

MINUTES
Texas Oral Health Coalition (TOHC) Meeting
March 2, 2005

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| <p>TOH Coalition Attendees Joe Babb – Methodist Healthcare Ministries Janet Bartlett, RN, El Paso OH Commission Dorinda Bates – Amarillo Dental Task Force Terry Beattie – HHSC, Children’s Programs John Brown, BDS, MS, PhD – UTHSCSA David Cappelli, DMD, MPH, PhD - UTHSCSA Dorothy J. Calhoun, Ed.D-Head Start (Houston) Gary Delz, DDS – United Concordia Insur. Co. Johanna K. DeYoung, DDS – Dental Task Force of Greater Houston & Surrounding Areas</p> | <p>TOH Coalition Attendees Continued Noel Garza, DDS - South TX OH Partnership Bruce A. Gilmour – Midland Comm Health Alicia Grant, RDH – TDHA 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 Jane E. Steffensen, MPH, CHES - UTHSCSA Michael Vaclav, DDS – Texas Dental Assoc. Linda White - Baylor College of Dentistry</p> | <p>DSHS Staff Linda M. Altenhoff, DDS - Oral Health Manager William Gray, DDS - Region 4/5 Dental Director Tom Napier, PE - Fluoridation Program Kathy Griffis-Bailey, MS - Prog Specialist - CSHCN Sandy Tesch, RDH - TOHC Coordinator Sharon Di Felice - Program Specialist Belinda Abete - Program Specialist Nipaporn Urwannachotima, DDS - UT Student Intern</p> |
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Welcome and Introductions

Dr. Mickey Vaclav, TOHC Chairperson, called the meeting to order and asked everyone to introduce him/herself. He welcomed everyone and said that although it was great to meet and discuss all the things that need to be done, he felt that the Coalition should find a direction that all can go toward. He asked, how can we do something now that we can look back on and say, “wow, we helped a million kids and we saved the State of Texas a billion dollars! “

The TOHC is tasked with:

- identifying oral health issues for all populations in Texas;
- reviewing, revising, and implementing the State Oral Health Plan;
- assisting in the development of a burden document; and
- educating the legislators and public about the need to improve oral health access.

Update from CDC Winter Grantee Meeting

Dr. Linda Altenhoff, State Dental Director, presented facts about the CDC grant, stating that the amount is approximately \$147,000 and that part of the funding is designated to distribute the State Plan and to develop a statewide coalition. She said that she and Sandy Tesch, RDH, TOHC Coordinator, had attended the second of two yearly grantee meetings in February in Atlanta. There are currently 13 state and one territorial grantees participating in this CDC pilot program to identify what it takes for a state to have an effective oral health program.

The Interim Report to the CDC, the first of two required annual reports, has been completed and was made available for members to peruse. The report consists of the Oral Health Program’s accomplishments and progress on the grant’s required Performance Measures. Dr. Altenhoff announced that the first nine measures have been met, which enables the program to move on to the next two and to request additional funding. The program is requesting \$250,000 for 2005-06.

A TOHC workshop is planned for July 2005 and the second annual Oral Health Summit will be held in September or October 2005.

Starting a Coalition Survey Results

Sandy Tesch discussed the results of the “Starting a Coalition checklist” survey and also asked members to complete an environmental assessment scan to give a better perspective on the perception of the oral health environment in Texas.

Member Representation on the TOHC

Dr. Vaclav stated that the Coalition seemed to have representation from most pertinent areas, but that we need to recruit a School Nurse and representative from the Texas Education Agency (TEA). Dr. Altenhoff added that we had invited both the TX Association of Children’s Hospitals and the Health and Human Services Commission (HHSC) Medicaid Director to designate representatives for the Coalition.

Minutes

The minutes from the TOHC Coalition meeting held on November 17, 2004 were approved.

TOHC Slogan

Sandy Tesch announced that members would be given two dots so that they could vote on the Coalition slogans proposed at the TOHC Steering Committee meeting and written on the flipchart. Members were to place the dots beside their top two preferred choices for the slogan.

- **Slogan Statement choices**
 - “Oral Health for Life”
 - “Oral Health = Health”
 - “Texans for Oral Health”
 - “Healthy Mouths = