RURAL HEALTH TRANSFORMATION: Driving Progress in Children's Oral Health with Measured Optimism

July 31, 2026

Research & Policy Center
American Academy of Pediatric Dentistry

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Questions and Answers Session

- Please use the Q&A box to ask questions of the speakers.
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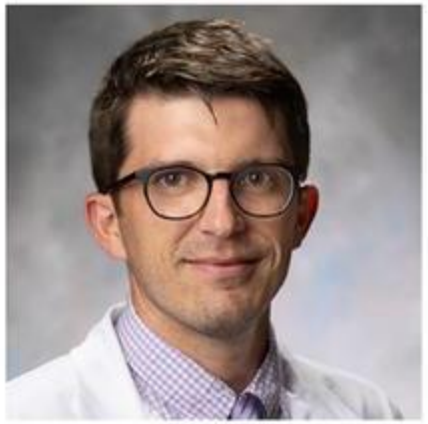
- We will address questions at the end of the webinar.

Speakers

Dr. Sophia Pankratz



Dr. Beau Meyer

Dr. Jessica Meeske

AMERICA'S PEDIATRIC DENTISTS
THE BIG AUTHORITY on little teeth

Agenda

- Overview of the RHT Program
- Analysis of RHT Applications and Oral Health Programs
- State Example: Ohio
- State Example: Nebraska
- Q&A

Learning Objectives

1. **Describe** the Rural Health Transformation (RHT) Program, including the ways in which states are using funding to improve oral health in rural communities.
2. **Identify** examples of state RHT oral health investments and describe how dental community leadership is shaping these efforts.
3. **Discuss** practical ways to engage in implementing your state's RHT program—including how to propose or incorporate oral health initiatives in future funding cycles.

Overview of the Rural Health Transformation Program (RHT)

Lauren Mann

Why the Program Was Created

In July 2025, The “One Big Beautiful Bill”, or HR 1, of 2025 established the Rural Health Transformation Program (RHT).

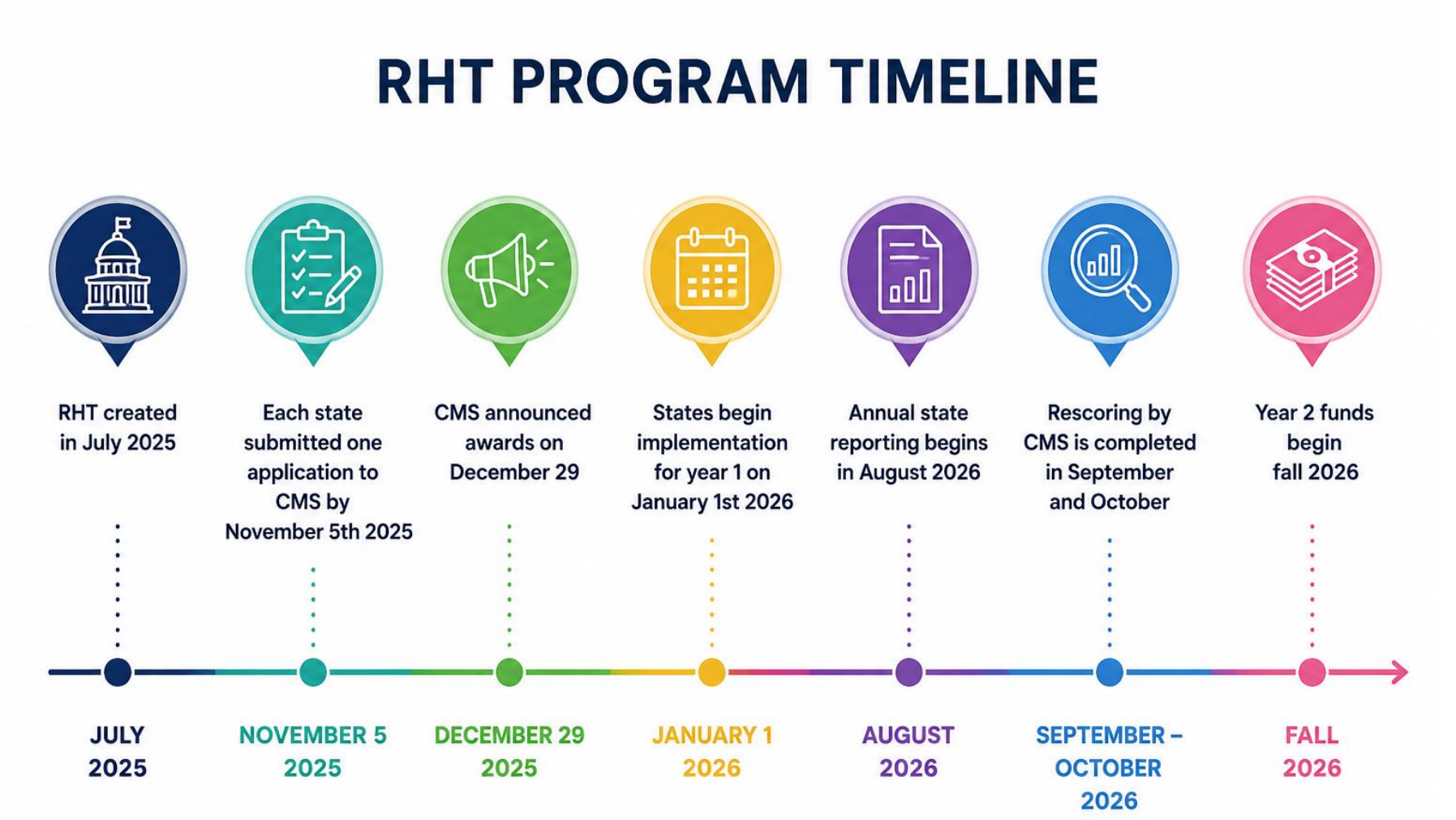
Because rural hospitals and clinics rely disproportionately on Medicaid revenue, policymakers created the RHT program to help offset the impact on rural communities.

The Centers for Medicare & Medicaid Services (CMS) will administer and oversee the program over the next five years.

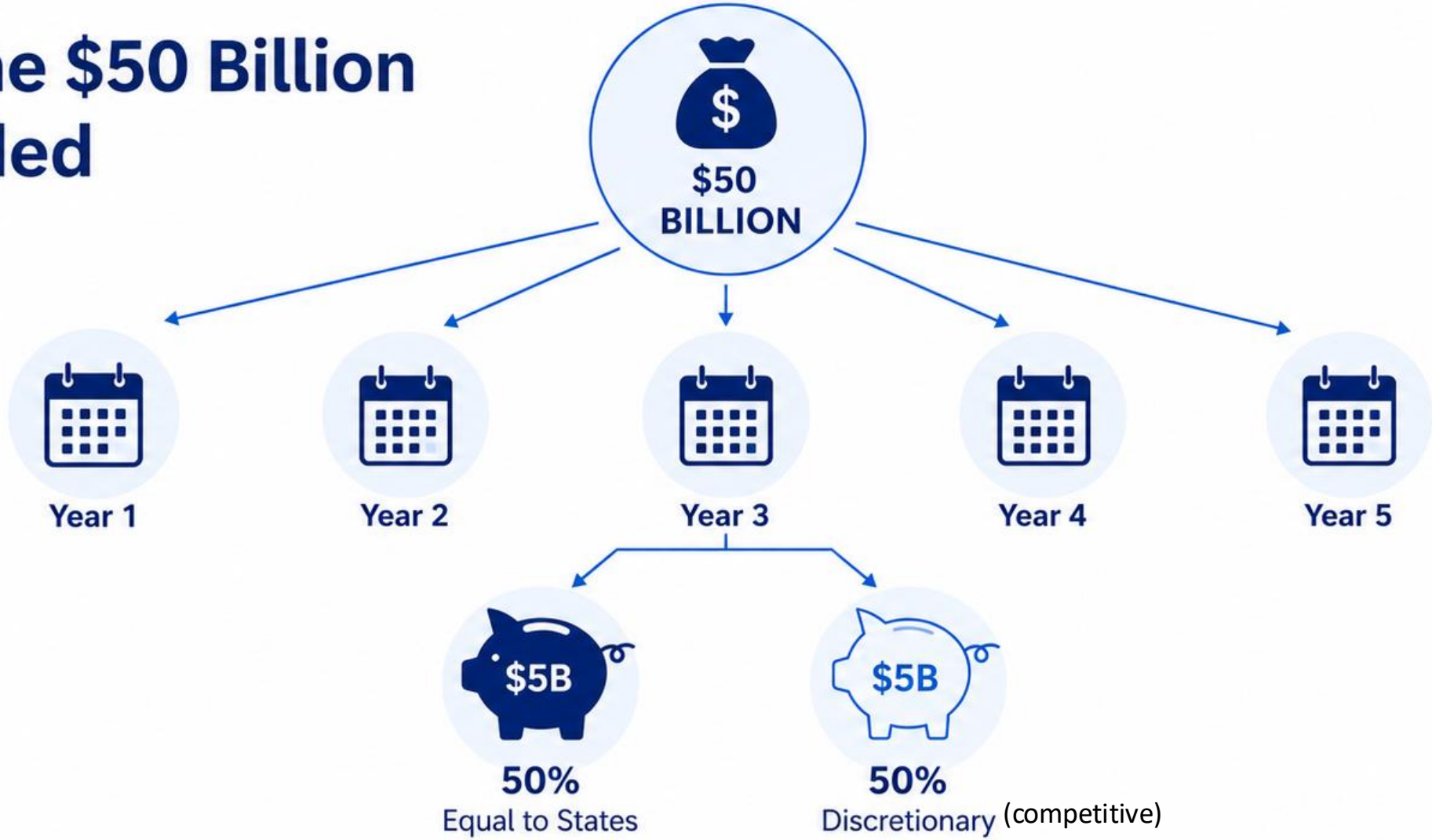
Five Strategic Goals of the Program include:

1. Make Rural America Healthy
2. Sustainable Access
3. Workforce Development
4. Innovative Care
5. Technology Innovation

Where Are We Now?



