

Engaging Stakeholders to Improve Dental Coverage and Access for Medicaid-Enrolled Adults

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IN BRIEF

Although comprehensive dental coverage is required for children served by Medicaid, dental benefits are optional for adults, leaving a vulnerable gap in benefits for much-needed services. By engaging relevant stakeholders, states and other organizations with a vested interest can improve dental service access – a critical step for improving the oral health of this population. This technical assistance brief describes a stakeholder engagement approach that states and organizations committed to improving oral health can use to improve dental coverage and access for low-income adults.

A large proportion of low-income American adults face persistent, systemic barriers to oral health care – key among them, inadequate dental coverage. While states are federally mandated to provide comprehensive dental coverage for Medicaid-enrolled children, dental benefits are optional for adult Medicaid beneficiaries, despite growing recognition of the consequences of poor oral health. These can include: high rates of untreated tooth decay and tooth loss; elevated risks for chronic conditions such as diabetes and heart disease;¹ reduced employability; and expensive hospital emergency department visits for preventable dental needs such as tooth pain and dental abscesses.²

Although 46 states plus the District of Columbia offer *some* dental benefits to Medicaid-enrolled adults, as of October 2015, only one-third of these states provide comprehensive coverage. Only 12 offer this coverage to adults eligible for Medicaid under the optional expansion provisions of the Affordable Care Act.³ With up to 13 million adults expected to gain access to Medicaid coverage by 2024,⁴ it is both critical and opportune for state Medicaid agencies and oral health organizations to improve dental coverage and access with the goal of reducing dental disease and its adverse consequences.

This technical assistance brief describes key steps that states and other oral health organizations can take to engage stakeholders in advancing oral health improvement goals – moving beyond what one organization can achieve on its own. It draws from the experiences of organizations that are pursuing stakeholder engagement strategies to improve oral health access, including six in the Center for Health Care Strategies' (CHCS) *Engaging Stakeholders to Improve Dental Coverage and Access for Medicaid-Enrolled Adults* learning collaborative, supported by the DentaQuest Foundation and the Robert Wood Johnson Foundation.⁵

Who are Stakeholders and Why is Engagement Important?

Stakeholders are individuals or groups that have a vested interest (economic, political, or personal) in addressing a given issue and are in the position to positively or negatively influence decision-making around the issue.⁶ Stakeholders in the adult oral health arena include:

- State Medicaid agencies and dental plans/payers;
- Oral health, primary care, and dental safety-net providers and their professional associations;
- Oral health coalitions, foundations, and patient advocacy groups;
- Hospitals and dental schools;
- Recipients of services and their family members or caregivers; and
- State and local policymakers.

Stakeholder engagement is the process by which organizations communicate with and involve other entities and individuals with a shared interest in an issue to identify and work toward common goals. By focusing on mutually defined objectives, establishing continuous open communication, and coordinating efforts, organizations can build the consensus needed to address challenges.

The Role of Stakeholder Engagement in Adult Oral Health Improvement

Many of the barriers impeding adults' access to oral health care are deeply rooted and difficult to overcome, calling for the coordinated efforts of various stakeholders to effect change. Stakeholder participation can increase public awareness, support the planning and implementation of improvement strategies, and help to ensure that efforts are effective and sustainable.

Stakeholder engagement in the Medicaid oral health arena can help to:

- **Mobilize resources and capabilities** to support activities that a single organization cannot provide alone. For example, as a committee of Delaware's Division of Public Health, the Delaware Oral Health Coalition is prohibited from directly advocating for adult dental Medicaid legislation. Accordingly, it identified stakeholder organizations – including the Delaware Dental Hygienists Association, Delaware Head Start Association, and faith-based organizations in the state – that could support its work and advocate for such legislation.
- **Garner cross-sector perspectives** to provide a more complete picture of the context for the issue. For example, the Michigan Oral Health Coalition engages with higher education and employer stakeholder groups to understand non-dental issues that may impact access to oral health care for the state's Medicaid beneficiaries.
- **Highlight the importance of oral health** among beneficiaries, oral health and primary care providers, and policymakers. In 2013, the Maryland Dental Action Coalition and its partners, the Maryland Department of Health and Mental Hygiene Office of Oral Health and the Maryland Department of Aging, collaborated to conduct an oral health screening survey of older adults in senior centers, nutrition sites, assisted living facilities, and nursing homes. The findings showed unacceptably high rates of tooth decay among this population and

were used to establish baseline adult oral health data to raise awareness among policymakers.

