

MINUTES
Texas Oral Health Coalition (TOHC) Meeting
July 28, 2005

TOH Coalition Attendees	TOH Coalition Attendees Continued	DSHS Staff
Joe Babb – Methodist Healthcare Ministries Janet Bartlett, RN, El Paso OH Commission Dorinda Bates – Amarillo Dental Task Force Terry Beattie – HHSC, Children's Programs David Cappelli, DMD, MPH, PhD - UTHSCSA Dale Drennan, DDS, Covenant Health Systems Gary Delz, DDS – United Concordia Bruce A. Gilmour – Midland Community Health Alicia Grant, RDH – TDHA	John Hederman, DDS, Gulf Coast Health Center Sally Hopper – Dental Health for Arlington Dan Jones, DDS - Baylor College of Dentistry Jim Kemp, DDS - Amarillo Dental Task Force Paul Kennedy, DDS, TAPD – Corpus Christi Robert Peterek, DDS, Consultant Michael Vaclav, DDS – Texas Dental Assoc. Bonnie Waite, RDH, City of Austin Sealant Program Linda White - Baylor College of Dentistry	Linda M. Altenhoff, DDS - Oral Health Manager Adama Brown, PhD, OH Epidemiologist William Gray, DDS - Region 4/5 Staff Dentist Tom Napier, PE - Fluoridation Program Kathy Griffis-Bailey, MS, CSHCN Sandy Tesch, RDH - TOHC Coordinator Sharon Di Felice – OH Prog Specialist Belinda Abete – OH Prog Specialist Shellie Shores, WIC, DSHS Fran Butterfoss, PhD, Coalition Consultant

Fran Butterfoss, PhD, presented “Sustaining the Momentum,” a workshop she has developed based on her years of experience of developing and working with coalitions. At the end of the presentation, the group participated in an exercise to choose and discuss the top barriers to a successful coalition.

TOHC members listed the following:

Barrier: Lack of History (Public awareness of the importance of good oral health to overall health.)

Strategies: PSAs (Public Service Announcements) directed to the community
 Better communication among dental and medical professionals
 Communication with Legislative Aides
 Improve collection of baseline data

Barrier: Lack of direction/focus (Save the world priority for advocacy.)

Strategies: Establish top priority for coalition
 Connect oral health with good health
 Set time frame, realistic, specific
 Regular conference calls, meetings
 Do-able action plans/measurable
 Proper planning – re-evaluate, revise

Barrier: Funding/resource development

Strategies: Unified message – no mixed messages
 Get involved: Pediatric Dentistry, Dentists, Hygienists, Allied Health Professionals, Consumers, other coalitions
 Raise public awareness
 IBM, TI, OIL, Motorola, Exxon, Dow Chemical, Samsung, Southwest Airlines

Barrier: Lack of support from organization – DSHS, HHSC

Strategies: Interagency cooperation
 Share Oral Health successes/accomplishments
 Invite upper management to meetings

Barrier: Geography

Strategies: Convene meeting in cities other than Austin; ask local OH Coalition to host
 Conference calls, video conferencing

Dr. Butterfoss had specific suggestions for the Texas Oral Health Coalition:

1. Crystallize members/functions of Steering Committee, e.g.,
 - Meet regularly prior to general coalition meetings to set agenda and strategize
 - Elect 2-4 “at large” members to the Coalition

2. Review member roster to assure it represents diversity of State
 - Ethnic/special population organizations
 - Members from non-oral health community
3. Develop member list-serve and electronic newsletter
4. Develop orientation packet/recruitment process
5. Simplify minutes
6. Think about Work Group Vice Chairs for job-sharing and continuity/succession of leadership
7. Action plan clarified with goals, objectives and strategies
 - End of year summary report and report card
8. Set regular conference call times for Work Group and Steering Committee
 - e.g., first Tuesday each month, 1-2 pm or 2nd Friday every other month 9-10
9. Have meetings in different cities

In closing, Dr. Butterfoss stressed that TOHC should:

Identify a single action and direction together,
 Prioritize goals and work toward one goal,
 Keep existing Oral Health Plan as framework,
 Education should be a priority – must educate the public regarding the connection and importance of good oral health to overall health.