How the $50 Billion is Divided



$5 Billion ÷ 50 states =
$100 million
guaranteed per state per year

$5 Billion dispersed by CMS discretion to states based on applications. Ranged from **$47–181 million per year**

How Applications Were Assessed

CMS evaluated each state's submitted application against three areas

1

Ruralness

Statutory rurality criteria plus additional measures set by the CMS Administrator

2

State Policy Commitments

Policies and reforms each state committed to adopt as part of its plan

3

Application Quality

Strength of the transformation plan and specificity of proposed fund use

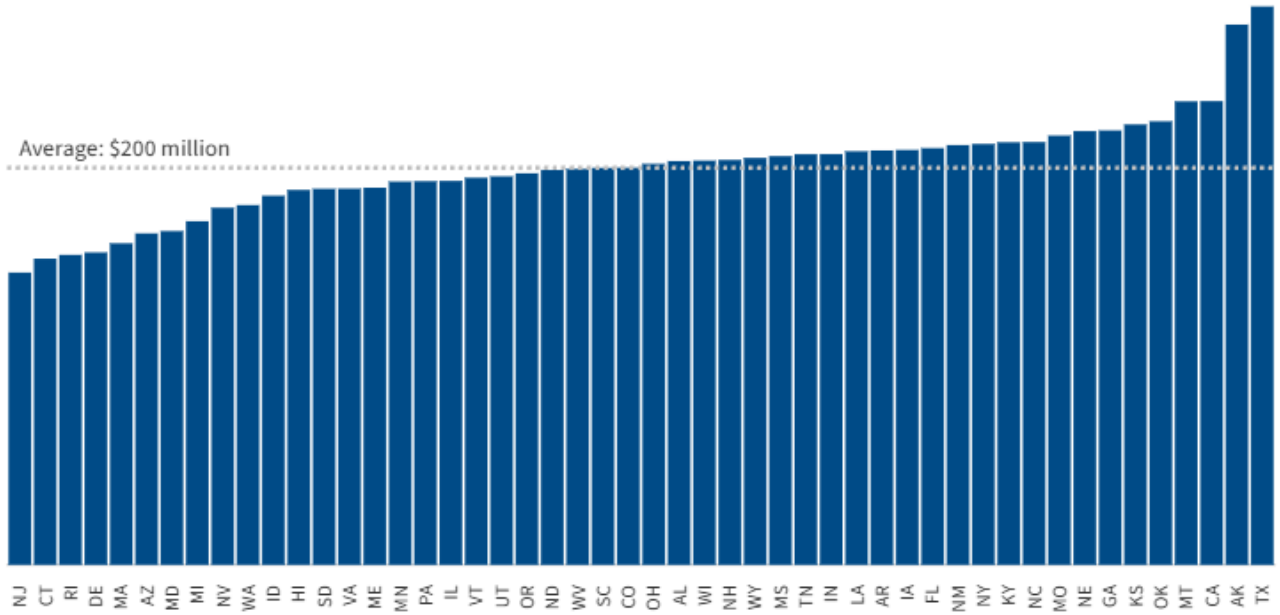
What the Funds Can Be Used For

1. Preventive healthcare interventions
2. Rural health workforce development
3. Technology and data infrastructure
4. Direct payments for rural health services
5. State administrative improvements

Outcome: All 50 States Were Approved

CMS announced Year 1 (FY2026) awards on December 29, 2025 — every state that applied received funding.

First-Year Awards From the Rural Health Fund Range From $147 Million in New Jersey to $281 Million in Texas



Notes: DC and the U.S. territories were ineligible for funding.
Source: KFF analysis of rural health fund awards from the HHS Tracking Accountability in Government Grants System (TAGGS). Get the data

KFF

Year 1 (FY2026) Snapshot

- **Average state award:** ~$200 million
- **Range:** $147M (NJ) to $281M (TX)
- **Funds Distributed Per Rural Person:**
  When we calculate the amount awarded divided by the number of rural residents in a state, we find that the average amount received by rural residents is $157.
- **Per Rural Person Range:** $66 (TX) to $6,305 (RI)

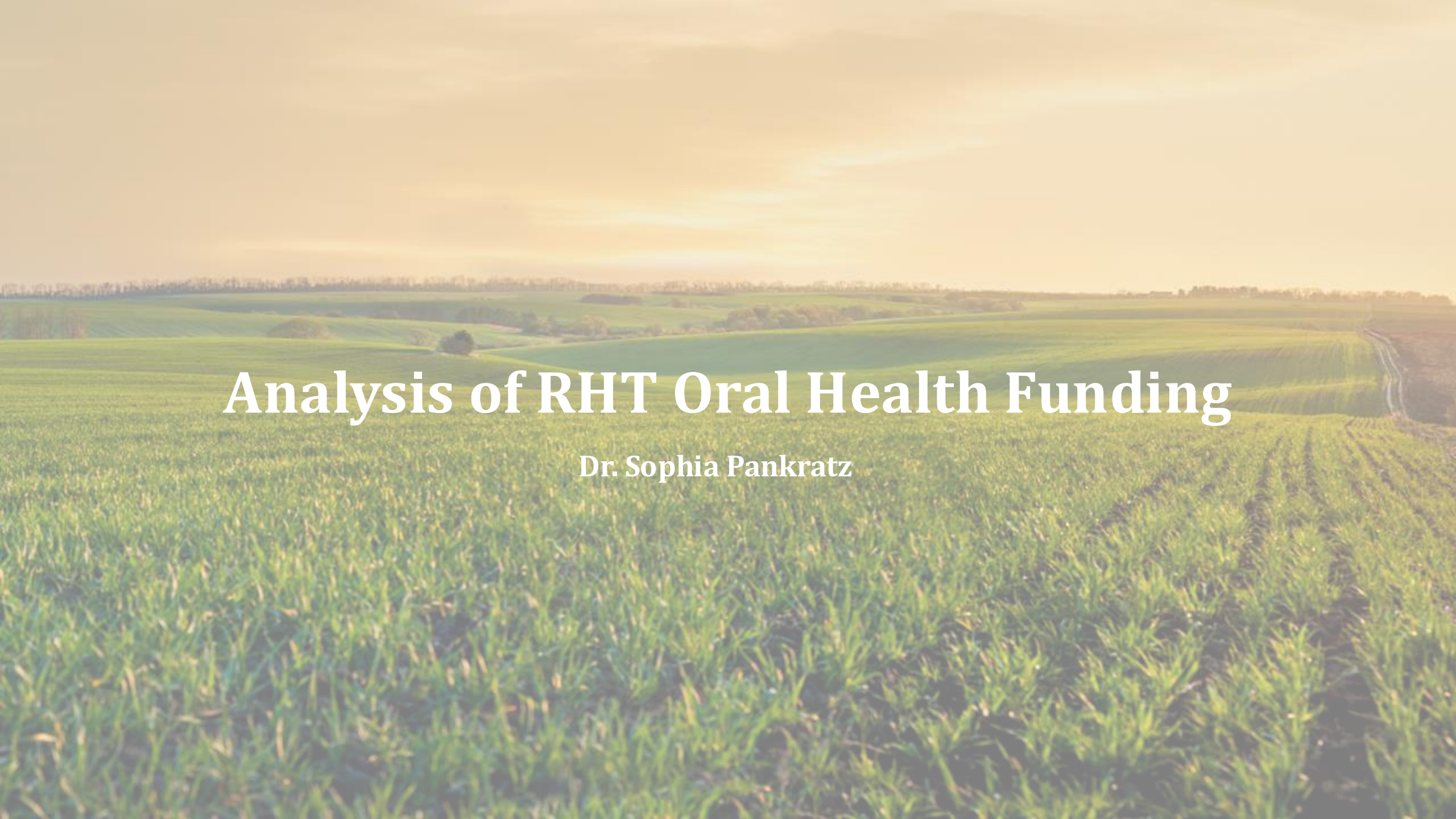
Key Takeaways

RHT delivers $50B total to states over 2026–2030 to counter-balance the effects of HR 1's Medicaid changes on rural health.

Funding is split 50/50: half distributed equally, half awarded on merit.

Many concerns over the program including a 5-year funding cliff and equity in distribution.

Plenty of opportunities to incorporate rural oral health programs and policies into state applications and grants



Analysis of RHT Oral Health Funding

Dr. Sophia Pankratz

METHODOLOGY: REVIEWING 50-STATE CMS PROPOSALS

1

Data Collection

Obtained all 50 state proposals submitted to CMS under the RHT program

2

Oral Health Screen

Each proposal screened for dental/oral health mentions, shortage data, and planned initiatives

3

Classification

Initiatives classified as Dental Specific (explicit mention) or Dental Inferred (eligible by program design)

4

Domain Coding

Inductive coding framework applied to identify 7 domains and 25 sub-domains from the initiative language

Oral health mentions ranged from brief acknowledgment to dedicated core proposals and programs.

CLASSIFICATION FRAMEWORK: HOW WE CATALOGUED INITIATIVES

DENTAL SPECIFIC

Programs that explicitly name dental or oral health as an eligible or targeted service

- *"Deploy mobile dental clinics..."*
- *"Dental hygiene scope of practice legislation..."*
- *"Rural dental residency program..."*
- *"Teledental network for rural providers..."*

DENTAL INFERRED

Programs that don't name dental specifically, but dental providers are plausibly eligible

- *"Allied health workforce incentives..."*
- *"HPSA-based loan repayment..."*
- *"Mobile health van program..."*
- *"Value-based purchasing for rural clinics..."*

40 states with Dental Specific initiatives

DOMAINS & SUBDOMAINS

7 DOMAINS · 25 SUB-DOMAINS

1 Workforce

1. Loan Repayment/ Scholarship
2. Pipeline & Apprenticeship Programs
3. Rural Rotations / Preceptorships
4. Scope of Practice Expansion
5. Workforce Retention Support
6. Recruitment and Retention Initiatives

