# A Rural Model for Increasing Oral Health Care Access for Children

## The Oral Health Task Force in Cook County, Minnesota

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# Executive summary

The Oral Health Task Force (OHTF), led by Sawtooth Mountain Clinic, is dedicated to increasing access to dental care among children in Cook County, Minnesota, including the Grand Portage Reservation. By leveraging strong partnerships with schools, the local dental clinic, and many other partners, the task force provides universal oral health screenings, education, and financial assistance to ensure timely, accessible dental care for children in the region.

In 2024, OHTF engaged Wilder Research to evaluate its model and assess impacts on children's academic performance and overall health. Key findings include:

## IMPACTS

- **Improving oral health:** The percentage of Cook County students with untreated caries fell from 17% in 2015-16 to 10% in 2024-25.
- **Broad reach:** Over the past decade, the OHTF completed 3,321 dental screenings. In 2024-25, 77% of all children age 5-18 years old in Cook County received a dental screening.
- **Financial support:** Since 2017, there were 814 preventative and restorative visits from students with the OHTF covering $231,400 (2025 dollars) in dental care charges.

## CORE SUCCESS FACTORS

- **Universal screenings:** School-based screenings provides every child with baseline access to dental care.
- **Follow up:** Follow up to caregivers plays a role in encouraging them to receive needed care and treatment.
- **Strategic partnerships:** Collaboration with schools, tribal agencies, and community groups is critical to outreach and trust-building.
- **Sustainability planning:** Ongoing funding strategies, OHTF membership, and stakeholder engagement are essential for long-term program viability.

## RECOMMENDATIONS

- **Increase awareness:** Enhance promotion of available resources, especially financial and transportation assistance for families seeking dental care.
- **Improve data systems:** Develop tools for reliable data tracking and sharing, and consider linking data systems to capture a fuller picture of program reach and impact.
- **Strengthen follow-up:** Boost capacity to follow up with families and consider incentives to encourage initial dental visits.
- **Expand services:** Explore extending screening services to caregivers and older adults using a similar community-based model, while sustaining strong support for children.
- **Support policy advocacy:** Engage in efforts to protect and expand Medicaid and broader dental coverage.
- **Plan for sustainability:** Prepare for leadership or member transitions by building continuity plans to ensure the Task Force's work continues over time.

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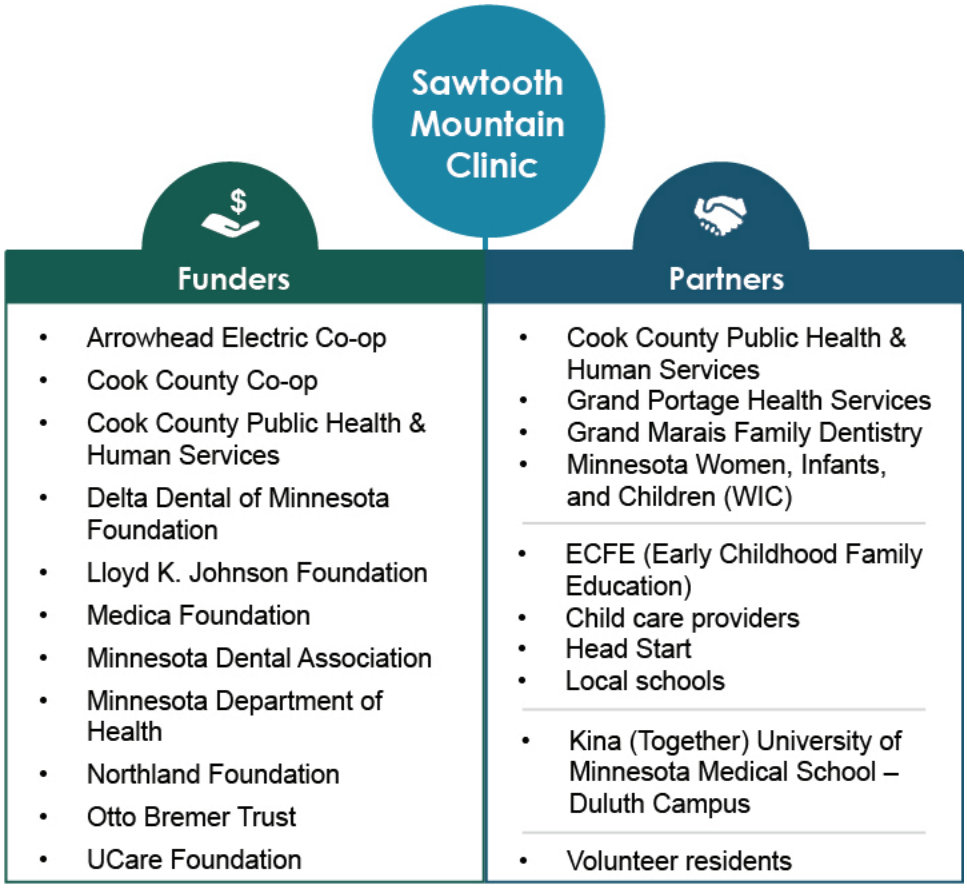
# Introduction