- **Prioritize areas for improvement** that reflect mutually beneficial goals and concerns of all stakeholders on a given oral health topic. The Virginia Oral Health Coalition conducted an environmental scan to better understand current stakeholders’ priorities for oral health improvement, and identify potential supporters and oral health issues of importance to them.
- **Align and increase the “signal strength” of messages put forth by individual organizations.** Oral Health America, for example, engages partners in 23 states to disseminate oral health resources in communities around the country.

A Stepwise Approach to Stakeholder Engagement

The process of engaging stakeholders to meet oral health improvement goals typically begins with an opportunity to take action, often as the result of new laws or state policies. For instance, following an increase in Medicaid reimbursement fees for children’s oral health in Connecticut, the Connecticut Oral Health Initiative partnered with the Connecticut State Dental Association to recruit dentists to the Medicaid network.

Actively engaging stakeholders is a continuous process through which an organization can work toward its overall oral health vision.⁷ A formal, systematic stakeholder engagement approach can help ensure alignment between this vision and the efforts undertaken to achieve it.⁸

Key steps of a stakeholder engagement process are:

Steps to Effective Stakeholder Engagement:

1. Assess engagement history, capacity, and potential.
2. Define the engagement objectives, scope, and outputs.
3. Identify stakeholders.
4. Analyze identified stakeholders.
5. Select engagement strategies.
6. Engage with stakeholders and communicate activities.
7. Evaluate and report on the engagement.

1. Assess Engagement History, Capacity, and Potential

As a first step, organizations should assess their engagement history, capacity, and potential to help determine what is possible through stakeholder engagement. It is important for organizations to consider:

- *Prior stakeholder engagement experiences* – Evaluate previous stakeholder engagement activities by reviewing:
 - Which stakeholders were receptive to past engagement efforts and what role did they play in helping to achieve organizational goals?

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- Which engagement approaches were most and least successful with specific stakeholders?
- What other factors were critical to the success of those engagement efforts?
- Which important stakeholders or stakeholder groups were missing from those efforts?
- *Organizational capacity and resources available for future engagement activities* – Survey budget, staff time, competing organizational priorities, and organizational and board of directors' interest to help determine where stakeholder engagement activities fit within the organization's overall capabilities and culture.
- *Strategies for tailoring stakeholder involvement to advance programmatic goals* – Understand the capacity and potential roles of various stakeholders to help establish realistic expectations for individual stakeholders' impact.

2. Define the Engagement Objectives, Scope, and Outputs

Stakeholder engagement objectives describe the purpose of the engagement, as well as the product or activity that needs to be accomplished for the engagement to succeed. Engagement objectives should be specific, measurable, actionable, realistic, and time-bound.⁹ When defining them, it is important to determine why individual stakeholders should be engaged and what the priorities are for engagement.¹⁰ Clear engagement objectives serve as a reference point throughout the engagement process, enabling all stakeholders (internal and external) to understand the motivation for the engagement and what must be accomplished.

Examples of oral health engagement objectives drawn from the CHCS collaborative include:

- Establish stakeholders as oral health champions for the state's low-income adults;
- Gain support in creating a comprehensive adult oral health plan for the state, emphasizing postpartum women and older adults in residential and community-based, long-term-care facilities; and
- Increase the oral health literacy of the adult Medicaid population in the state.