2 Direct Patient Care

1. Community/ FQHC Clinics
2. ED Diversion / Urgent Dental Care
3. Mobile Dental Units
4. School-Based Dental Clinics

3 Infrastructure

1. EHR/Health IT
2. FQHC Dental Expansion
3. Facility Renovations/ Equipment
4. Health Information Exchange

4 Value-Based Care

1. Alternative Payment Models
2. Care Coordination / PCMH
3. Quality Improvement Programs

5 Legislation Updates

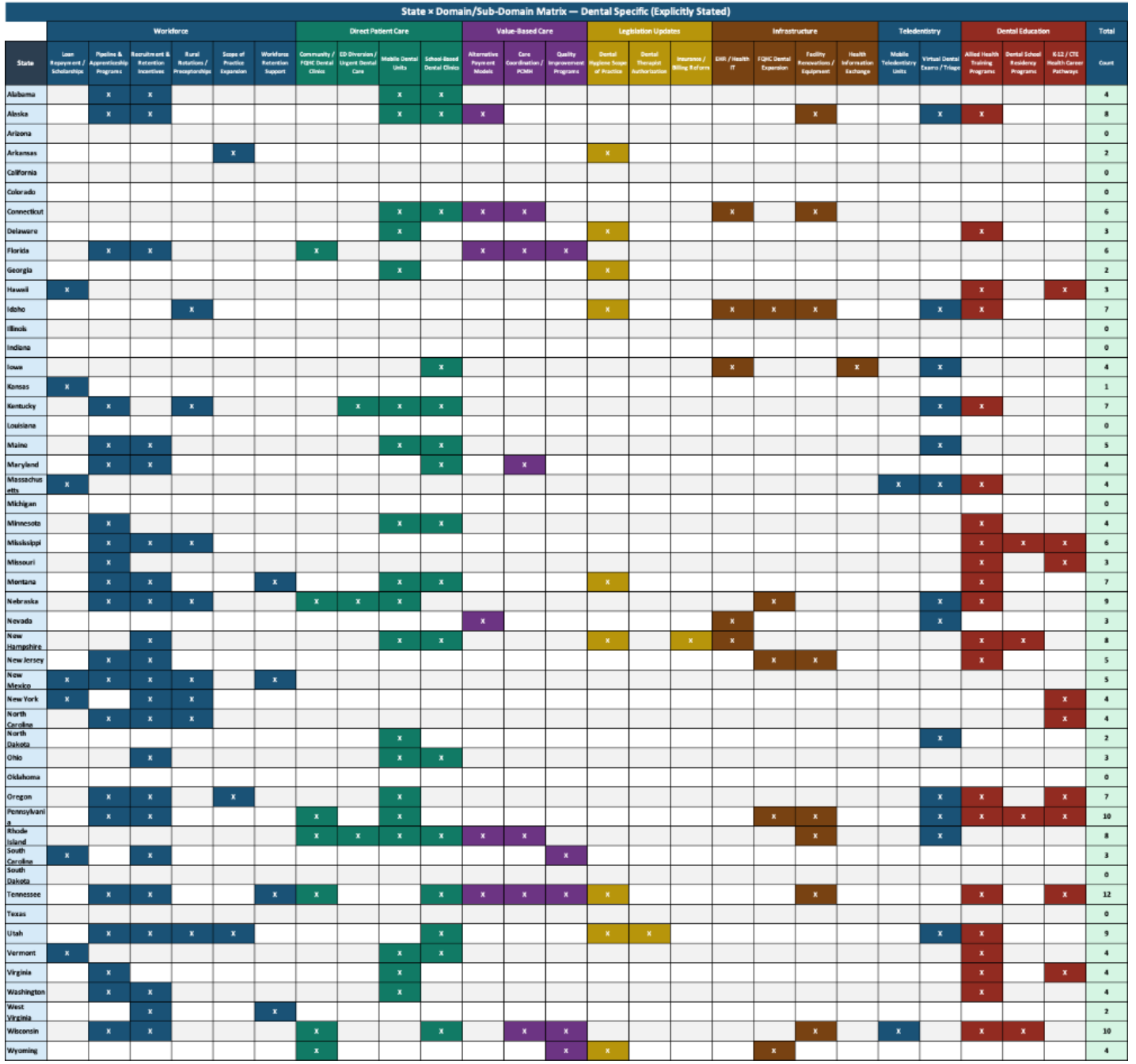
1. Dental Hygiene Scope of Practice
2. Dental Therapist Authorization
3. Insurance/ Billing Reform

6 Dental Education

1. Allied Health Training Programs
2. Dental School Residency Programs
3. K-12 / CTE Health career Pathways

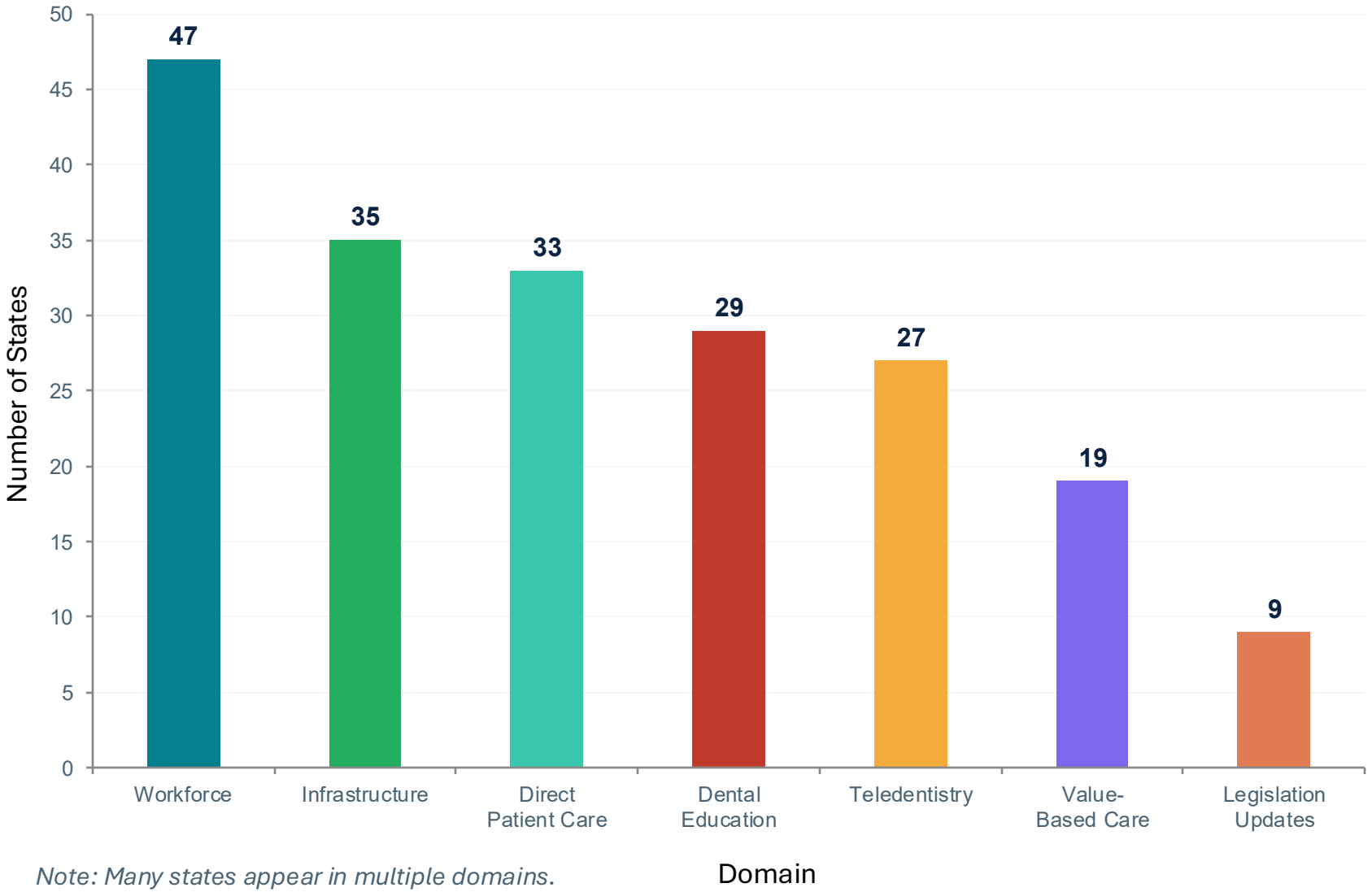
7 Teledentistry

1. Mobile Teledentistry Units
2. Virtual Dental Exams / Triage



Find your state and see exactly which domains and sub-domains were identified in its CMS proposal.

DOMAIN PREVALENCE: Dental Specific + Dental Inferred



Note: Many states appear in multiple domains.

47 states

Workforce

Most prevalent domain — states recognize the severe provider shortage in rural areas

35 states

Infrastructure

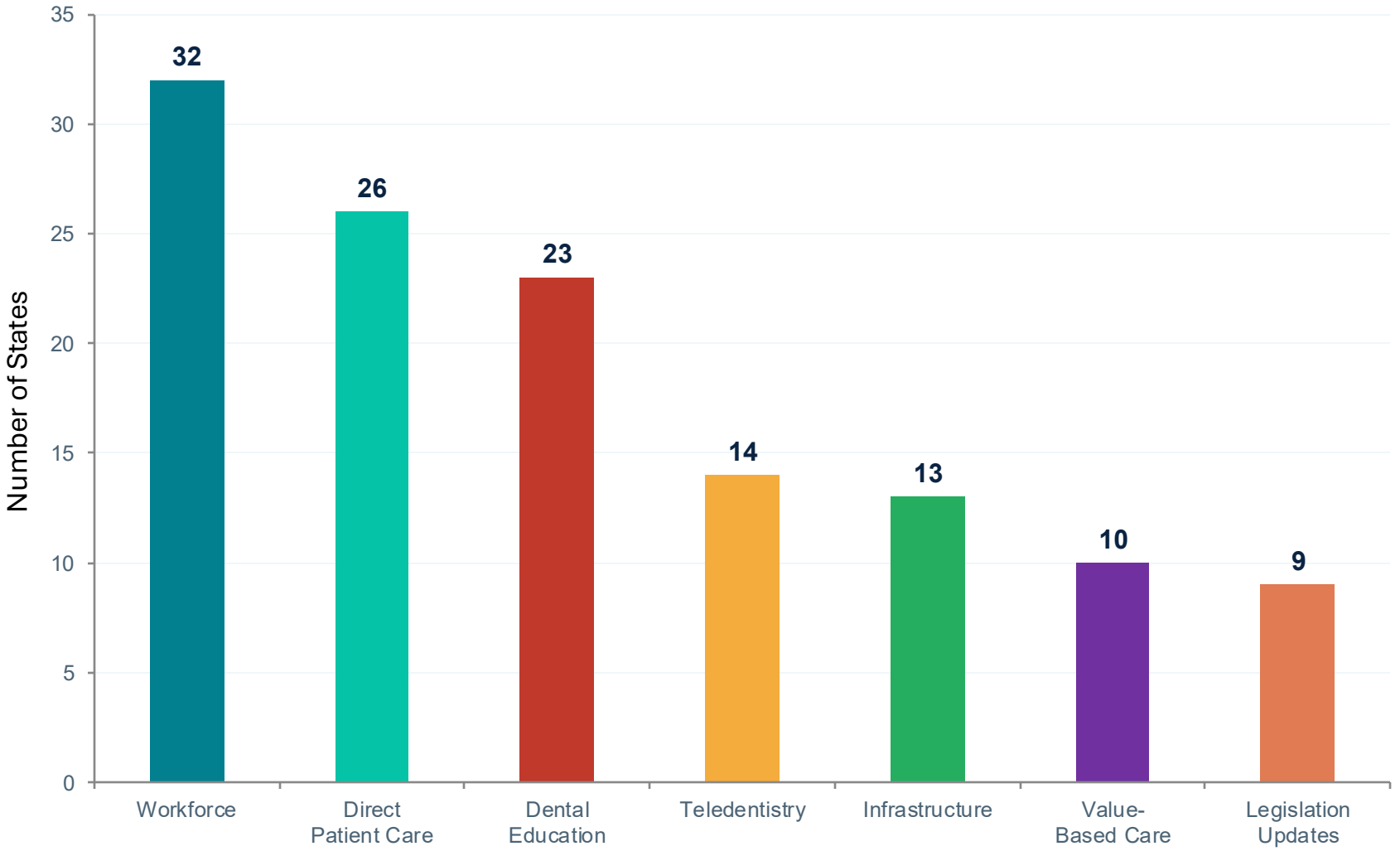
Investing in facility renovation, FQHC expansion, equipment upgrades, and EHR

33 states

Direct Patient Care

Meeting rural patients where they are at through clinical care

DOMAIN PREVALENCE: Dental Specific



Note: Many states appear in multiple domains.