The Oral Health Task Force (OHTF) works to reduce oral health inequities among children and other underserved populations in Cook County, Minnesota, and the Grand Portage Band of Lake Superior Chippewa by addressing barriers to dental care access. Led by Sawtooth Mountain Clinic, the OHTF brings together a diverse group of members and depends on strong partnerships with local organizations to extend its impact throughout the region. The OHTF currently conducts universal oral health screenings at all six schools in the county (three public schools and three public charter schools), and in recent years has begun conducting oral health screening and education at the daycare and Head Start on the Grand Portage Reservation.

### 1. Oral Health Task Force partnership structure




In 2024, Delta Dental of Minnesota Foundation funded a study to examine the impact of the OHTF and, specifically, potential effects on children's academic outcomes and overall health. Sawtooth Mountain Clinic contracted with Wilder Research to conduct the study.

Several barriers prevented successful evaluation of the school-based oral health intervention's impact on academic and overall health outcomes, specifically, in this rural community setting. The following limitations included:

- **Lack of control group:** The intervention was implemented universally across Cook County making it difficult to identify a comparable control population for impact assessment.
- **Data privacy concerns:** The small community size creates privacy risks, as individual-level data can be easily identified even when aggregated.
- **Limited evidence base:** Existing literature linking school-based oral health interventions to broader health impact for children is sparse, making it difficult to determine which health measures to include in the study.
- **Inadequate data infrastructure and data sharing limitations:** Current data systems are not configured for linkage across data systems or sharing of information needed for comprehensive evaluation. And data sharing agreements and policies have not been formalized.

Given these limitations, Wilder worked with data available to illustrate the OHTF's impact on access to oral health and potential impact on other measures. This report summarizes:

1. The Task Force's strategies for improving dental care access and oral health education, including scalable best practices
2. Evidence from peer-reviewed literature and local administrative data demonstrating positive outcomes
3. A comparative analysis of Cook County versus similar rural Minnesota counties
4. Actionable recommendations for sustaining and expanding impact

**ORIGIN STORY**

The Oral Health Task Force (OHTF) began in 2012 when a group of concerned residents and a local dentist came together to address barriers to dental care for children in the community. Initial efforts focused on reaching caregivers directly, but these attempts proved ineffective. Recognizing the need for a new approach, the OHTF shifted its focus to where children spend much of their time—schools.

By 2016, the OHTF had partnered with Grand Marais Family Dentistry to bring a dental hygienist into schools to conduct on-site screenings. The OHTF worked over several years to gain buy-in from the schools in Cook County and to establish a relatively seamless screening process. In 2018, the OHTF reached out to Grand Portage Head Start about bringing oral health screenings and education to their classroom. This relationship expanded to the day care and charter school at Grand Portage and connected the OHTF with Grand Portage Health Services.