Defining stakeholder engagement objectives is essential to determining the scope and outputs of the engagement. The *scope* describes the parameters of the engagement and the resources (e.g., staff time, budget, meeting space, specific technical expertise) needed to execute it. Consider whether stakeholders are needed for a specific, time-limited activity or product, or on an ongoing basis. Likewise, determine the ideal size of the stakeholder group—larger groups provide a greater opportunity to include diverse perspectives and increased resources, while smaller groups may more easily work toward the common goal.¹¹

Determining the *outputs* of the engagement is the final activity in step two. Outputs are deliverables—services, products (e.g., website, environmental scan), or programs produced as a result of the engagement objective.

Following is an example of knowledge produced through step two:

EXHIBIT 1: Defining Engagement Objectives, Scope, and Outputs

Organization’s Oral Health Vision:		<i>Increase access to oral health care in rural counties in the state</i>	
Engagement Objective	Engagement Scope	Outputs	
<i>Increase the number of dental hygienists practicing in underserved, rural areas.</i>	<i>Dedicated staff time is needed to work with a small group of stakeholders on an ongoing basis to ensure that graduates of dental hygiene programs are connected with employment opportunities in rural areas.</i>	<i>Connect graduates of dental hygiene programs with employment opportunities in rural areas (e.g., dental offices, Federally Qualified Health Centers).</i>	

3. Identify Stakeholders

Oral health organization staff should create a list of potential stakeholders based on the engagement objectives, scope, and outputs. The central question to consider is *whose voice is needed to influence and provide context for the oral health improvement effort?* Think creatively about potential stakeholders. To generate meaningful dialogue, diverse, cross-sector partners should be considered, including stakeholders from previous efforts who made valuable contributions, as well as new individuals and organizations that can provide value.

A broad stakeholder list could include those who deliver, finance, and/or receive care, as well as state or local policymakers.¹² Oral health organizations can also gain additional viewpoints by including non-traditional stakeholders. For instance, the Washington Dental Service Foundation, a non-profit organization funded by Delta Dental of Washington to improve the oral and overall health of people in the state,¹³ secured the support of the Health Coalition for Children and Youth upon learning that parents’ access to dental care affects whether they seek dental services for their children.¹⁴

It is important to include all relevant groups that may be affected by the issue, including the target population and potential opponents. The *target population* includes individuals or groups that are directly affected by oral health policies and have lived experience of the issue. These stakeholders are not often consulted or involved in the engagement process. Patient advocacy groups, faith-based organizations, and local community-based organizations are stakeholders involved in communities directly impacted by oral health program or policy changes. *Opponents* have the ability to block or promote action around the engagement objectives. Including opponents as stakeholders may provide valuable information about differing viewpoints and approaches to achieving oral health improvement objectives. Working with opponents to identify reciprocal benefits of your collective efforts can yield meaningful benefits.

For each identified stakeholder, it is helpful to determine:

- The source of stakeholder identification (e.g., an environmental scan, a staff recommendation);

- Prior engagement with the oral health organization, including the nature (e.g., positive/negative) of the experience;
- The specific engagement objective(s) the stakeholder would support; and
- The outputs expected.

4. Analyze Identified Stakeholders

After identifying potential stakeholders, it is important to consider their potential contributions through a stakeholder analysis. This involves assessing each stakeholder's *expertise*, *influence*, and *interest* around the topic, which can help guide an oral health organization in prioritizing, as well as tailoring and targeting engagement strategies for, each stakeholder. Assess *expertise*, or specific content knowledge; level of political/social *influence* within the state or community on the given topic; and *interest*, or willingness to engage around a particular issue.

Stakeholders with high levels of expertise and interest in the engagement are generally the highest priority for engagement because they are most likely to have a significant impact on achieving the organization's oral health vision. A particular stakeholder may be higher-priority for one objective than another, depending on its levels of expertise, influence, and interest. The example in Exhibit 2 illustrates how two fictional stakeholders identified by an oral health organization—Riverview Community College and local dentist Dr. Beth Grayson—might be analyzed.

