

Minutes of Quarterly Meeting
Texas Oral Health Coalition (TxOHC)
Thursday, July 12, 2007

Chair Dianna Prachyl called the meeting of the Texas Oral Health Coalition to order at 8:40 am at the Crowne Plaza Hotel, Austin, Texas.

Coalition Building Workshop: Janet Bartlett, RN started the El Paso Oral Health coalition in 1987 with 35 people who were involved in dentistry as practitioners, university professors, public health people, Texas Dept. of Public Health, low-income representatives, etc. They focused on ways to meet community needs. A logo, D. K. Buster, was designed. They researched available resources and compiled a booklet on medical and dental resources. The El Paso Community Foundation published the booklet. It was distributed to schools and universities. A local orthodontist took children with severe dental problems, and a local foundation agreed to pay for dentures. A half-hour television program featured local dentists. They answered call-in questions during the program. The second year the program was expanded to one hour, with the local dental society paying many of the expenses involved in production.

A memorial fund at the local Community Foundation was started to honor one of the founding dentists, Dr. Jaime Martinez, who met an untimely death. Money was also raised for the fund through a basketball game featuring former UTEP basketball players vs. local dentists. The game was held in a new high school, and volunteer referees called the games. Underwriting for a souvenir booklet provided the majority of the proceeds. The second year an ex-Minor, Tim Hardaway, came to the game and profits soared. Over four years, the games raised approximately \$36,000. Interest from the fund was used to provide children's dental services.

UTEP students helped to write and illustrate a series of three children's books. The coalition is currently working on publishing the books. The coalition also attends health fairs where they provide information, and exchange baby bottles for sippy cups for children one year and up. Bottles are cleaned and donated to a local homeless shelter. An article on early childhood caries (baby bottle tooth decay) was published in a physician's magazine and distributed to 1,500 physicians in the area. They also talked with baby bottle manufacturers about putting information on their label about not putting babies to bed with a bottle. The manufacturers declined, but did increase the type size on their labels regarding the proper use of bottles.

Janet coordinates a Healthy Smiles program where dentists volunteer to treat school nurse referrals of kids who are not on Medicaid and cannot afford a dental care. Nineteen to twenty-nine dentists volunteer in this program.

A Kellogg grant helped to establish a five operator clinic within an FQHC medical center. People are treated on a sliding scale. Currently posters stressing mouth guards are being distributed. A UTEP professor helped to create the posters. The dental society printed them, with the coalition distributing them to schools, dental, pediatric and OB/GYN offices.

Ginny Hickman of the Children's Oral Health Coalition of Tarrant County stated that Tarrant is the third largest county in the state and has a poverty rate of 20%. Cook Children's Health System has been in existence for 90 years and serves 120

counties in northeast Texas. Ginny is Director of Community Outreach, working with numerous partners on a variety of health issues. Often the beginning of a coalition starts with a crisis or a needs assessment that points to a significant problem. The head nurse of the Fort Worth ISD came to the CEO of Cooks to tell him that dental problems were the #1 problem in the school nurse's offices. A Cook's Board member and Ginny did research on county needs and resources. Stakeholders were identified. A meeting was held to explore hopes and dreams, and discuss available resources and gaps. The participants so appreciated the ability to communicate across the county, that they asked Cooks to keep the meetings going. The group eventually formalized into a coalition.

Realizing that collaboration can be extremely difficult or extremely wonderful, developing collaborative skills is very important. A structure including a mission and a plan to accomplish your goals is important. Cooks scheduled a strategic planning meeting to help the group set direction. This coalition is not a 501(C)(3), does not have by-laws or a real structure other than a chair and committees. Some other coalitions Ginny works with do have these items. Cook's provides about \$5,000 annually for lunches and to publish a dental services brochure. The Coalition meets bi-monthly, and committees meet in the off months. One person at Cooks is paid 12 hours per month to staff the coalition. The Coalition Legislative Committee crafted surveys in 2002 and 2005. School nurses, dentists and low-income families enrolled in WIC were surveyed. A self addressed, stamped envelope was mailed out with the survey. The United Way added Oral Health in its community needs assessment. Pre-K through third graders are screened by several coalition members, all using the same evaluation system. Data is compiled from all sources, and used in legislative appeals. A notebook of information was created for legislators. Ginny has copies if requested.

Groups represented in the coalition are reviewed periodically to be sure all relevant stakeholders are at the table.

Committees do the work of the coalition. People are separated out by their strengths and interests. Reports at meetings provide "little victories." A logo and slogan were developed, along with a brochure of dental services available for low-income children. It is distributed to school nurses, pediatricians, the health department, etc.

A Train the Trainer program has been developed to educate the community about good oral hygiene. It was piloted with Early Head Start.

Networking is a very important function of the coalition. A plan of action, or strategic plan, is very important for the group to be focused and to have measurable and achievable goals. Eating together seems to help break down barriers. Icebreakers at the beginning of the meeting also build a spirit of community within the group. Time constraint of members is a constant factor. Everyone is busy. Small gifts are given to people who do extra things for the group. Future dreams include increasing awareness and access to care. Having consumer members adds a very good dimension in some of Ginny's coalitions. Evaluation is a constant need in coalitions. Resources listed in the handouts were reviewed.