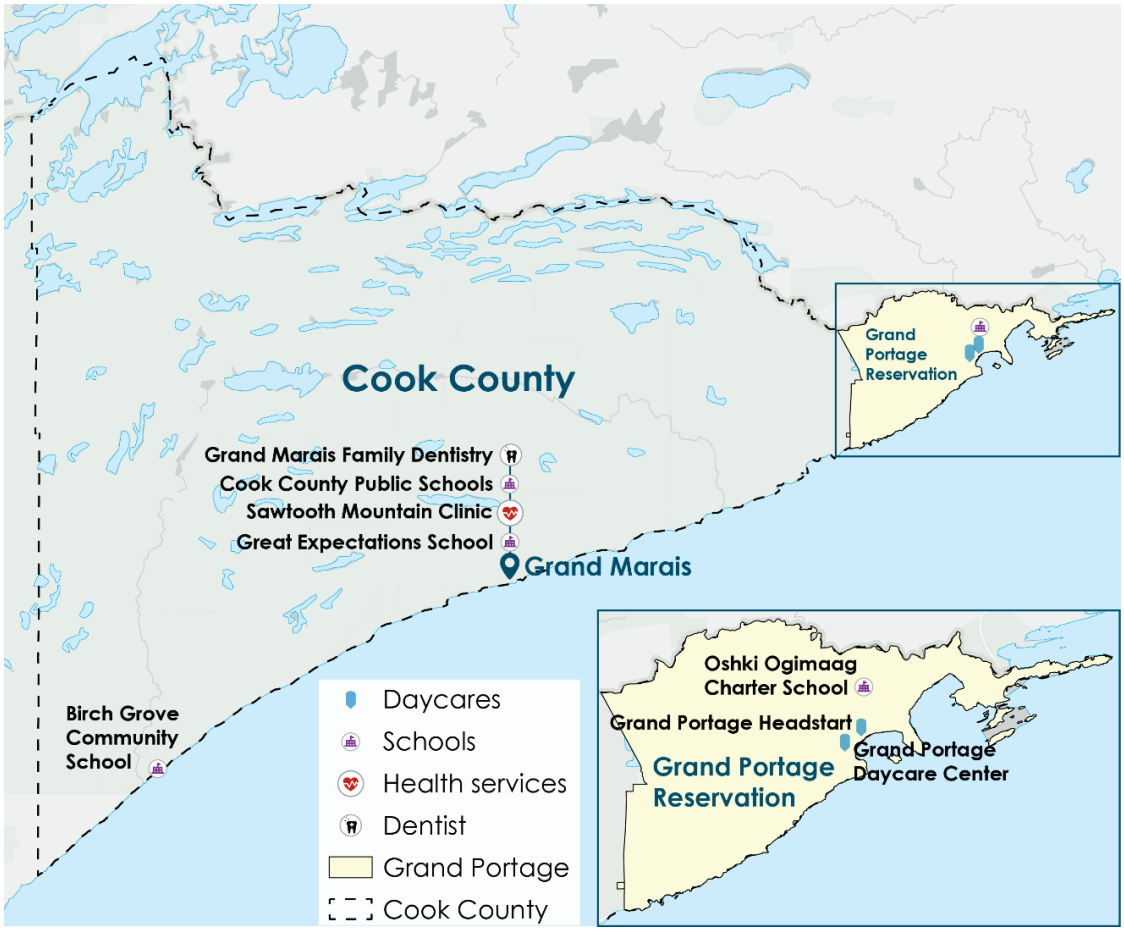
## METHODS

Wilder analyzed administrative data related to oral health screenings and financial expenditures for dental procedures covered by the OHTF. To complement these data, Wilder conducted a review of relevant literature to understand existing connections between oral health screenings with academic and health outcomes.

Wilder Research also conducted 11 semi-structured interviews with OHTF members and community partners involved in implementing OHTF activities and with three caregivers whose children received financial support for dental care following participation in the school-based oral health screenings. Potential interview participants were identified by the OHTF, and if they expressed interest in participating the OHTF shared their contact information with Wilder Research. The interviews were conducted via phone or virtually. Those who were not OHTF members received a $50 electronic gift card as a thank you for their time. Interview responses were analyzed for themes and key findings summarized throughout this report.

## ABOUT COOK COUNTY, MINNESOTA

Cook County is a remote and sparsely populated region in northeastern Minnesota, sharing geography with the Grand Portage Reservation. Economic and geographic realities present persistent barriers to accessing oral health care across the county. Dental services are limited, and for residents without insurance—or relying on public coverage with restrictions—routine care can be prohibitively expensive or difficult to obtain.




Economic vulnerability is a key factor. According to data from the American Community Survey, nearly one-quarter of Cook County residents (23%) live below 200% of the federal poverty level, despite a relatively high median income. This is due in part to the county's heavy reliance on seasonal tourism jobs, such as food service, lodging, and retail (Tuck, Choi & Qian, 2024)—industries negatively affected by the COVID-19 pandemic and with historically low wages and few benefits, such as health care coverage (Zickuhr & Sanchez Cumming, 2022). In addition, working parents may have little or no available time off to take their children to the dentist. Income instability is common, and over 500 families with children are enrolled in public health insurance programs. Eight percent of residents under age 65 lack health insurance altogether. While Minnesota's public health insurance programs do include dental coverage, benefits for adults are limited, making preventive and restorative care harder to access.

Transportation adds another layer of complexity. With 71% of residents relying on a personal vehicle to commute, those without reliable access face steep challenges. Long travel distances, minimal public transit, and high fuel costs delay or prevent access to dental and other health services—particularly for residents living outside Grand Marais, the county's only town with a dental clinic.

The work of the Oral Health Task Force (OHTF) is grounded in these realities. By increasing access and reducing structural barriers, OHTF supports more equitable oral health outcomes for children and families in Cook County.