EXHIBIT 2: Fictional Stakeholder Analysis

Stakeholder	Engagement Objective(s) Supported	Expertise	Level of Expertise	Level of Influence	Interest in Engaging
Riverview Community College	Increase the number of dental hygienists practicing in underserved, rural counties	Provider training	Low	Medium	High
Dr. Grayson	Increase the number of dental hygienists practicing in underserved, rural counties	Oral health in rural areas	High	High	Low

Fictional Stakeholder: Riverview Community College

- *Level of Expertise:* Low. Riverview Community College only recently started offering dental hygiene classes. It is bringing in dental professionals (e.g., dentists and dental hygienists) to teach interested students, but has not yet established a job placement service for students.
- *Level of Influence:* Medium. Although it is known locally and very influential in the educational sphere, the college has not participated in many oral health activities in the past. It has some influence, but likely not enough to achieve the organization's desired outcomes.
- *Interest in Engaging:* High. Riverview Community College has directly communicated its interest in engaging with the organization around increasing the number of dental hygienists practicing in the state's underserved, rural counties.

Fictional Stakeholder: Dr. Grayson

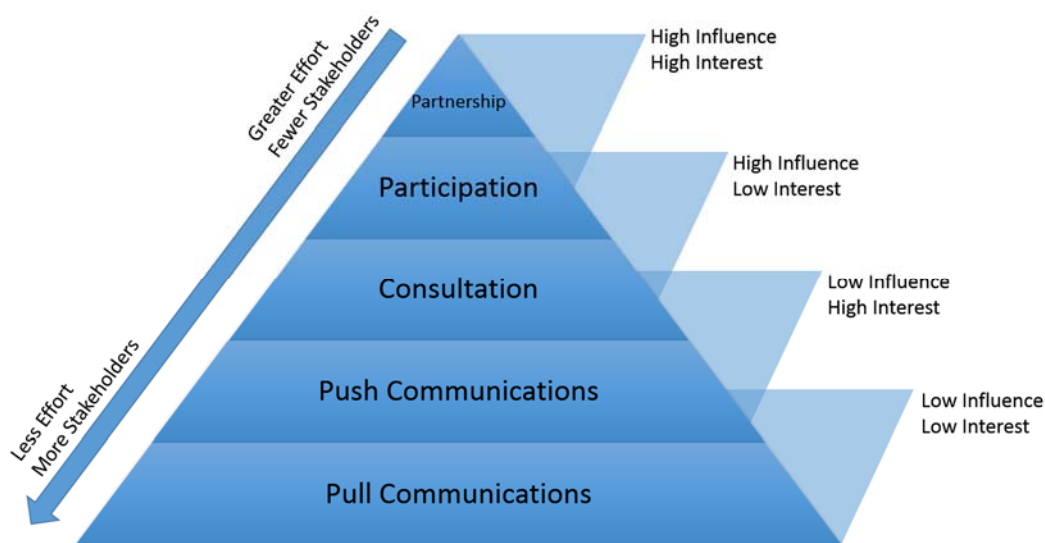
- *Level of Expertise:* High. Dr. Grayson is a dentist practicing in rural counties in the state, and who has hired and worked with dental hygienists. Dr. Grayson also has experience in scope of practice regulations and Medicaid reimbursement requirements with respect to dental hygienists.
- *Level of Influence:* High. Dr. Grayson is active in the state's dental society, and is often sought after by policymakers for guidance on oral health issues.
- *Interest in Engaging:* Low. Dr. Grayson has limited time in which to participate in engagement activities.