32 states

Workforce

~ 57 million Americans live in a dental HPSA and about 67% of those shortage areas are in rural communities (CDC)

26 states

Direct Patient Care

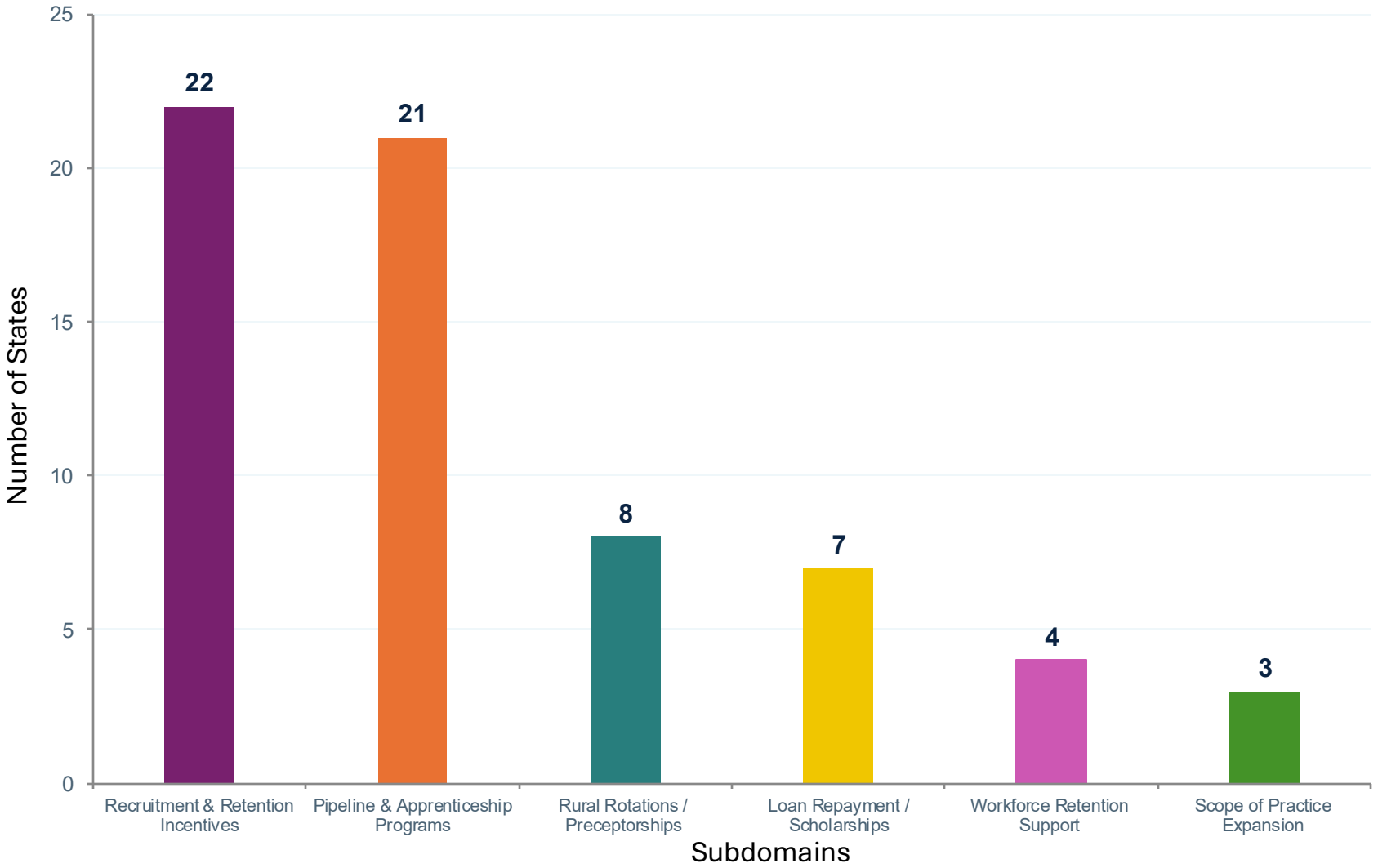
An estimated 43% of the U.S. population visited a dentist in 2021 (ADA HPI)

23 states

Dental Education

Only 60% of practices report adequate hygiene staff, while 91% of dentists find recruiting staff very or extremely challenging (ADA HPI).

Domain Example: Workforce



22 states

Recruitment & Retention

Signing bonuses, relocation support, housing stipends, and income supplements to rural dental providers

21 states

Pipeline & Apprenticeship

Structured pathways from training to rural practice (apprenticeships, residencies, preceptorships, earn-and-learn)

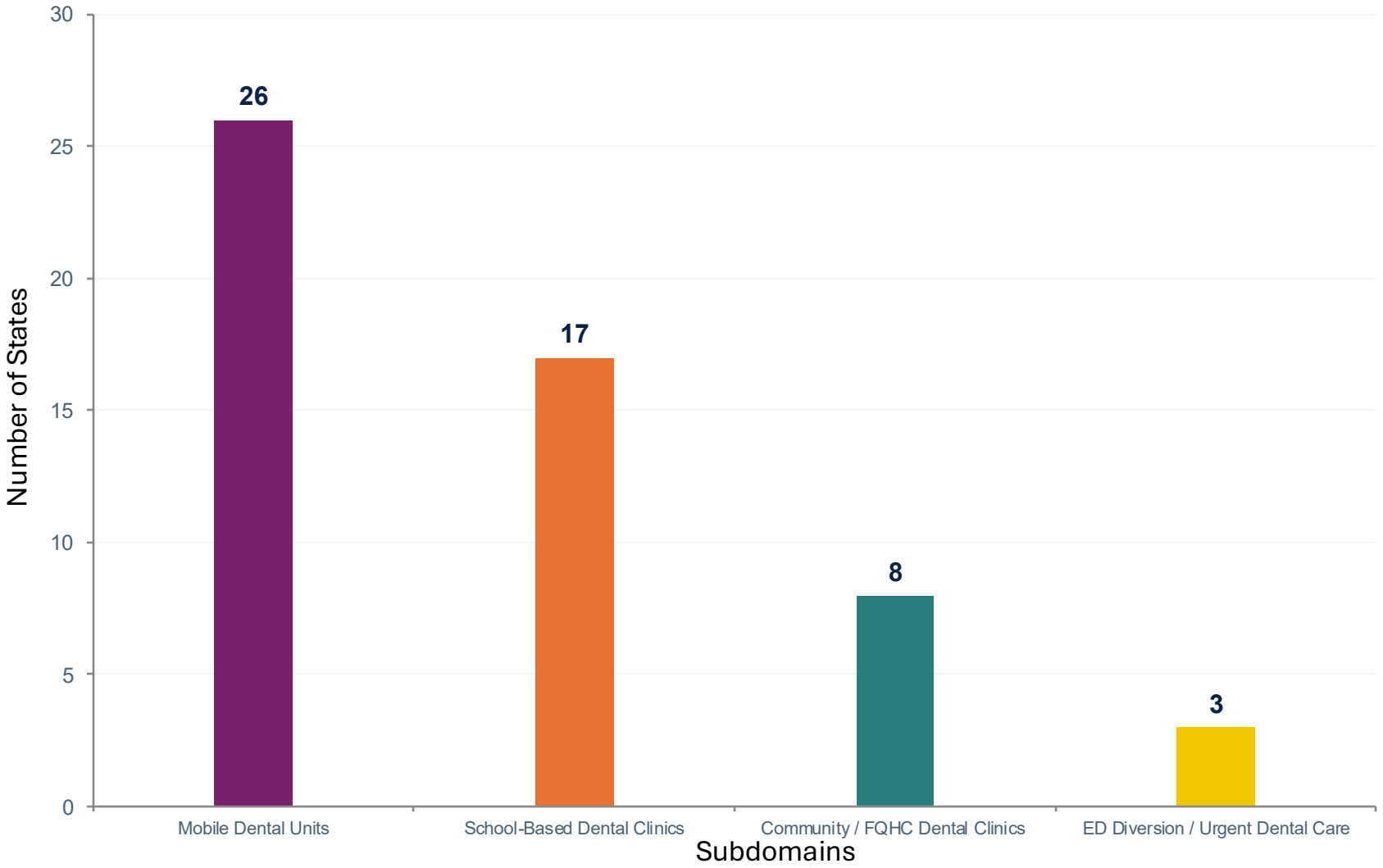
8 states

Rural Rotations/ Preceptors

Clinical training in rural settings to expose students to rural lifestyle and practice

Note: Many states appear in multiple domains. Examples are dental inclusive.