**Grand Portage Reservation:** Oral health outcomes on the Grand Portage reservation are impacted by both access and systemic barriers. The nearest dental clinic is nearly an hour away, making routine care difficult, especially for households without reliable transportation. Native communities nationwide experience higher rates of untreated dental decay; for example, 2.5 times more American Indian and Alaska Native (AI/AN) children have untreated cavities compared to white children (Phipps et al., 2012). Disparities are similar for other health outcomes. A summary of American Indian family health data from the Minnesota Department of Health (2024) revealed that American Indian residents face some of the most severe health disparities compared to other populations in the state. This disparity is rooted in decades of underfunding for tribal health services, workforce shortages in rural and tribal areas, intergenerational effects of medical mistrust, and limited access to culturally responsive care. These factors contribute to delayed treatment and preventable oral health issues in Grand Portage and similar communities.

## THE ORAL HEALTH TASK FORCE ACTIVITIES

To address the barriers identified above, the OHTF performs three central activities:

- universal oral health screenings in the schools
- financial assistance for preventative and restorative care for those eligible
- community education and outreach

### UNIVERSAL ORAL HEALTH SCREENINGS AND FINANCIAL ASSISTANCE FOR DENTAL CARE

> **[The] Oral Health Task Force does a great job of helping families afford dental care. It's so affordable, and it really helps bridge the gap for the families that don't qualify for medical assistance. – Caregiver of recipient of financial support from OHTF and previous dental office administrator**

The OHTF employs a dental hygienist from Grand Marais Family Dentistry to conduct annual dental screenings with all children in all public and charter schools in Cook County. Children are screened unless families opt out, making it easier to reach as many children as possible. The dental hygienist checks for caries (signs of tooth decay) and recommends follow-up care with a dentist, when needed. For those needing follow-up, the dental hygienist calls the caregivers and provides information about their child's screening results and available financial assistance. Financial assistance is provided to families who need it to pay for needed preventative and restorative procedures. Eligibility criteria is based on income and family size. For example, an individual with an income of $69,851 or less qualifies for financial support. A family of six with an income of $191,346 or less qualifies for financial support.

If transportation is a barrier, OHTF can also provide transportation support.

Interviews with caregivers of children who had dental visits or procedures covered by the OHTF noted that the financial support reduced stress, allowed regular visits/check-ups as recommended, and helped families follow up on care that they would not have followed up on otherwise.

> **If something happens, I know that we can just go because we only have to pay 10%. And so, it's really easy to make a decision to not like postpone. – Caregiver of recipient of financial support from OHTF**

> **[What's most helpful for my family is] the regular cleanings, because that's expensive and we just wouldn't have done it. We would have gone once every couple of years, I think, if we would have had to pay. – Caregiver of recipient of financial support from OHTF**

Families that had brought their child in after an oral health screening at the school shared that their children gained familiarity and comfortability from going to the dentist for preventative care.

> **It's like, you know, when your child hasn't had a problem and maintains every six months, it actually helps them and teaches them and trains them too to be more positive rather than afraid of going to the dentist because they don't have the bad experience about it. It's just cleaning and it's just checkups, you know. Versus if you have a parent bring an eight-year-old in who's never been in the dentist before and they do one or two fillings, that child would just scream the whole time. – Caregiver of recipient of financial support from OHTF**

According to existing academic literature, school-based oral health programs, including dental screenings and education, may be a promising strategy for improving children's access to dental care, particularly in rural or low-income communities where logistical and financial barriers often prevent families from seeking preventive services (Culler et al., 2017). However, the overall strength of the evidence supporting their effectiveness varies.

Despite several randomized controlled trials, there is currently insufficient high-certainty evidence that school-based dental screening programs alone lead to meaningful improvements in oral health outcomes. A recent review found only weak, low-certainty evidence that such screenings reduce dental caries or increase dental attendance (Aldergham et al., 2022; Arora et al., 2022). These studies also suggest that intensive follow-up may be necessary to ensure that children identified as needing care actually receive it—raising important questions about the cost-benefit balance of such efforts (Aldergham et al., 2022). The OHTF activities include follow-up with caregivers and is an aspect that might benefit from evaluation in the future.

## COMMUNITY EDUCATION

Through interviews, OHTF members shared that the dental hygienist, working on behalf of the OHTF, conducts numerous oral health education and awareness activities at community events and with partners. Examples of activities beyond school-based oral health screenings include:

- Providing oral health education to caregivers of children at Head Start and daycares in Grand Portage
- Developing and distributing a handout for pregnant mothers on oral health for themselves and their babies (used by WIC)
- Working a booth at a county farmer's market for awareness and visibility
- Attending school open houses in the fall to connect with families regarding insurance and accessing dental care
- Reaching out to low-income and uninsured older adults and working age adults
- Partnering with nurse anesthetists who can travel from the Twin Cities once a month to conduct more intensive procedures (OHTF pays)
- Developing a series of comic books following a girl from preschool into high school for Ojibwe children and teens developed in partnership with Kina at the UMN Medical School
- (In process) Developing a culturally appropriate brochure for Ojibwe adults and older adults on oral health practices

Findings from academic literature suggest programs focused on promoting positive oral health behaviors through education have more consistent success. These initiatives have been shown to improve children's oral health knowledge and self-efficacy, which may in turn lead to better oral hygiene practices (Moore et al., 2022). Evidence from a school-based program serving a high-risk population found higher rates of dental sealant use among participating students compared to statewide averages, even though these students also had greater treatment needs (Culler et al., 2017). The dental hygienist spends time at the Head Start and daycare programs in Grand Portage teaching young children how to brush teeth. Brushing teeth is now a daily routine instituted in these classrooms.

