collaboration and commitment at every level.

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