Dianna Prachyl noted that both presentations had similar themes of little available money and the need for a "champion" to push the coalitions forward.

MOTION: Dr. Anthony Bolin moved to approve the minutes of the April 11, 2007 as printed. Seconded. APPROVED. (11-07)

Treasurer's Report: Dianna Prachyl reported for Bonnie Waite that the coalition would soon get its \$3,843.75 out of the Baylor bank account. It will be deposited in an account to be opened by the coalition.

Dr. Bolin reported the South Carolina legislature changed the state's dental practice act to allow hygienists to work without direct supervision in certain places. The dental board did not follow through with the changes. A lawsuit was brought against the dental board. In the settlement the Board was required by the judge to follow the new law. The same situation occurred in Alaska. A program was developed to improve access to care for Alaskan Indians. The ADA sued to restrict the new program. It lost the suit.

Prema Strecker, RDH reported on the TxOHC Listening Sessions held during the spring 2007. The purpose was to update the existing (2005) collaborative plan. DSHS Oral Health Division and TxOHC conducted the five sessions. Sixty people participated and twelve questions were submitted in writing. The DSHS staff, professors, Medicaid people, dental professionals, Communities in Schools, Methodist Healthcare, and more were invited. Recommendations include:

Surveillance: Expansion of surveillance, both type and amount of information collected. Diversify the population studied to include those who seek emergency room dental care. Seek data on the professional workforce. Obstacles to data collection in public schools were noted. The participants wanted oral health questions to be added to existing public health surveys.

Infrastructure: As it is currently used, it means the DSHS oral health staff. Participants felt it should include a broader range of stakeholders. Suggestions were made to quadruple the oral health staff and mandate a Dental Director position. Diversify funding sources to cut down on problems associated with only having one funding source. The need for increased number of dentists in rural areas, increase in dentists who take Medicaid and dentists willing to see the very young were suggested.

Advocacy: Suggestions were made to educate stakeholders on resources and gaps. Continue lobbying and cultivate a legislator champion. TxOHC members should carry back information to their local areas. Link oral health education to other healthcare education. Connect oral health and general health.

Skillful use of media, including PSA's, articles, and production of documentary on real life stories was suggested. The American Association of Pediatric Dentist will fund the production of a "Red Book" to communicate with national legislators. Possibly Texas should look into doing this. Increasing the TxOHC website to include an e-newsletter and telecommunication for training were also suggested.

Population Based Prevention: Constituents recommended more funding for the state fluoride engineer, increasing the number of fluoridated state water systems, and reestablishing fluoride where it was discontinued. They wanted education that would discourage tobacco usage, promotion of fluoride varnish programs in which physician's offices apply the varnish at well-baby checks. Suggestions were made to publicize the Save Our Smile event in Austin, Corpus Christi, Dallas and San Antonio. Put oral health information into nutrition education into school-based diabetes and obesity programs.

Work with WIC regarding subsidies for foods which are decay causing foods (juices). Be sure that fresh fruit is available as a choice in their plans too. Promote access to oral health education in schools and long-term care facilities.

Access to Care: Suggestions included: commit to comprehensive and on-going services, improve access for kids who do not have Medicaid, re-establish the DSHS fee for services program for uninsured kids. Promote pediatric dentists mentoring of general dentists to increase access for young children. Increase Medicaid reimbursement. Increase awareness of needs and/or available resources. Address public health deficiencies in dental school curriculum. Be sure preventive programs educate about the need for a “dental home” and follow-up treatment and care. Increase access to care.

A draft of an updated Collaborative Oral Health Plan for Texas will be presented at the October 18-19 Summit. Dianna observed that participants still believe the state can/should “do it all” and that it would be helpful to write the update in laymen’s terms. It was also suggested that the update be written so that it can be targeted to the various workgroups. Dianna asked local coalitions to fill out surveys and to bring mission and vision statements to the Summit meeting. An e-newsletter with information from various local coalitions was suggested. Sharon DiFelice expanded on a suggestion from the Listening Sessions and volunteered to coordinate a book of stories about problems children, elderly, etc. have with lack of oral health resources, to point out difficulties and highlight successes. Dr. Altenhoff has approved her participation in this project. Dianna requested that stories and pictures be sent in. Sharon will compile and distribute an email requesting the information she needs from the group.

Problems with Title V funding were discussed. Dr. Altenhoff will speak to the Title V program about aligning their codes with regular dental codes and increasing reimbursement rates up to the new Medicaid rates.

June Workshop Evaluation: Dr. Altenhoff reported that the workshop was rated from excellent to good, except for the communication section.

Oral Health Update: Dr. Altenhoff reported that in the Frew lawsuit, which has been going on for 14 years, the judge has determined corrective action plans are acceptable and should sign off on them in August. Thirty-five of the most commonly used Medicaid codes will be increased to approximately 70% of usual and customary. TDA, TPDA and attorneys had input into the changes. Hospitals will get large increases for anesthesiologists for dental cases. Higher fees will begin September 1, 2007.