# OHTF impact on dental access for Cook County children

## THE PROPORTION OF SCHOOL-AGE CHILDREN SCREENED HAS INCREASED BY NEARLY 20% OVER THE PAST 10 YEARS

Over the past ten years, 3,321 dental screenings among children age 5-18 have been conducted in Cook County schools. With the exception of a dip between 2019 and 2022 due to the COVID-19 pandemic, the number of screenings has generally increased year over year. In the 2024–25 school year alone, 505 students participated in in-school dental screenings.

Importantly, the share of students screened has grown over time across both Cook County Public Schools and charter schools in the area. Nearly **75% of public school students** and **90% of charter school students** received screenings in 2024–25. These figures demonstrate growing participation and broadening reach, with screening rates closely aligned with overall school enrollment patterns in the county.

**2. Percentage of students screened, 2015-25**

| | Cook County Public Schools | Charter schools | Total |
|---|---|---|---|
| **2015-16** | 50% | 88% | 58% |
| **2016-17** | 32% | 72% | 41% |
| **2017-18** | 73% | 54% | 68% |
| **2018-19** | 59% | 83% | 64% |
| **2019-20** | 0% | 78% | 19% |
| **2020-21** | 0% | 0% | 0% |
| **2021-22** | 34% | 0% | 23% |
| **2022-23** | 81% | 88% | 83% |
| **2023-24** | 75% | 92% | 80% |
| **2024-25** | 73% | 90% | 77% |

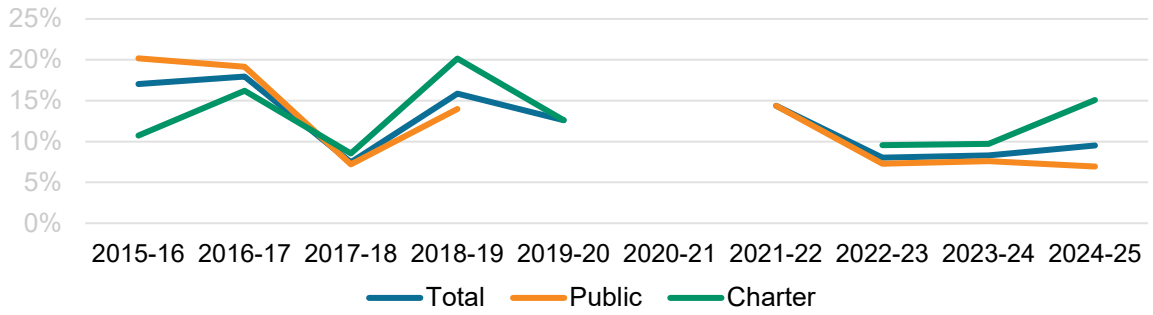
Source: Wilder analysis of OHTF screening data

## A REDUCTION IN CAVITIES

Over the past decade, the percentage of students with cavities has declined among those screened through the school-based dental program. In the 2024–25 school year, just 10% of **Cook County students who were screened had a cavity, down from 17% in 2015-16**. Among those screened, Cook County Public School students had a lower rate of

cavities compared to their peers in charter schools, suggesting possible differences in access to care or preventive habits between student populations.

### 3. Percentage of screened students with cavities, 2015-25




Source: Wilder analysis of OHTF screening data

The number of students screened each year varied greatly. The number of students screened may play a role in the variation in percentage of students with cavities across years.