Domain Example: Direct Patient Care



26 states

Mobile Dental Units

Vans, portable equipment, or deployable dental teams going to communities

17 states

School-Based Clinics

Dental services delivered in K-12 school settings

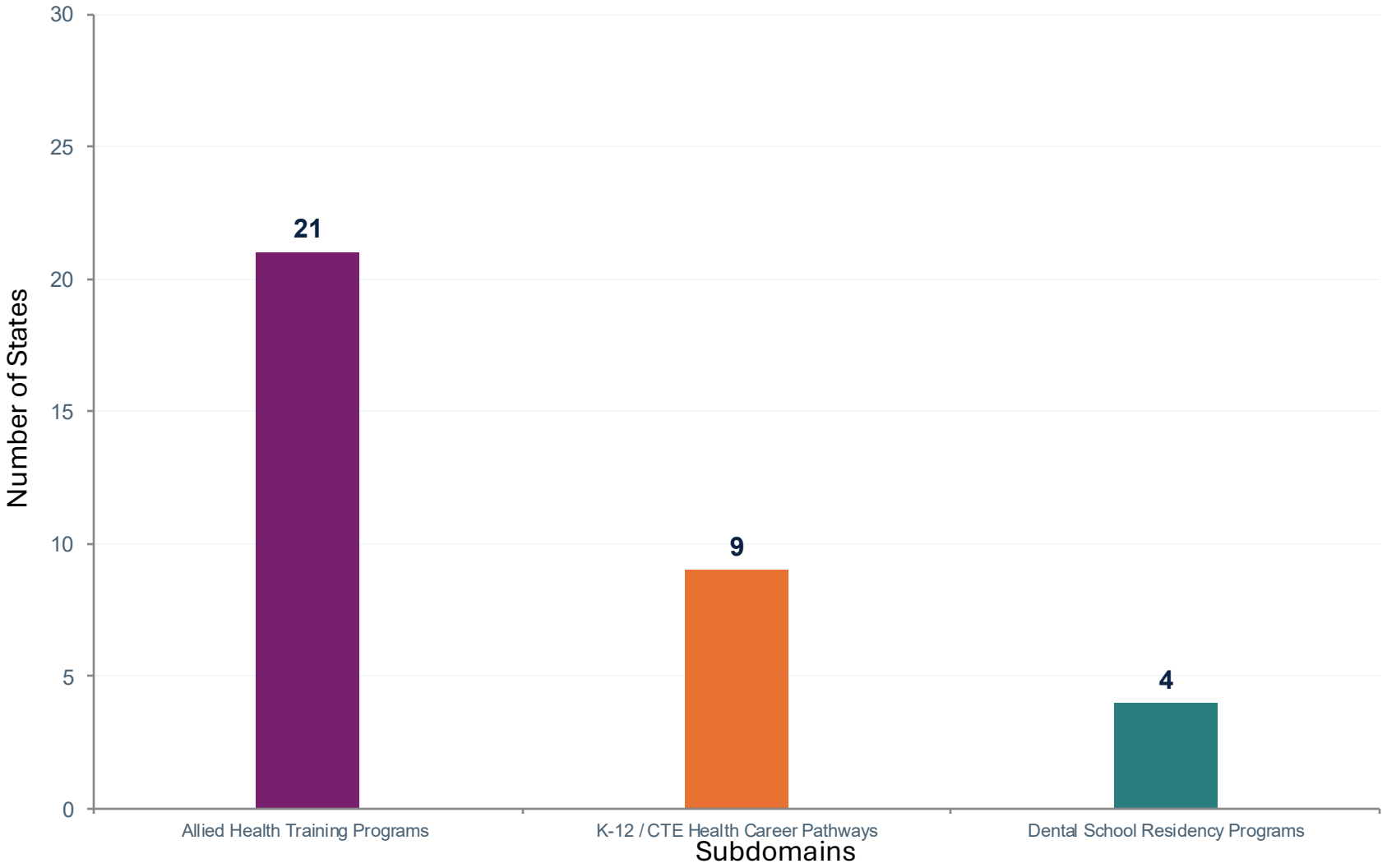
8 states

Community / FQHC Clinics

Brick-and-mortar dental access through FQHCs, community health centers, or satellite rural clinics

Note: Many states appear in multiple domains. Examples are dental inclusive.

Domain Example: Dental Education (Formal Training Programs)



21 states

Allied Health Training

Funding addition dental auxiliary training spots and schools

9 states

K-12 / CTE Pathway

Grow your own in local rural schools

4 states

Dental School Residency

Creating dental residencies in rural locations of the state

Note: Many states appear in multiple domains. Examples are dental inclusive.

Domain Example: Legislation Proposals

LEGISLATION PROPOSALS

Dental Hygiene Scope of Practice

9 states: AR, DE, GA, ID, MT, NH, TN, UT, WY

Legislation is being considered to allow dental hygienists to perform additional tasks beyond what is currently allowed.

Dental Therapist Authorization

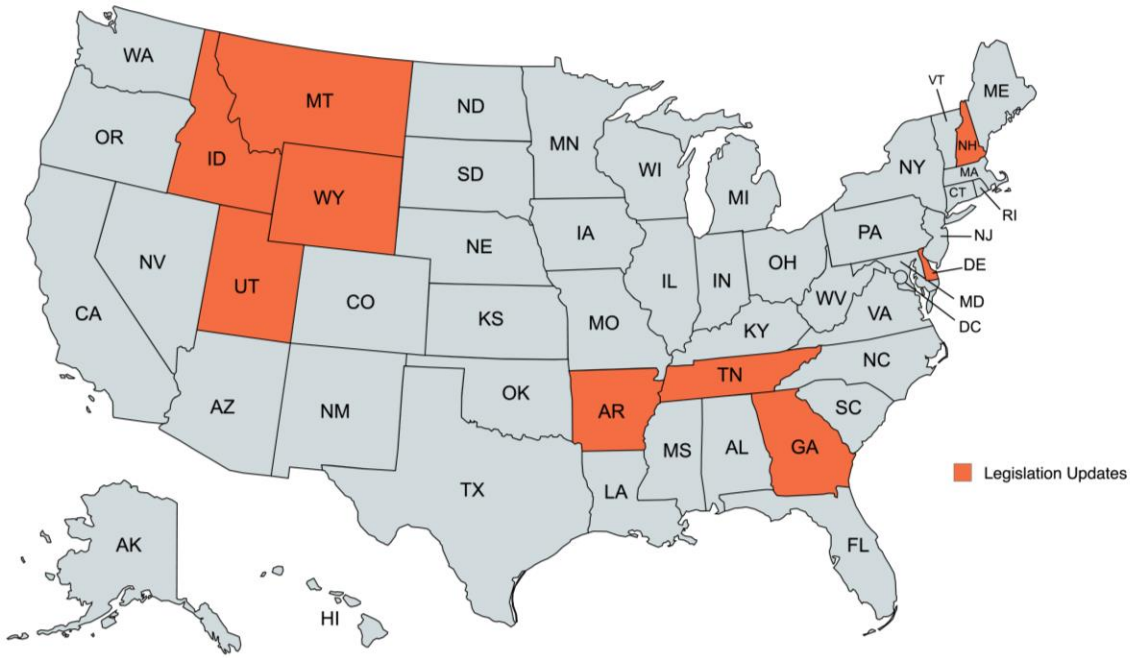
1 state: UT (planning)

Included in Utah's proposal to optimize public-private partnerships to expand non-GME pipeline development

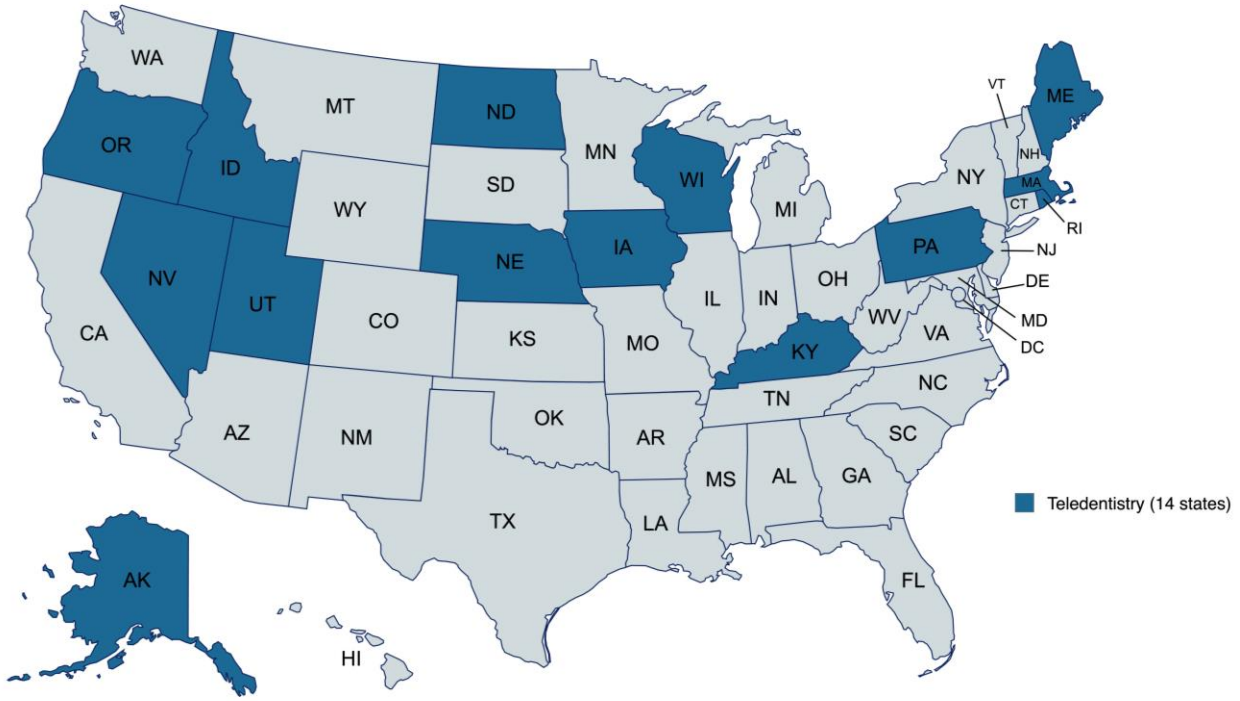
Insurance / Billing Reform

1 state: NH (hygienist direct billing)

Legislation being considered to allow dental hygienists to bill directly in community and public health settings



Domain Example: Teledentistry



TELEDENTISTRY

13 States: Virtual Exams/Triage

2 States: Mobile Teledentistry Units

Iowa:	18 portable dental X-ray units in schools; remote dentist review via telehealth
Rhode Island:	ED teledentistry hotline — patients triaged before arriving at emergency dept
Kentucky:	Statewide teledental network for rural providers + public health hygienists
Wisconsin:	Mobile teledentistry reaching dairy farm workers and agricultural community

CHAMPION STATES: LEADERS IN ORAL HEALTH RHT

Pennsylvania

$193M FY26 Total
10 OH sub-domains

UPSDM Regional Dental Training Centers bring 16 new dental providers per each RTC; 6 centers launching 2026-27. Pre-dental rural student pathways. Mobile health vans. Maternal rural health hubs that include oral care.

Nebraska

$219M · 6 sub-domains

Nebraska Teeth Forever: dedicated oral health initiative pairing PHRDHs with CHWs for mobile dental care. ED Diversion program. VR/AR dental safety training. Comprehensive rural recruitment ($75K/year award).

Kentucky

$213M · 4 sub-domains

One of 5 main state initiatives is entirely oral health. Statewide teledental network, dental hygiene education expansion, mobile portable units, and novel ED program training physicians in administering long-acting local anesthesia for dental pain to curb opioid prescriptions.

Tennessee

$207M · 7 sub-domains

Rural Dental Pilot Program: recruits providers, builds dental suites, school-based clinics, reduces ED visits. Legislation for unrestricted hygiene scope by 2027. Patient-Centered Dental Home model. VBP for dental clinics.

Wisconsin

$204M · 5 sub-domains

Mobile teledentistry operating in community centers, long-term care facilities, and schools. New Marquette rural dental residency. Competitive dental grants for efficient cleaning tech. Care coordination grants.

Montana

$234M · 6 sub-domains

Legislation for public health dental hygienist diagnosis authority. HELP-Link training dental hygienists. School-based dental, mobile vans, relocation+wellness supports for retention. Dental laboratory technician apprenticeships.