Minutes and Bylaws

Dr. Mickey Vaclav convened the meeting after the lunch break. Minutes from the March 2, 2005 meeting were approved. The draft Bylaws were presented for approval. A motion was made, seconded and passed to add two members-at-large to the Steering Committee. They will be elected, along with the officers, in November. For the remainder of this year, the Chair will appoint them. It was decided that all members would have a vote in Coalition matters, with the Chair abstaining, except in the case of a tie vote. Members can recuse themselves if they have a vested interest or conflict in a matter up for vote. New language was added to Section 5. Vacancies. “Non-attendance shall be defined as missing 50% of called meetings within a one year time frame.” The Bylaws were then adopted as amended.

Oral Health Summit

Sandy Tesch, Coalition Coordinator, announced that the Radisson at Town Lake in Austin had been reserved for the OH Summit on November 4 and 5, 2005. She explained that the conference would be held on Friday afternoon and all day Saturday, based on feedback from last year’s meeting. Dr. Dan Jones, Chair of the Planning Committee, asked for suggestions for the summit.

- Send out a “Save the Date” letter as soon as possible.
- Last year’s summit seemed to lack focus. Dr. Linda Altenhoff suggested choosing a theme such as “Oral Health is Health.” Dr. Vaclav suggested, “Oral Health is the key to complete health.” Dr. Kennedy then suggested that the focus be on disparities and the theme be “Oral Health Disparities in Texas.”
- Keep the agenda workable; last year felt rushed.
- Dr. Gary Delz suggested that members of the CHIP Coalition be invited to tell their success stories and share how such a diverse group was able to work together and accomplish their goal.
- Suggested Invitees: Children’s Health Insurance Plan (CHIP) Coalition, Legislators and/or their Aides, previous OH Summit participants, State Dental and Dental Hygienists’ Associations.
- Suggested speakers: Someone from the CHIP Coalition, Jim Crall, author of the Surgeon General’s Report and expert on National Disparities, the gubernatorial candidates, Carol Keeton Strayhorn and Gov. Rick Perry, representatives from states where the Medicaid

program is very successful (Tennessee, Georgia, South Carolina, Michigan), Dr. Eduardo Sanchez, Commissioner of DSHS to give welcoming address.

Dr. Adama Brown, Epidemiologist for the Oral Health Group, explained the purposes and importance of evaluation. TOHC will be looking at the State Oral Health Plan to evaluate and simplify.

Logo

TOHC members chose a logo to represent the coalition from a selection they were given. The logo depicts a toothbrush with a star and tooth graphic above it with the acronym TOHC and the words "Texas Oral Health Coalition," written underneath. The logo selected is currently in blue; Sandy was asked to talk with the DSHS art department about adding red to the star graphic.

Dr. Altenhoff announced the next Centers for Disease Control and Prevention (CDC) Grantees' meeting will be held in Austin September 20-22 and invited TOHC members to attend all or part of the meeting to gain a better understanding of the CDC.

It was agreed that the Steering Committee would meet on September 19, 2005 to set priorities and an action plan. The Work Group Chairs will bring their top priorities to the meeting.

Updates from Work Groups

Advocacy Work Group - Joe Babb reported that they had had three or four conference calls since the last meeting. They have developed general and targeted messages and a communication plan for three different audiences: health professionals (both medical and dental), decision makers and the general public. He stated that after the information learned from the morning workshop, they intended to go back and re-evaluate their plans.

Assessment Work Group – David Cappelli, reported that the group had met once since the last meeting and had determined the need for secondary data sources, especially regarding adults. The value of existing data will be accessed to determine if it meets the CDC guidelines. He is currently working to get a list of the necessary criteria from CDC. Suggested possibilities were to add perio questions to the BRFSS, and to locate workforce and senior citizen data. Future meetings will be held on Tuesdays from 3-5 on a bi-monthly schedule. (Report included in notebook.)

Population-Based Prevention Work Group – Alicia Grant, reported that the group has identified four areas but need to better determine their direction. An action plan for each of the areas will be made and a regular meeting time established. (Report included in notebook.)

Access to Care Work Group – Dan Jones reported that although the work group had not yet met, there is an on-going project at Baylor to develop a database after determining which organizations in the state are providing low or no cost dental care. They plan to pilot a sort of clearing house with a case manager. They will establish monthly meetings.

Infrastructure Work Group – Dorinda Bates reported specific objectives to ensure a strong Oral Health program within the Department of State Health Services, along with a list of items to pursue. (Report included in notebook.)

Dr. Vaclav closed the meeting by stating that it seemed clear the education and advocacy, especially directed to higher management in DSHS and HHSC were of the utmost importance.

Meeting adjourned 3:50 pm.