The 2006 Statewide Dental Report will be posted to the Texas Health Steps website. New data will also be posted to the site showing services provided by county, by age, and by preventive and operative services. The WIC teaching module is included in today’s handouts.

Summit Plans: Well known pediatric dentist, Dr. Paul Cassimassimo, will be the keynote speaker on Thursday, speaking on “Finding a Dental Home.” Dr. Steven Bistro, of Arkansas Children’s Hospital, will speak on advocacy. Discussion followed on the possibility of giving awards to one Representative, one Senator and a Volunteer of the Year at the Summit. The last hour of the day will be an update on the Frew lawsuit. We

hope to find a very neutral speaker. On Friday Dr. Cassimassimo will do a presentation on lap exams and fluoride varnish for lay people. Round table presentations will be included. This year people will pre-register for their choice of round table presentations. Gilbert Hondel, MD will wrap up the day speaking about oral health and how it is a component of general health. Registration will be \$75 in advance, and \$100 late registration. No POs will be taken this year; cash or checks only. Members were asked to help disseminate information about the summit. Grants will pay for the conference this year, but will not pay in future years. Currently a sponsorship criterion is being developed and sponsors will be sought.

CHIP Update: Dr. Robert Dew reported that the CHIP population is 26,000 children, 900 facilities and 1000 dentists. Due to the Frew lawsuit, Dr. Dew foresees CHIP fees increasing along the lines of Medicaid increases. All providers of Medicaid and CHIP must have NPIs by September 1, 2007. Currently only 50% are registered. Efforts are being made to increase the number of registered providers, and they are working on issues to make the registration process as easy as possible for participants and providers. Children will be eligible for one year now starting September 2007.

Fluoridation Update: Tom Napier reported that Elgin was recently discovered to have stopped fluoridation about two years ago. The town of Alice has returned to fluoridation and Palestine and Mt. Pleasant are studying the possibility of returning. The State will help to purchase necessary equipment, but cannot provide the entire project. Tom circulated a list of the state's largest non-fluoridated systems.

Committee reports:

The Advocacy Workgroup recommended, and Chair Janet Bartlett moved to develop a brochure for the coalition, as well as a separate brochure for the Pediatrician/Dentist Project. APPROVED. (12-07)

The Advocacy Workgroup recommended, and Chair Janet Bartlett moved, to order 200 D. K. Buster pins, at a cost not to exceed \$4.00 per pin, to be sold at the Oral Health Summit in October. APPROVED. (13-07)

Surveillance: Dr. Bill Gray reported that the group has worked on developing new questions for the BRFSS survey. CDC epidemiologists suggested using questions that are previously proven. Suggestions are:

1. Do you have any dental insurance coverage of any type?
2. What is the main reason you have not visited a dentist in the last year.
3. How would you describe the condition of your teeth and gums?
4. When was the last time you had an oral cancer exam by a dentist.
5. How many times have you sought dental care in Mexico?

The group plans to review the current burden document and make changes as necessary. They also plan to set up a central repository for dental surveillance of all types. They plan to continue to support oral health surveys, explore adult surveys, and look at the surveillance part of the State Oral Health Plan to make suggestions for the future.

Access to Care: Dr. Bolin stated the primary goal, Medicaid fee increases, has been accomplished for the time being. Now we will wait to see if the number of providers increases. Provider enrollment remains a problem currently. They want to increase access to care by presenting enrollment information on Medicaid to students toward the end of dental school. They hope to change dental school curriculum to include caring for the very young. They also hope to examine RNs reviewing Medicaid dental care in nursing homes. A discussion followed on the variety of definitions of “routine care.”

Infrastructure: Dr. Johanna DeYoung reported that Infrastructure should include community based organizations, state health services, professional dental providers, etc. They plan to pursue a legislative mandate to have a state dental director and dental program. A common repository for dental information was suggested. They hope to recruit a “champion.” It was suggested that the coalition inform executive level positions of TxOHC successes, encourage fluoridation and sealant programs to optimize oral health for all Texans. They also wish to promote intraoral exams by age one.

Population Based Prevention: It was agreed that this work group would be placed under Advocacy.

Nominating Committee: Officers are to be elected at the Summit. Dr. DeYoung will chair the committee and Lynn Southerland, Sally Hopper and Bob Peterek will serve on the committee.

Committee to Update TxOHC Oral Health Plan: Volunteers from each work group include: Dr. Anthony Bolin (Access to Care), Dr. Bill Gray (Surveillance), Ginny Hickman (Infrastructure), Joe Babb (Advocacy) will review the plan and have a report ready for the Summit.

Janet Bartlett moved that the coalition amend the bylaws to allow a two-year term for the Chair and Treasurer. Seconded. APPROVED. (14-07)

Adjournment: The meeting was adjourned at 4:00 PM.

Dianna Prachyl, Chair

Sally Hopper, Secretary