PEDIATRIC DENTAL: PROTECTING OUR YOUNGEST RURAL PATIENTS

PEDIATRIC DENTAL: PROTECTING OUR YOUNGEST RURAL PATIENTS

PEDIATRIC-SPECIFIC INITIATIVES BY STATE

Iowa	18 portable dental X-ray units in schools — dentists review remotely, refer children for restorative care
Ohio	OH SEE program: mobile dental+vision vans to rural schools, expanding to statewide coverage
New Hampshire	School-based oral health programs run by private-practice dentists; 6 schools get electronic dental records
Montana	Extend school-based health care to include dental; mobile dental vans visiting school sites
South Carolina	Expanding QTIP pediatric quality program to include pediatric dentists in rural practices
Vermont	Mobile dental units deliver oral health services specifically to schools and residential facilities
Alabama	Dental clinics in K-12 institutions providing preventive services to students, parents, teachers and families
Maryland	Expand school-based health clinics that include oral health, recruiting rural-origin dental providers

FOR PEDIATRIC DENTISTS: YOUR RHT OPPORTUNITY RADAR

These RHT-funded programs are already built — pediatric dentists can plug in, partner up, or advocate for inclusion.

School-Based Dental Programs

Iowa, Ohio, NH, Montana, Vermont, Alabama, Maryland + more. Pediatric dentists are the natural clinical partner — private-practice models (NH) and mobile van + school combos (OH SEE) both exist.

Mobile Dental Units

Many explicitly target children (OH, VT, MN Head Start, Tribal Nations). Pediatric dentists can staff or supervise, especially under collaborative practice models with dental hygienists.

School Teledentistry Programs

Dentist reviews X-rays remotely and refers children for restorative care — a turnkey model for pediatric dentists. Huge unmet need: 50% of screened school children have caries.

Value-Based Care / QTIP Models

South Carolina's Quality through Technology and Innovation Program is explicitly expanding to pediatric dentists in rural practices. Pay-for-performance tied to quality metrics..

Workforce Incentives for Pediatric Providers

Most incentive programs are not specialty-restricted. Pediatric dentists serving rural communities for 5-year commitments are eligible in most states. Staff may be eligible as well.

Residency & Training Partnerships

Be a preceptor or training location for rural residencies. Easier to recruit staff.

THE PEDIATRIC CASE: WHY THIS MOMENT MATTERS

YOUR ACTION CHECKLIST

1. Know Your State's RHT Plan

Review the AAPD RHT domain matrix. Look up your state's CMS proposal (public record).

2. Connect with Your State SORH

State Offices of Rural Health are a valuable partner. Introduce yourself as a pediatric dental resource. Ask about school program and mobile unit RFA timelines. Search DHHS webpage for RFA's.

3. Position as a QTIP/VBP Partner

Quality improvement and value-based programs are expanding to pediatric dentists (SC model). Rural pediatric dental practices can access infrastructure $$, telehealth support, and quality coaching.

4. Advocate for Pediatric-Specific Carve-Ins

Many states have broad language. Pediatric dentists and professional associations should engage DHHS to ensure pediatric oral health is included .

The funding is here.

The programs are being built.

Pediatric dentists who engage now will shape how these dollars reach children.

HIDDEN CRISIS:

PEDIATRIC ORAL HEALTH IN RURAL AMERICA

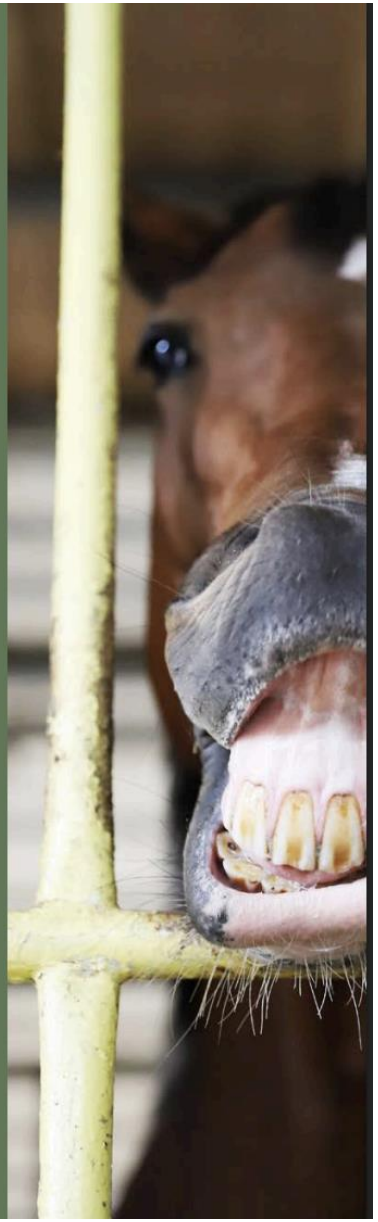
RESEARCH AND POLICY CENTER
AMERICAN ACADEMY OF PEDIATRIC DENTISTRY

research & policy center

AMERICA'S PEDIATRIC DENTISTS THE BIG AUTHORITY on little teeth

SUGGESTIONS FOR ACTIONS

1. **Recruit *from* Rural**: Build a robust dentist and dental team workforce in rural areas by **recruiting from rural communities** to the profession.
2. **Recruit *to* Rural**: Introduce dentists – including pediatric dentists and other specialists – to the rewards of working in rural areas by offering **enhanced loan repayment programs** and tax benefits.
3. **Renovate Medicaid**: Advocate for **reforms in state Medicaid** programs (e.g., suitable reimbursement rates, streamlined administrative processes) that make it feasible for more dentists to participate and treat children from low-income families in their communities.
4. **Reward Whole-Person Care**: Encourage the integration of services like **care coordination, case management, and transportation support** in dental insurance plans and dental offices by paying providers for these crucial aspects of whole-patient care.
5. **Reach Out, Refer, and Collaborate**: Facilitate partnerships between **medical providers, schools, community organizations**, county agencies, oral health coalitions, faith-based organizations, advocates for children, and pediatric dentists to implement programs that promote optimal oral health.
6. **Reserve Operating Rooms**: Advocate for **designated operating room time for dental cases** at regional hospital centers for patients with the greatest need, including young children with severe early childhood caries.
7. **Fluoridate**: Support local level legislation, regulation, and infrastructure to ensure safe **community water fluoridation.**
8. **Ensure Food Security**: Increase the availability and accessibility of **healthy and nutritious foods** in rural areas by working with local, county and state partners.
9. **Improve Oral Health Literacy**: **Motivate and educate parents and caregivers** to recognize the important role that optimal oral health plays in a child's well-being and quality of life.
10. **Enhance Digital Capability**: Extend **internet access** in rural areas to broaden the reach and benefits of teledentistry while expanding coverage and payment parity for services delivered via telehealth.



State Example: Ohio

Dr. Beau Meyer

Accessing Dental Care can be Challenging in Ohio

Dental Services: Ages 1 to 20
(FFY 2020)

Medicaid & CHIP SCORECARD

Learn more about this measure +

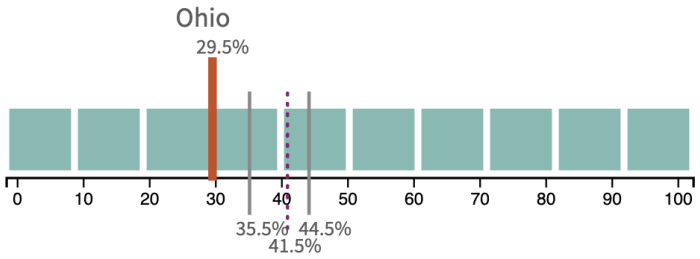
Rate

- Percentage Enrolled in Medicaid or Medicaid Expansion CHIP Programs for at least 90 Continuous Days with at Least 1 Preventive Dental Service: Ages 1 to 20

Population

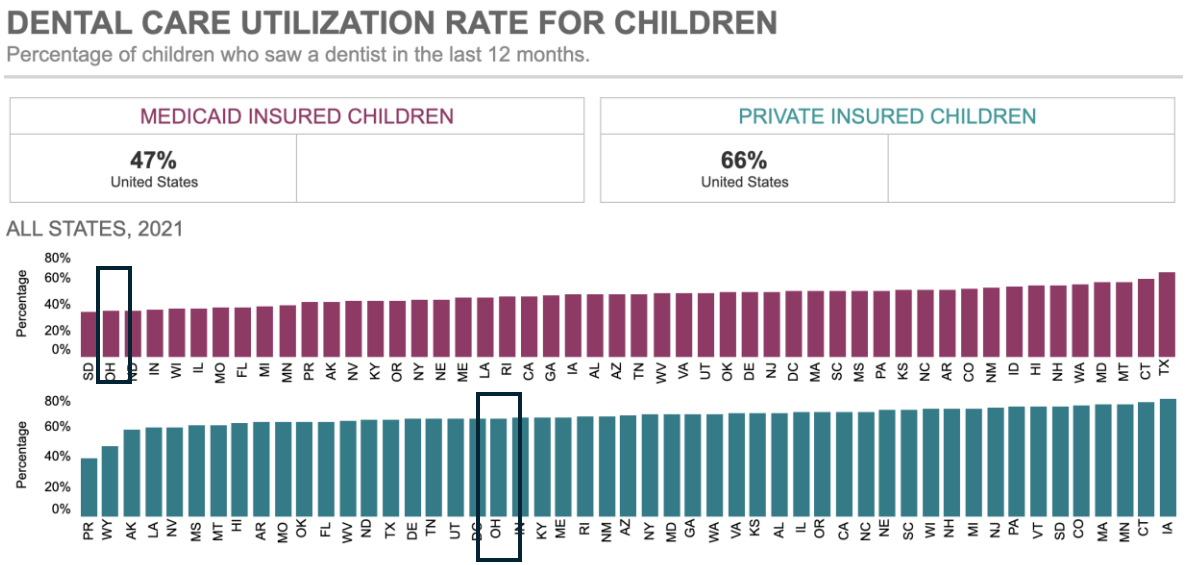
Medicaid only

50 States Reporting **29.5%** State Rate



Drag left or right to move the scale. Zoom in or out by placing your cursor over the graph and scrolling or double clicking.

