

MINUTES
Texas Oral Health Coalition (TxOHC) Meeting
April 13, 2006

TxOHC Attendees	TxOHC Attendees	DSHS Staff Attendees
Joe Babb, Methodist HealthCare Janet Bartlett, RN, El Paso OH Commission Terry Beattie, HHSC Anthony Bolin, DDS, Baylor College of Dentistry Dorothy J. Calhoun, Head Start David Cappelli, DMD, MPH, PhD, UTHSCSA Gary Delz, United Concordia Johanna K. DeYoung, DDS, Dental Task Force of Greater Houston Alicia Grant, RDH – TDHA	Ginny Hickman, Children’s Oral Health Coalition Sally Hopper – Dental Health for Arlington Dan Jones, DDS - Baylor College of Dentistry Paul Kennedy, DDS, TAPD – Corpus Christi Robert E. Peterek, DDS Jane Steffensen, MPH, CHES UTHSCSA Mickey Vaclav, DDS Beth (Gonzalez) Vance	Linda M. Altenhoff, DDS - Oral Health Manager Jennifer Haussler, MS – R&PHA Tom Napier, PE - Fluoridation Program Kathy Griffis-Bailey, MS, CSHCN Sandy Tesch, RDH - TxOHC Coordinator Other Rene Lavinghouze, CDC Jay Bond, TDA Jenny Young, TDA Diane Rhodes, TDA

Chairperson Alicia Grant called meeting to order. Linda Altenhoff introduced two guests at the meeting: Jennifer Haussler, DSHS Research Specialist, and Rene Lavinghouze, CDC project officer for the Oral Health Cooperative Agreement.

The minutes from the February 22, 2006 meeting were approved with the following amendment: Page 2 – Web site Discussion – The Methodist Healthcare Ministries has provided space through their Internet Service Provider and technical support to assist with the TxOHC web site development.

Bylaws Revision Discussion

Joe Babb identified comments received regarding the proposed new bylaws. The following comments were noted:

- Length of terms for regional coalition members
- Requiring TxOHC board members to be coalition workgroups members
- Having each workgroup elect their own chair instead of by appointment
- Composition (number) of dental health professionals on the Board
- Certain dental professional groups would have automatic representation on the Board
- Specific number of regional coalition representatives on the Board
- Diversity on the Board and diversity within the membership
- Additional representatives from various professional organizations
- Process for annual nominations of the TxOHC chair and Vice-Chair
- General membership’s voice in the election of Board members
- TxOHC becoming a 501(c) 3.

The following comments were received and perceived as being procedural: having a leadership application for coalition members, protocol/guidelines for use of TxOHC logo, and the role of state employees as staff support. Additional comments can be sent to Joe Babb, Johanna DeYoung, and/or Alicia Grant before the next scheduled TxOHC meeting in July.

Linda Altenhoff commented that representatives from other professional dental groups such as TDHEA, AAPD, HAD, TDAA should be considered for addition.

Update from Meeting with the Commissioner

Linda Altenhoff reported on her meeting with Commissioner Sanchez, which also included Evelyn Delgado, Associate Commissioner and Jann-Melton Kissel, Manager, Specialized Health Services Section. A briefing paper had been developed prior to the meeting to emphasize the many changes in funding, staffing and activities of the program during the last 5 years. In addition, the TxOHC Chair had sent a letter to Commissioner Sanchez in support of rebuilding the oral health program's infrastructure. Dr. Altenhoff requested consideration of funding for two initiatives for the program: the addition of 5 new regional hygienists to increase access for children to preventive services and the reinstatement of the Fee-for-Service program, which arranged for emergency services for uninsured children. The outcomes to the meeting were positive. Dr. Altenhoff will check to see if the briefing paper can be shared with coalition members.

Dr. Kennedy commented that increasing dental reimbursement rates for Medicaid providers should also be discussed. Dr. Altenhoff added that all stakeholders have the opportunity to voice their concerns regarding the Medicaid program at the quarterly stakeholder meetings.

Early Intervention Discussion

Dr. Altenhoff distributed a second draft of the Early Intervention's Workgroup's proposed Goals and Activities. (Copy attached) The consensus of the coalition was to support the goal of establishing a dental home and having a first dental visit by age one (1) year.

The following comments and questions were made:

Should a recommendation be made regarding using fluoride toothpaste topically with the very young child? New evidence-based studies show that this is more beneficial than other type of fluoride therapies in reducing tooth decay. Dr. Kennedy stated that currently there are no standard protocols or guidelines for fluoride use in children, although, studies suggest that using topical fluoride is extremely important for high-risk children. Dr. Gary Delz stated that the ADA is currently working on a position paper regarding the topic.

Terry Beattie announced a new grant through the Health and Human Services Commission. The Texas Early Childhood Comprehensive Systems Initiative (called Raising Texas) is a federally funded grant project with the ultimate goal of supporting families and children who are "healthy and ready to learn at school entry." The initiative aims to increase coordination between systems of services (between health and human services and early care and education). Five major service areas in early childhood development are addressed: Access to Health Insurance and a Medical Home; Early Care and Education; Mental Health and Social Emotional Development; Parenting Education; and Family Support. At this time, a draft comprehensive systems plan with specific outcomes, goals and activities has been developed, with implementation activities beginning in September 2006.

WIC Video Collaboration

Sandy Tesch discussed the Oral Health Program's collaboration on the creation of a WIC Oral Health video, titled, "Nothing but the Tooth." It will focus on oral health care during pregnancy and infant's oral health care up to 1 year of age. The video will be available in English and Spanish. Sandy provided a script to the coalition members and discussed its main talking points and how they mirror the TxOHC's Goals and Early Intervention message.

Additional suggestions and questions were discussed as follows:

- Should there be a message in the video regarding using fluoridated toothpaste with the 0-1-age child?
- How should the amount of toothpaste be described – smear? - pea-sized?
- Should the video mention that breastfeeding “at will” is also a very bad habit and promotes tooth decay?
- What will the distribution of the video be?
- Will there be training available for other groups besides WIC?

Sandy stated that the comments made regarding the content of the video could be added to the WIC lesson plan that will accompany the video and has not yet been developed. She will discuss the members’ comments/questions and the distribution of the video with WIC and bring answers to the next meeting.

There are approximately 702 WIC clinics that will use this video during their oral health lesson. The video should be completed by June 2006. Sandy will also check if this video, plus additional oral health videos through DSHS can be placed on the DSHS web site.

Dan Jones made a motion: *I move that the TxOHC coalition endorse the content of the WIC video and to place the coalition’s name and logo within the credits.* The motion was seconded by David Cappelli and was passed to put the TxOHC name and endorsement on the video.

Oral Health Summit Planning Report

Dan Jones reported on the upcoming Oral Health Summit. He suggested that an overview of the newly reinstated CHIP dental program would be a good topic. Robin Herkowitz suggested a summit that focused around the legislative environment and budget for the upcoming 2007 legislative session. Alicia Grant had recommended the idea to Dan Jones that each of the 5 workgroups be “tasked” to come up with a speaker for a plenary session and a topic for a breakout session that would relate to their groups and with the Early Intervention theme. Another suggestion was that the theme of the Summit should correlate with TxOHC message on Early Intervention.

Dates for the summit were discussed and the number one choice will be November 16 and 17, 2006, Next choice, November 9 & 10, 2006. The days for the 1-__ days conference will be Thursday afternoon and all day Friday. Coalition Coordinator, Sandy Tesch will be responsible for securing a hotel. Members agreed that keeping it near the downtown area was best and suggested perhaps using the Radisson again, or the Marriott, Omni South Park, Embassy Suites, or the Airport Hilton. Requirements are that the hotel offers the state rate for lodging for attendees and a reasonable or free parking rate.

Web Site Discussion

Dan Jones stated that members who want to add additional information to the web site should contact him. He remarked that he tried accessing site through Google, and it can be reached. Johanna De Young suggested forming a special committee to develop a 1-2 page hymnal of messages and fact sheets to be placed on the web site. She asked Chairperson Grant to assign members to the special committee after lunch. The position paper would include: bulleted items containing statistics, photos, FAQs, anticipatory guidance info, TxOHC’s message regarding early intervention, contact information for the coalition and references/links for access to the Burden Document and Oral Health State Plan.

Robin Herskowitz suggested keeping the position paper for legislators to one-page with bullets. The “leave-behind” handout could be 1-2 page in length. It was explained to her that TxOHC does not have a targeted message at this point in time, but would keep this in mind as the next legislative sessions nears.

CDC Project Grant Officer (PGO) Presentation

Rene Lavinghouze explained her role at CDC as a Project Grant Officer and Evaluation Specialist for the Division of Oral Health. Although the CDC has an annual budget of \$12 million, their division is the smallest of all the other divisions.

She then explained the differences between a grant and cooperative agreement. DSHS Oral Health program has a 5-year cooperative agreement with CDC that focuses around oral health program capacity building and prevention (fluoridation and sealants). Ms. Lavinghouze reviewed the recipient activities within the cooperative agreement and explained that CDC’s role is to provide technical assistance.

Ms. Lavinghouze then focused on the purpose of a statewide oral health coalition and stated that it should function as an independent entity, not dependent on DSHS leadership. DSHS’s role is to offer technical support for the coalition through meeting planning, preparation of meeting materials and funding assistance when available. The Coalition Coordinator acts as a liaison between the coalition’s leadership and the DSHS Oral Health Program.

Ms. Lavinghouze then discussed the coalition’s role in the implementation of the state oral health plan. She stated the need for the coalition to develop action plans to implement the State Plan’s goals. The most essential thing is to build infrastructure, from inside and outside the coalition through community, organizational and governmental support. Stakeholder involvement is crucial for coalition sustainability, activity implementation and support of advocacy efforts. It’s also critical to show legislators that a large number of people are behind the implementation of the State Plan, (strength is in numbers) and that there is more “buy in” from regional coalitions.

It is important that each regional coalition sees their connection with the statewide coalition, so that they endorse the same issues and activities. Although each regional coalition should and will have their own individual action plans for activities within their specific area, these plans should complement the Statewide Coalition’s action plans, not compete. The state TxOHC needs to speak with one voice and coordinate with the regional coalitions.

How should the State Oral Health Plan be distributed? After the distribution, TxOHC needs to evaluate how it was perceived? Who received it; was it given to the right people? Was there a cover letter attached stating its intention and why it was important to read? Was there any type of “call back” plan to check if people received the plan (usually about 10% of the names from the distribution list)?

Next, the coalition should evaluate outcomes and impacts for each action plan implemented from the State Plan. Ms. Lavinghouze discussed how each action plan should include SMART objectives:

S – single-focused

M –measurable

A –attainable

R – relevant to Texas

T – timeframe specific

She discussed the role CDC can play to help support the coalition. CDC could fund:

- Coalition activities that focus on prevention (fluoridation and sealants only.)
- Oral health Summit Planning and Implementation.
- Provision of technical training for regional coalitions through the TxOHC.
- Funding for Fluoridation and dental sealant programs' infrastructure building.

She urged TxOHC to hone their focus and prioritize the activities they wanted to accomplish within the next 1-3 years. Ms. Lavinghouze discussed how success stories are so important to the support and sustainability of the state coalition. Again she emphasized the need to have action plans with year 1, year 2, etc. goals, and an evaluation component to measure the coalition's successes. She suggested formatting this year's Oral Health Summit as first a cheerleading session, then for the second part to offer technical training and assistance in writing and implementing regional action plans.