### 4. Percentage of screened students with cavities, 2015-25 (table)

| | Cook County Public Schools | Charter schools | Total |
|---|---|---|---|
| **2015-16** | 20% (N=223) | 11% (N=112) | 17% (N=335) |
| **2016-17** | 19% (N=162) | 16% (N=111) | 18% (N=273) |
| **2017-18** | 7% (N=374) | 9% (N=82) | 7% (N=456) |
| **2018-19** | 14% (N=293) | 20% (N=129) | 16% (N=422) |
| **2019-20** | No data | 13% (n=119) | 13% (N=119) |
| **2020-21** | No data | No data | No data |
| **2021-22** | 14% (N=146) | No data | 14% (N=146) |
| **2022-23** | 7% (N=370) | 10% (N=178) | 8% (N=548) |
| **2023-24** | 8% (N=342) | 10% (N=175) | 8% (N=517) |
| **2024-25** | 7% (N=346) | 15% (N=159) | 10% (N=505) |

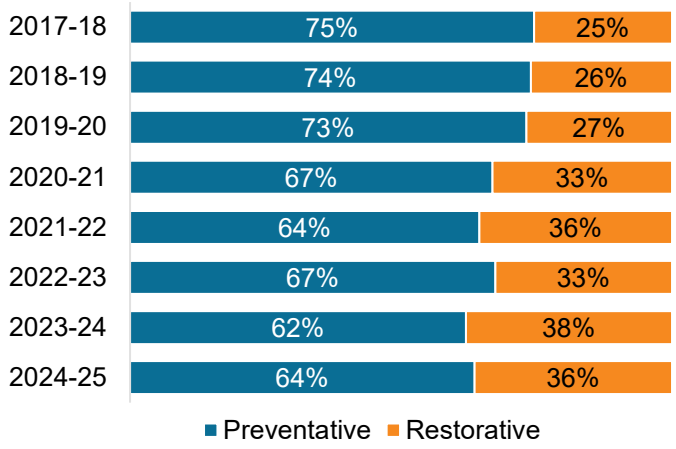
Source: Wilder analysis of OHTF screening data

## TYPES OF PROCEDURES PROVIDED

Preventative and routine maintenance includes teeth cleanings, sealants, and fluoride applications. Education and regular visits to the dentist encourage youth to form and maintain oral health behaviors. **Preventative dental work made up the largest share of visit costs, making up about two-thirds of charges in the 2024-2025 school year (64%).** More recently, restorative dental work has made up an increasing share of the total visit costs. Restorative work, like fillings and root canals, are more costly procedures

and without additional financial help, families may not be able to afford treatment. Potential reasons for this change, according to OHTF members, include an increase in the number of new families moving into the area after the pandemic. There are also several families that did not receive dental care during and following the pandemic that may now be coming into the clinic for the first time in many years.

### 5. Distribution of total visit charges types, 2017-25




Source: Wilder analysis of OHTF financial data
Please note the 2024-2025 school year includes data only through December 31st, 2024.

## EXPENSES COVERED

Between 2017 and 2025, 226 individual students receiving financial assistance from the Oral Health Task Force made 814 visits to Grand Marais Family Dentistry (an average of 3.6 visits per individual). **The OHTF paid $246 (2025 dollars) per visit on average, totaling more than $231,400 (2025 dollars) from 2017 to 2025.** For the 2024-2025 school year, the OHTF paid 90% of the total cost, or an average of $499 per student served. This is more than twice the amount OHTF was paying for each student at the start of the oral health screenings. These totals account for inflation and do not reflect how much was contributed by donors or other funders.

Over the past nine years, the cost per visit, number of visits, and proportion paid by OHTF increased. Before joining with Sawtooth Mountain Clinic in 2020, the Oral Health Task Force set a sliding fee scale ranging from 25% to 95%, depending on family size and income. From 2017-2020, the average portion paid by OHTF each year ranged from 78-85% of the total visit charge, with families paying the remainder. Since partnering with Sawtooth Mountain Clinic in 2020, a standard 90% coverage of dental charges was set.

### 6. Average percentage of visit costs paid by OHTF, 2017-25

| | Average dental charge per visit (in 2025 dollars) | Average percentage paid by OHTF | Average amount paid by OHTF (in 2025 dollars) |
|---|---|---|---|
| 2017-18 (N=55) | $241 | 78% | **$188** |
| 2018-19 (N=100) | $200 | 79% | **$158** |
| 2019-20 (N=108) | $262 | 78% | **$204** |
| 2020-21 (N=85) | $298 | 85% | **$253** |
| 2021-22 (N=143) | $294 | 90% | **$265** |
| 2022-23 (N=128) | $245 | 90% | **$221** |
| 2023-24 (N=120) | $255 | 90% | **$230** |
| 2024-25 (N=75) | $369 | 90% | **$332** |

Source: Wilder analysis of OHTF financial data

Please note the 2024-2025 school year includes data only through December 31st, 2024.This is more than twice the amount OHTF was paying for each student at the start of the program.

## COOK COUNTY COMPARED TO OTHER MINNESOTA COUNTIES

Wilder examined how Cook County student's oral health compare to similar counties to examine the potential impact of OHTF's work on particular outcomes. Based on population size, demographic make-up, and quality of life data, five Minnesota counties were determined to be comparable to Cook County. These counties are Lake of the Woods, Traverse, Red Lake, Norman, and Lac Qui Parle counties.