5. Identify Engagement Strategies

Engagement strategies are the specific set of activities that an organization will undertake with its stakeholders to achieve defined objectives. Strategies chosen for an individual stakeholder will depend on its priority level as determined by the stakeholder analysis, as well as the desired outcomes and scope of engagement. Following is a framework designed to help select stakeholder engagement strategies (see Exhibit 3):¹⁵

- *Partnership* – Two-way engagement, such as face-to-face meetings and invitations to join formal partnerships or workgroups, can empower and engage the highest-priority stakeholders.
- *Participation* – Stakeholders with high levels of influence and varying degrees of interest should participate on the oral health organization’s team by performing tasks or taking responsibility for a particular area. There should be two-way engagement within limits of the stakeholder’s responsibilities.
- *Consultation* – Consultation is appropriate for stakeholders with low influence and high interest. It entails limited, two-way engagement through which stakeholders take on advisory role through which they can contribute their specific expertise without being responsible for meeting the objectives.
- *Push communications* – Through this one-way engagement, the oral health organization broadcasts information to all stakeholders or target particular stakeholder groups through various channels (e.g., e-mail, mailed letters, webcasts, leaflets, etc.). The strategy is most appropriate for stakeholders with low influence and varying degrees of interest.
- *Pull communications* – For the lowest-priority stakeholders—those with low levels of influence and interest—this one-way engagement entails making information available to stakeholders if they choose to engage with it.

EXHIBIT 3: Engagement Strategies Framework



Source: <http://stakeholdermap.com/stakeholder-engagement.html>.

For all identified stakeholders, continuous and open communication is essential for effective engagement, though the level and intensity of communication will vary with the type of stakeholder and the engagement strategy.

Before implementing any engagement strategy, it is important for the oral health organization to identify potential barriers that might derail the engagement process, including understanding any stakeholder intergroup dynamics that might pose challenges. It should also review previous engagement experiences to identify proactive strategies for the current engagement. Potential barriers include:¹⁶

- A history of conflict between specific stakeholders and/or their interests;
- Lack of clarity around the purpose of the engagement;
- Unrealistic participant goals;
- Specific stakeholders’ lack of willingness to compromise; and/or
- Attempts by one or more participants to manipulate or dominate the others.

6. Engage with Stakeholders and Communicate Activities

The oral health organization plays the central role of coordinating all engagement objectives, ensuring that stakeholder attention is focused on critical issues, and confirming that stakeholders have a common understanding of the vision and the collective approach to solve it.¹⁷ Documenting and communicating about implementation efforts and stakeholder feedback can inform “real-time” improvements to the process, as well as future plans to engage stakeholders around similar issues. The following table shows one method for documentation:

EXHIBIT 4: Examples of Documenting Engagement Efforts

Stakeholder	Engagement Format	Stakeholder Feedback	Improvement Recommendations	Other Notes
Riverview Community College	Created slideshow about pursuing job opportunities in rural areas for an on-site presentation to students.	Few students attended the presentation.	<ol style="list-style-type: none"> 1. Create a newsletter notifying students of dental hygiene externships and job opportunities in rural counties. 2. Deliver the presentation during class time. 	In the future, consider engaging individual instructors to serve as “champions” of rural practice.
Dr. Grayson	Invited Dr. Grayson to review a communication plan to promote linkages between dental hygienists and rural dental providers.	The review process should include the opinions of the target audience: practicing dental hygienists and rural dental providers.	Contact the state dental society and dental hygienists association to identify potential reviewers from among their members.	Depending on their levels of interest and influence, identified reviewers could serve as valuable members of the broader project team.

Case Study: Implementing the Stakeholder Engagement Process

Through CHCS' recent learning collaborative, *Engaging Stakeholders to Improve Dental Coverage and Access for Medicaid-Enrolled Adults*, Maternal and Child Health Access (MCHA) was one of five participating organizations that developed a stakeholder engagement plan to pursue oral health goals. The mission of the Los Angeles-based MCHA is to improve the health of low-income women and families in California through advocacy, education, training, and direct services. The organization's oral health project is designed to increase: (1) access to appropriate oral health care resources, including educational materials; and (2) utilization of preventive and therapeutic oral health services for pregnant women and children in Los Angeles County.