Rene suggested a speaker, David Hoffman, Director of the Chronic Disease Division, who presents advocacy training for coalitions. He could give examples how regional coalition action plans and state action plans feed into each other.

Another component discussed was the evaluation of the TxOHC membership. Ms. Lavinghouze recommended doing a membership maintenance activity to identify what types of members from which organizations are currently participating on the Coalition. She reviewed the CDC's coalition framework (handout) for membership. By doing this member exercise at the next meeting, the coalition can identify where representation is missing and what other individuals/organizations should be invited to join.

Other points mentioned by Ms. Lavinghouze were:

- The coalition's bylaws membership maintenance plan that defines "active" membership, membership terms, and membership representation.
- Watch for the "political expedient members and do not drop them off the membership roster due to non-attendance. The coalition needs their political clout.
- Review the membership roster yearly and eliminate those not active in the Coalition's activities.
- It is also important to develop a membership recruitment packet to have available (keep 4-5 copies) for on the spot recruiting. The packet should be simple and contain info like: previous meeting minutes, mission, vision statements, roster, contact info, success stories, annual report, upcoming Oral health Summit info, and tangible and intangible benefits of membership.

Questions were raised about what other activities the CDC would fund.

Q –Would CDC fund distribution of the new Oral/Health/WIC video and training on the subject matter?

A –No, because CDC would view that as basic implementation. Rene's suggestion was to look for other funding sources and to collaborate with partners to do the training.

Q- What does CDC fund regarding dental sealants?

A - CDC funds activities around sealant promotion (development of promotional materials), calibration training, BSS activities, and evaluation methods for sealant programs.

Q - How can TxOHC get grant monies without being a 501(c) 3?

A – Partner with other organizations who are a 501(c) 3 and make them the fiscal agent for the grant.

Q- Have other coalitions partnered with primary health care entities to fund coalition activities?

A - Yes, many times these entities can offer large amounts of funding to support activities, especially those that focus around children

Q – How can CDC support regional oral health coalitions?

A – By offering technical training at the next Oral Health Summit regarding work plan development, advocacy, and coalition sustainability.

Q- What should the next step regarding dental sealant programs be?

A – The Coalition should work on developing active work plans and implementation of these plans. The plans should be “pulled out” of the State Oral Health Plan.

Q – Should the Coalition focus on the rebuilding the DSHS Oral Health Program infrastructure?

A - The best way to gain support for the DSHS Oral Health program is to launch an advocacy campaign and collaborate with as many partners as you can to carry the message. Also, the coalition needs to develop a 1 year work plan on how they would plan to build the program which should include: goals, action plans, timelines, and name of who is responsible, and how it will be evaluated.

Dr Altenhoff spoke to this issue with the suggestions that DSHS could help by leveraging resources for the program by:

- Loaning out portable dental equipment for other groups to do sealant programs
- Collaborating with Texas Mission of Mercy (TMOM) to offer preventive services (sealants) during their events,
- Partnering with dental schools and dental hygiene programs for service-learning opportunities and to share resources.

Chairperson Grant thanked Ms. Lavinghouze for her time and expertise on the CDC grant activities.

Appointments to Workgroups

Janet Bartlett will be Chair of the Advocacy Workgroup

Special Task Force to Develop TxOHC Fact Sheet and Messages

Johanna DeYoung (Chair)

David Cappelli

Jeannie Stevens

Dan Jones

Announcements

Workgroups should continue to keep meeting via the conference call bridge line to discuss and choose speakers for the next Oral Health Summit plenary and breakout topics. Call Sandy Tesch to set up the time and date.

The National Oral Health Conference will be April 30 – May 3, 2006 in Little Rock, Arkansas. A handout was distributed.

Next TxOHC meeting will be July 13, 2006 at the Omni South Park Hotel.

Meeting adjourned – 3:15 pm.