### MINNESOTA STUDENT SURVEY

According to the Minnesota Student Survey, compared to these comparison counties, Cook County has the highest percentage of students who saw a dentist within the last two years (96%). In addition, fewer Cook County students had some type of dental problem within the last year, including toothaches or pain, decayed teeth or cavities, gum issues, not eating certain foods, or missing school days because of dental problem. The share of students with dental problems is higher than the rest of the state, but falls in the middle of the comparison counties. Of students who had a dental problem within the last year, nearly 3 out of 4 (73%) received treatment, a higher proportion than in the comparison counties. The OHTF likely contributed to this increased access to dentists and dental care.

### 7. Student oral health, 2022

| | Minnesota | Cook | Lake of the Woods | Traverse | Red Lake | Norman | Lac qui Parle |
|---|---|---|---|---|---|---|---|
| Saw a dentist within the last two years | 93% | 96% | 83% | 95% | 84% | - | 90% |
| Had any type of dental problem | 42% | 52% | 59% | 55% | 53% | - | 44% |
| Received treatment if there was a dental problem | 68% | 73% | 60% | 44% | 62% | - | 65% |

Source: Minnesota Department of Education, Minnesota Student Survey

## COUNTY HEALTH RANKINGS

According to County Health Rankings & Roadmaps (CHR&R), Children across Minnesota are largely insured (97%). A similar share of children are uninsured across Cook and comparison counites (3-5%). For dental care, Cook County has a slightly lower dentist to population ratio compared to the state, but falls in the middle of the comparison counties. For primary care, Cook County has a much higher primary care provider to population ratio compared to the rest of the state, and other comparison counties.

### 8. Oral health care access, 2025

| | Minnesota | Cook | Lake of the Woods | Traverse | Red Lake | Norman | Lac qui Parle |
|---|---|---|---|---|---|---|---|
| 1 dentist per _ residents | 1,290 | 1,900 | 1,900 | 1,640 | 3,870 | 1,590 | 2,230 |
| 1 primary care provider per _ residents | 1,130 | 620 | 3,820 | N/A | N/A | N/A | 1,340 |

Source: *Area Health Resources Files (AHRF) 2022-2023*. US Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce, Rockville, MD.

# ORAL HEALTH AND ACADEMIC OUTCOMES

Poor oral health is increasingly recognized as a barrier to academic success. Dental problems like toothaches and untreated cavities are linked to higher absenteeism, which strongly correlates with lower academic performance. A 2024 meta-analysis identified dental pain as the most significant oral health factor affecting school attendance and outcomes (Karam et al., 2024). Children with dental issues are more likely to miss school, struggle academically, and experience behavioral and emotional challenges, particularly during adolescence (Guarnizo-Herreño et al., 2019; 2012).

Early preventive care may help mitigate long-term educational disparities. One study found that dental exams and minor treatments before age five were associated with better reading and math scores over time (Wehby, 2022). Together, these findings suggest that promoting oral health in childhood is a meaningful strategy to support academic success, particularly for high-risk populations.

## ORAL HEALTH AND GENERAL HEALTH OUTCOMES

Though much research focuses on adults, growing evidence links poor childhood oral health to broader health concerns. Children with unmet dental needs show greater developmental vulnerability and lower quality of life. Treatment can improve both emotional well-being and daily functioning (Janus et al., 2019; Paisi et al., 2020).

Oral health disparities reflect broader social inequities. Factors like food insecurity, low parental education, and poor neighborhood conditions contribute to poor oral and general health (Almajed et al., 2024). Early childhood caries have been associated with poor growth, underweight status, and sleep issues, with emerging evidence pointing to long-term risks such as metabolic syndrome and cardiovascular disease in adulthood (Guarnizo-Herreño & Wehby, 2012; Pussinen et al., 2020; Alchourron et al., 2023).

While more longitudinal research is needed, current findings highlight oral health as a key component of lifelong health and development.

# Moving forward

## ESSENTIAL COMPONENTS FOR REPLICATION – WHAT MAKES IT WORK

Founders of the Oral Health Task Force identified several key ingredients that have contributed to the initiative's success. These components may serve as a blueprint for other communities seeking to replicate the model.

### COLLABORATIVE PARTNERSHIPS

1. **Partner with a willing dentist:** Secure a dentist who accepts Medicaid and is open to partnership. For example, Grand Marais Dentistry uses a combination of OHTF funding and state reimbursement to cover care for families unable to pay.
2. **Engage health clinics and hospitals:** Collaborate with local health care providers to generate referrals and raise awareness of available services among families.
3. **Promote data sharing:** Establish data-sharing practices between dental clinics, medical clinics, and schools to track progress and coordinate care.
4. **Build proximity-based relationships:** When possible, ensure key partners are located nearby to support strong communication and relationship-building.
5. **Secure school buy-in early:** Involve schools in planning well in advance of the school year to integrate services smoothly.