To support these goals, MCHA developed an engagement plan to increase the number of dental advocates/champions who can encourage safety-net providers and community-based organizations to help Medicaid-eligible pregnant women access prenatal oral health resources. As a first step in developing its engagement plan, MCHA analyzed dental resource gaps in the Los Angeles community. It found that while many low-income pregnant women receive prenatal care at community health clinics, not all of these clinics offer information or link pregnant women to oral health care services. Since prenatal providers at the clinics interact regularly with pregnant women – establishing rapport and trust – MCHA identified them as opportune partners for providing oral health education to the target population.

Two of MCHA's engagement objectives for community health clinic prenatal care providers are to: (1) increase the number of prenatal providers who inform or recommend that pregnant women visit a dental provider; and (2) increase community organizations' knowledge of available dental benefits and resources so that they can inform Medicaid-enrolled pregnant women about their available benefits and resources to access oral health care.

In addition to prenatal providers at community health clinics and FQHCs, key stakeholders identified by MCHA included ground-level organizations that serve Medicaid-eligible pregnant women – community organizations, WIC, and Head Start agencies. To reach these audiences, MCHA developed strategies such as community meetings, e-mail reminders of updates to changes in oral health benefits, and partnerships to help increase oral health knowledge and understanding of issues influencing the oral health of pregnant women. Part of MCHA's outreach is focusing on encouraging OB/GYNs and their front-office staff to take dental referrals more seriously and reach out to MCHA: (1) when barriers arise; (2) with specific questions about dental benefits for pregnant women; and (3) for those urgent/high-risk cases that need case management.

Looking ahead, MCHA hopes to overcome the key challenge of obtaining data and metrics from the state around the number of low-income pregnant women who are accessing dental care. Depending on their levels of interest and influence, identified reviewers could serve as valuable members of the broader project team.

7. Evaluate and Report on the Engagement

Evaluation helps organizations improve upon, replicate, and build on their activities. Effectiveness of engagement (i.e., impact of the activity) can be measured in various ways, such as short feedback surveys, focus groups, interviews, or formal/informal requests for information from stakeholders. A combination of surveys (which are typically not time-consuming, protect anonymity, and are free or low-cost) and in-person interviews (offering more complete and insightful information, though without anonymity and more resource-intensive) can provide both broad and in-depth feedback.¹⁸ For a time-limited engagement of less than one year, the evaluation would occur at the end of the engagement; for ongoing engagement, it would occur at multiple, pre-determined intervals.

These questions can help organizations plan future stakeholder engagement activities:

- How clearly were the engagement efforts and desired outcomes explained?

- How clearly were the expectations for your role explained?
- Was the engagement method (e.g., a public meeting, e-mail communication) effective at engaging you in the effort?
- What were some of the drivers (e.g., interest in the topic, public pressure) that motivated you to participate as a stakeholder?
- How would you suggest improving the engagement activity or the engaging organization's broader efforts to meet its oral health vision?

Once the evaluation is complete, it is important to share the results with stakeholders, particularly those who have played significant roles or made meaningful contributions.¹⁹

Conclusion

Engaging knowledgeable, interested, and influential stakeholders is important for states or organizations seeking to improve the oral health of low-income populations. By adopting a structured and stepwise engagement process to mobilize stakeholders around a common agenda, organizations can achieve more meaningful and sustainable improvements to the oral health of Medicaid-enrolled adults and their families.

Rachel Augustin, a former CHCS program officer, contributed to an early draft of this brief.

ABOUT THE CENTER FOR HEALTH CARE STRATEGIES

The Center for Health Care Strategies (CHCS) is a nonprofit health policy center dedicated to advancing health care access, quality, and cost-effectiveness in publicly financed care. CHCS works with state and federal agencies, health plans, providers, and consumer groups to develop innovative programs that better serve people with complex and high-cost health care needs. For more information, visit www.chcs.org.

ENDNOTES

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- ⁹ For guidance on developing SMART objectives, please refer to the Centers for Disease Control and Prevention’s SMART Objectives Template at: http://www.cdc.gov/phcommunities/resourcekit/evaluate/smart_objectives.html.
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