Higher rates are better for this measure



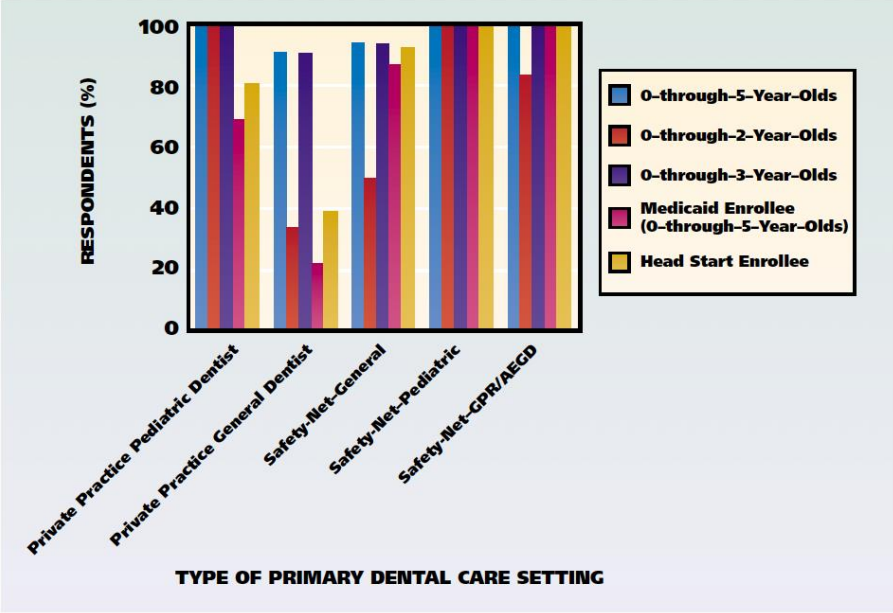
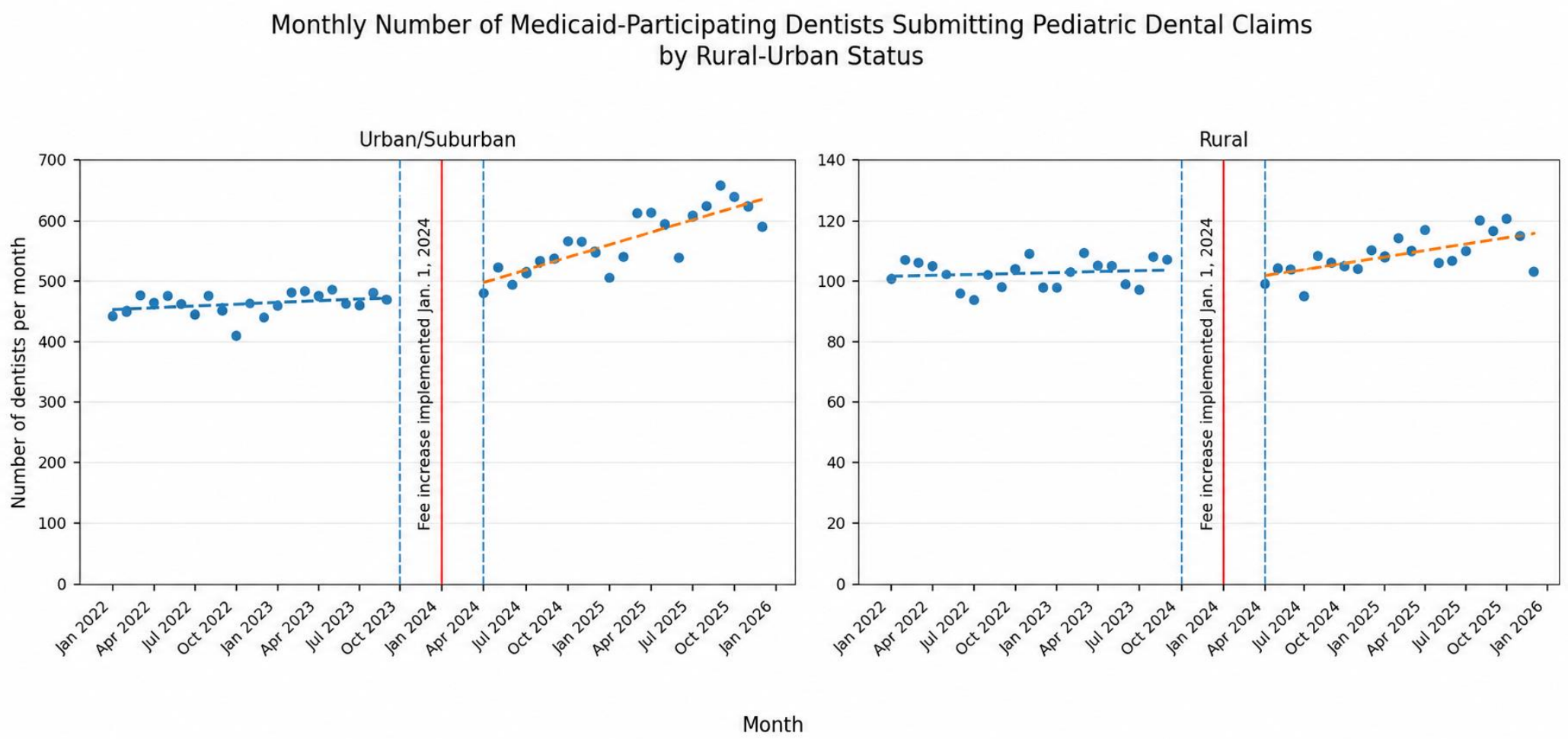


Figure 1. Ohio primary dental care providers' treatment of young children during preceding 12 months. Reprinted with permission of the American Public Health Association from Siegal and colleagues.[8] GPR/AEGD: General Practice Residency/Advanced Education in General Dentistry.

- Especially if you have Medicaid
- And especially if you are a young child

Effect of Recent Reimbursement Increase



- Number of dentists files claims each month has slowly and steadily increased following the fee increase that took effect Jan 2024
  - Effect more dramatic in urban areas, though still some uptick in rural areas.

Why Does this Matter for RHT Projects?

As one effect of the fee increase, the rural dental safety net is rebuilding slowly after many difficult years, providing capacity to treat additional children served by RHT projects

Since dental utilization is still low for young ages, there are opportunities to engage our physician colleagues within these counties to provide preventive oral health services

Medical/Dental Relationships in Ohio

- Nearly 13 in 20 children see their PCP 8 times by the time they turn 30 months.
- Less than 3 in 20 see a dentist at least once by the same age.
- When young children received fluoride varnish at their medical home, they were less likely to need dental treatment.

Table 2. NUMBER OF CHILDREN WHO MET MEDICAL PERIODICITY ADHERENCE* AND EARLY PREVENTIVE DENTAL CARE** MEASURES BEFORE AGE 30 MONTHS (N=14,361; MISSING DATA FROM 439 SUBJECTS†)

	Frequency	%
Neither	4,596	32.0
Dental only	443	3.1
Medical only	7,624	52.1
Both	1,698	11.8

TABLE 2 Dental outcomes children receiving and not receiving fluoride varnish from their medical home (N = 17,675).

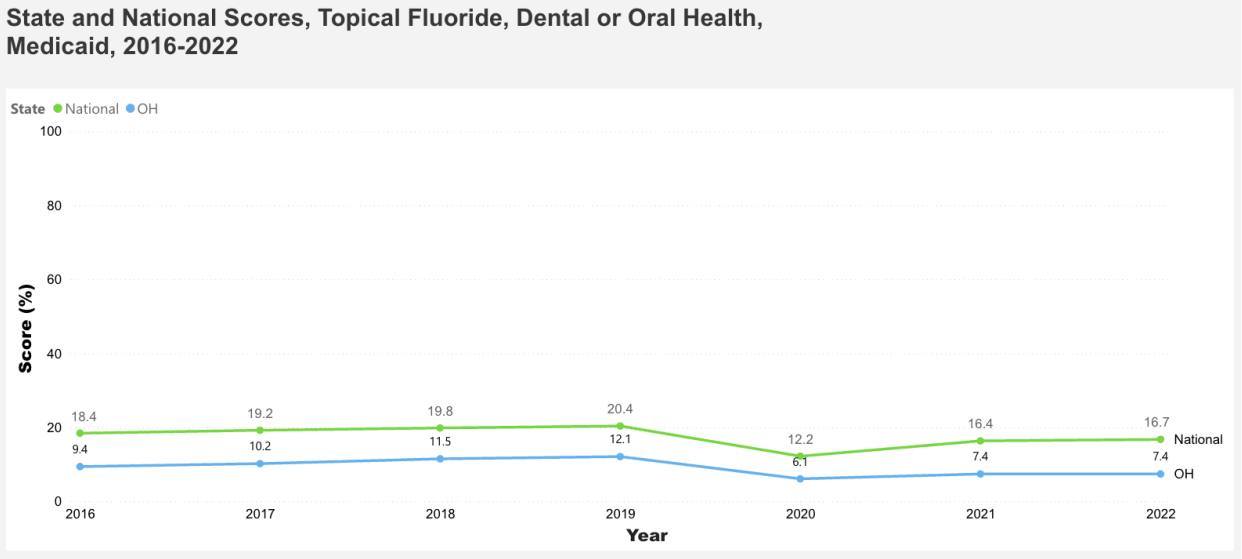
	Received fluoride varnish at medical home					
	No (n = 15,593)		Yes (n = 2,082)		Overall	P-value
Primary outcomes	Mean (SD)	95% CI	Mean (SD)	95% CI	Mean (SD)	
Age at first dental visit[a]	4.9 (1.9)	4.9, 5.0	4.1 (1.7)	4.0, 4.2	4.8 (1.9)	< 0.0001
	N	% (column)	N	% (column)	Total	
Had an age one dental visit[b]	350	2.2%	152	7.3%	502	< 0.0001
Secondary outcomes[b]						
Caries-related treatment visits	9179	58.9%	829	39.8%	10,008	< 0.0001
Dental general anesthesia visits	168	1.1%	13	0.6%	181	0.05
Hospital emergency department visits	508	3.3%	71	3.4%	579	0.71

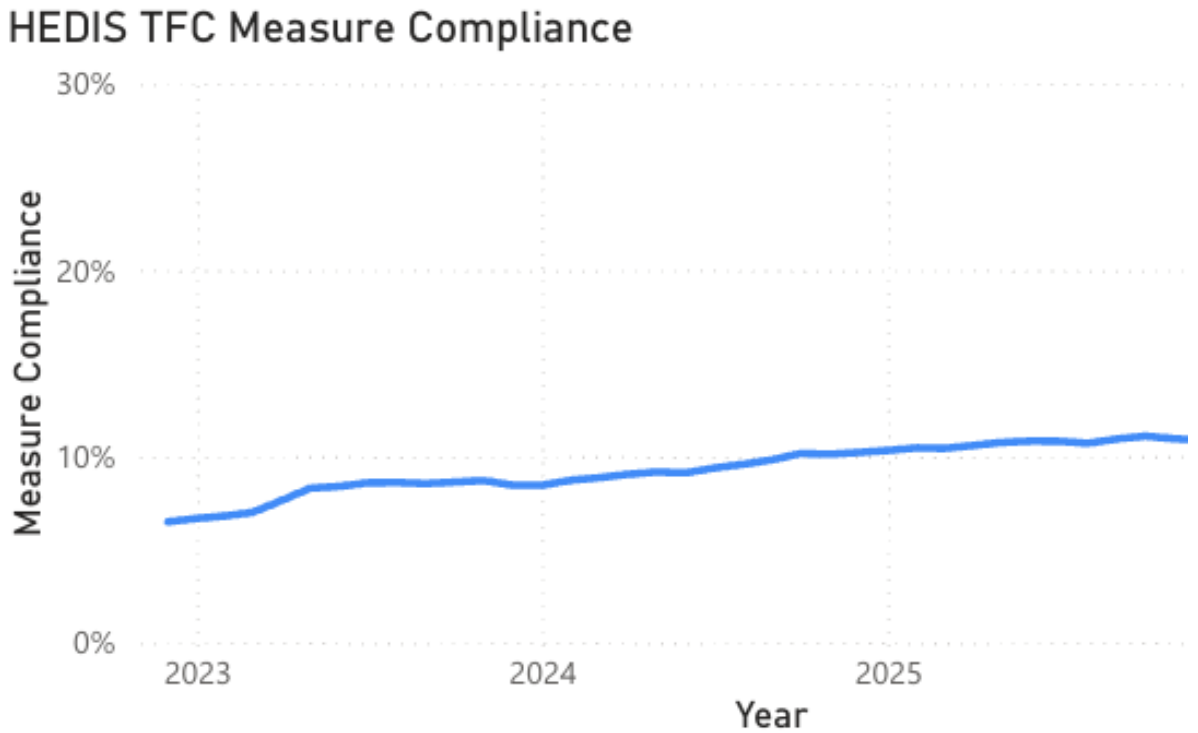
Abbreviations: CI, Confidence interval; SD, Standard deviation.
[a]P-values obtained by general linear regression model adjusting for demographic differences.
[b]P-values obtained by chi-square tests of independence.