### DEFINE AND FOCUS EFFORTS

6. **Clearly define the problem and scope:** Clearly articulate the oral health issue being addressed and determine the geographic and population scope of the effort.
7. **Prioritize target populations:** Decide which groups (e.g., children, low-income families) will be the primary focus of services.

### MAKE IT MANAGEABLE

8. **Use opt-out consent for screenings:** Employ an opt-out rather than opt-in approach to increase participation in school-based screenings.
9. **Hire the right hygienist (and possibly CHW):** Choose a dental hygienist who is not only trained but also enthusiastic about working with children and skilled at engaging school staff. A community health worker can support outreach and education as well.
10. **Start small, then scale:** Begin with a manageable scope and expand services as capacity and partnerships grow.

### SUSTAINABILITY IS KEY

11. **Recruit local champions:** Identify and engage committed individuals who will drive the work forward and maintain momentum.
12. **Focus on efficiency and sustainability:** Consider return on investment (ROI) and operational efficiency to ensure long-term viability.
13. **Leverage storytelling and grant writing:** Include partners who can help secure funding through compelling storytelling and effective grant applications.

## BENEFITS OF THE APPROACH

Founders and key members of the Oral Health Task Force identified several key benefits of implementing a school-based dental screening model.

- **Reduces stigma**: Universal screening helps normalize dental care by ensuring that all children, regardless of background, receive the same service.
- **Opportunity for education**: Screenings offer a chance to correct misconceptions, such as the belief that dental decay is simply the result of genetics.
- **Addresses economic barriers:** Financial assistance opens the door for families who might otherwise avoid visiting the dentist due to unaffordable costs of care.
- **Influences the entire family**: Information shared with children can prompt parents and caregivers to seek care for the whole family.
- **Minimizes disruption**: Services are provided during the school day, reducing the need for caregivers to miss work or children to miss extended class time.
- **Prioritizes prevention**: Early detection and intervention help prevent more serious dental issues, offering strong return on investment.
- **Familiarizes children with dental care**: Introducing dental care in a school setting helps children become more comfortable with the idea of visiting a dentist regularly.

## RECOMMENDATIONS FOR THE ORAL HEALTH TASK FORCE

Recommendations for the task force were developed by Wilder Research in collaboration with the task force based on study findings.

- **Increase awareness:** Build awareness of the resources offered by OHTF through more promotion efforts, particularly financial and transportation assistance for those seeking care.
- **Improve data:** Develop a process and tools for systematic and reliable data tracking and consider practices that will increase the ability to share data with partners. Consider

tracking additional metrics, such as fluoride varnish application and outreach and education efforts for a more comprehensive picture of reach and impact.

- **Strengthen follow up efforts:** Use creative ways and increase staff capacity to conduct outreach to caregivers, encouraging them to seek care for their child. Consider small incentives for the first dental visit.
- **Expand services**: Though financial assistance is available to older adults, consider expanding screening services to older adults in locations where they are using a similar model of embedded services to make access easier, while maintaining consistent supports for children. Consider similar expansion efforts for caregivers of school-age children. This would require additional funding, staff capacity, and the development of new community partners.
- **Continue to advocate for Medicaid coverage:** Participate in efforts to protect Medicaid coverage and more robust dental coverage generally.
- **Plan for sustainability:** The OHTF's success is reliant on invested and highly skilled members. It is important to plan for how the work would continue if members leave the task force.

**Recommendations for strengthening data systems to assess oral health interventions in rural communities**

To better understand and evaluate the impact of oral health interventions in small, rural communities, stronger and more coordinated data systems are essential. Currently, data are limited, siloed, and often managed within outdated or incompatible technology platforms. Key areas for investment in to improve data systems are:

- **Data infrastructure and coordination:** Schools and other community partners should be supported and encouraged to share relevant data, with clear policies and agreements in place to protect privacy while enabling meaningful analysis. Priority should be given to upgrading incompatible technology platforms and breaking down data silos that prevent comprehensive assessment.
- **Human capacity building:** Many local organizations rely on staff who juggle multiple responsibilities. Dedicated personnel with expertise in data collection, management, and analysis could significantly improve the quality and usefulness of information gathered from oral health interventions.
- **Standardization and knowledge sharing:** Developing standardized templates, protocols, and best practices—tailored specifically to rural contexts—could help to ensure consistency and reduce duplication of effort. These tools should be shared with other rural communities to foster collaboration and learning, allowing each community to build upon proven approaches rather than reinventing solutions independently.

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