Higgins et al. Pediatr Dent 2026
Bussard et al. JPHD 2024

Partners For Kids Slowly Improving Pediatric Oral Health

- When we look at topical fluoride quality measures, Ohio mirrors national trends but performs below average through 2022
- Since 2023, PFK has increased the percentage of 1-4 year old children who received 2 topical fluoride treatments from around 7% to 11%





Grant Opportunity

- In Spring 2026, Ohio Department of Health issued an RFP for organizations to offer fluoride varnish training in primary care practices in 9 rural, priority counties.
    - We were well positioned to apply for this grant and found a great statewide partner since 4 of the counties were outside our geography
- When we found out our proposal was funded, ODH shared an opportunity to expand the scope, timeline, and number of counties based on the strength of our proposal.
    - The expanded opportunity is funded by RHT funds

Ohio's RHT Strategic Goals

Make Rural America Healthy Again	Support rural health innovations and **new access points to promote preventive health** and address root causes of diseases. Projects will use **evidence-based, outcomes-driven interventions to improve disease prevention**, chronic disease management, behavioral health, and prenatal care.
Sustainable Access in Rural Communities	**Help rural providers become long-term access points for care by improving efficiency and sustainability**. With RHT Program support, rural facilities work together—or with high-quality regional systems—to share or coordinate operations, technology, primary and specialty care, and emergency services.
Rural Health Workforce Development	Attract and retain a high-skilled healthcare workforce by strengthening recruitment and retention of healthcare providers in rural communities. Help rural providers practice at the top of their license and develop a broader set of providers to serve a rural community's needs, such as community health workers, pharmacists, and individuals trained to help patients navigate the healthcare system.
Innovative Care for Rural Residents	Spark the growth of **innovative care models** to improve health outcomes, coordinate care, and promote flexible care arrangements. **Develop and implement payment mechanisms incentivizing providers** or accountable care organizations (ACOs) to reduce healthcare costs, improve quality of care, and shift care to lower cost settings.
Tech Innovation to Improve Service Delivery to Rural Communities	Foster use of innovative technologies that promote efficient care delivery, data security, and access to digital health tools by rural facilities, providers, and patients. Projects support access to remote care, improve data sharing, strengthen cybersecurity, and invest in emerging technologies.

New Scope and Objective

- 73 counties over a 5-year grant
- Train primary care practices to apply fluoride varnish
- Train primary care practices to apply silver diamine fluoride (secondary objective)
- Increase the number of children ages 1-5 receiving topical fluoride treatment

Grant Components

Each practice will receive a stipend for participating in the project

Each project will be grounded in quality improvement activities and measurement

Each practice will complete the Smiles for Life curriculum plus supplementary onsite training

- A dental referral provider list will be given to each practice that is tailored to their physical location
  - Potential opportunity for a hands-on, clinically intense CE training for dentists on the referral list to increase their capacity to treat young children
- Aiming for 15-18 counties per grant year
- Organizations with physical sites in multiple counties are eligible in each county

Final Tips

Think creatively within the fundable domains

Be attentive to opportunities and open to seeing your idea in a slightly different light

- When I saw the ODH proposal to CMS, I didn't immediately see an opportunity to get involved since the main focus was mobile and school-based dental services.

State Example: Nebraska

Dr. Jessica Meeske

Unlocking RHTF Grant Funding for Oral Health

Real-World Example **Pediatric Dental Specialists of Greater Nebraska (PDSGN)**

Applied to Nebraska DHHS Chronic Disease Management Initiative (RHTF 4.4A) — making the case that dental caries is the #1 most prevalent chronic disease of childhood.

- Fewer dentists
  - (61/90 counties dental shortage)
- Longer travel to a dentist
- Fewer hospitals
- Higher rates of caries
- Everyone knows each other

How Did I Find Out About RHTF $218M?

Had Established Relationships with the Governor's Office

Health Policy Staff of the Governor asked if I planned on sending in an oral health proposal for RHTF.

List What I Thought Were Rural Oral Health Priorities

Increase dental homes for all Medicaid eligible kids and adults. Reduce ED hospital visits. Reduce number of GA cases. Increase oral health education of high caries-risk families to get behavior changes.

Gathered oral health stakeholders to finalize priorities

Contacted dental school deans, FQHC's, NE Dental Association, Medicaid MCO's to get their input. Wrote a proposal from NDA to the state. $6M was approved.

💡 Key Insight: Prioritize ideas embraced by majority of oral health stakeholders, link to improved health, and lower costs to Medicaid

Step 1: Read the RFA Like a Strategist

Find the Flex Language

Look for phrases like "not limited to" and "if interested, apply!" The RHTF 4.4A RFA listed eligible applicants broadly and explicitly said the list is not exhaustive.

Map Your Disease to the Scope

The RFA said 'diabetes, cardiovascular disease, asthma.' We showed the grant evaluators that dental caries belongs in that same sentence — citing CDC, AAP, and the U.S. Surgeon General.

Match Every Scoring Criterion

7 scored criteria + an optional bonus. We addressed all 8. Structure your application so each section header exactly mirrors the scoring rubric — make the reviewer's job easy.

💡 Key Insight: You don't need the grant to say 'dental.' You need to prove your disease meets the grant's definition of chronicdisease.

Step 2: Design a Program That Checks Every Box

PDSGN's 4 Funded Goals ($238,000)

1

Dental Learning Lab

Customized, risk-stratified chronic disease education for children & caregivers — 10–15 modules on caries biology, diet, oral hygiene & systemic links

2

Teledentistry + School Screenings

0.25 FTE public health hygienist; virtual triage with PDSGN dentist; reach rural counties with no accepting dentist

3

Local Health Dept Referral Hub

Formal dental home for children screened positive by Nebraska Teeth Forever LHD clinics — filling an explicit gap in that program

4

CHW / CDHC Workforce

Train 4 dental assistants as Community Dental Health Coordinators: navigation, SDOH screening, insurance enrollment, IEP coordination

Why Reviewers Scored It High

Non-duplication

Each goal filled a documented gap. We named the Nebraska Teeth Forever program and explicitly said it has no referral pathway — we're the pathway.

Concrete metrics

300 children enrolled, 250 navigation assists, 200 TD screenings, 100 LHD referrals. Every number had a baseline of 0 and a hard deadline of July 31, 2027.

Sustainability built in

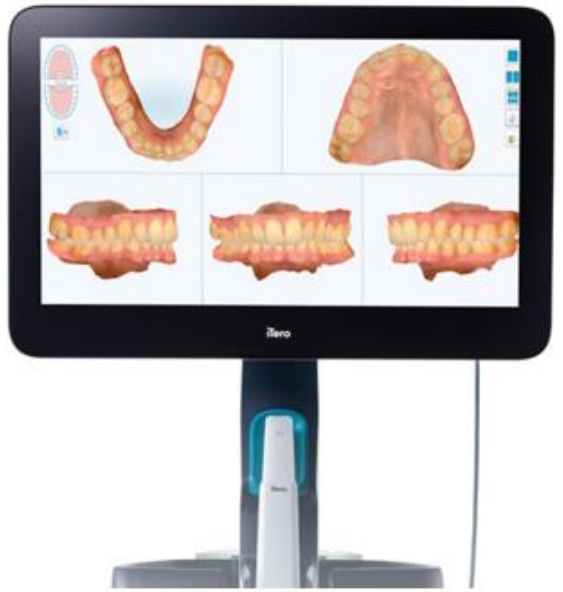
Learning Lab integrated post-grant. Two new dentists joining Aug 2027 with signed contracts. Goal is to reduce GA cases, drive down costs to Medicaid. 1 MCO considering VBC for reducing costs.

Budget discipline

Admin/indirect at 7.24% — under the 7.5% cap. 80% of funds direct to services.

Step 3: Create the Learning Lab and Plans to Increase Birth-Age 1 Dental Homes

Goal is to change home behaviors of kids and parents, establish earlier dental homes to lower incidence and costs of ED and GA visits.



For Pediatric Dentists Pursuing Non-Dental Grants

01 Search broadly. HRSA, USDA Rural Dev., state DHHS chronic disease programs, oral health coalitions. Your state health dept likely has RFA mailing lists — get on them.

02 Lead with the epidemiology. Dental caries = #1 chronic disease of childhood (CDC/AAP). Periodontal disease links to diabetes, cardiovascular disease, preterm birth. Cite the sources. Establish the need!

03 Map your services to the RFA language. 'Chronic disease education' = your patient education. 'Care navigation' = your care coordinators or CDHCs. 'Self-management support' = hygiene instruction and behavioral coaching.

04 Quantify everything. Participants enrolled, navigation contacts, screenings completed. Set baseline at 0 if you have no formal program yet. Give a hard target date.

05 Prove non-duplication. Name other local programs, explain what they do, then identify the specific gap you fill. This is worth 10 points and many applicants handle it weakly.

06 Attach your sustainability plan. Who pays for the CHW after the grant? How does equipment get maintained? Trained staff staying on is usually your strongest answer.

Wrap Up

research & policy center

RPC Rundown

The latest updates, projects, and news from the AAPD Research & Policy Center

AAPD PAC

THE BIG ADVOCATE for little teeth

Become a Grassroots Advocate

Join over **2,500** colleagues in the **AAPD Grassroots Network** who are making a vital difference in shaping oral health policy. By joining, you'll receive advocacy alerts and support initiatives that prioritize children's oral health.

Thank You!

Questions

Please use the Q&A box to pose your questions.

CE Evaluation

CE Forms are due Monday 8/10

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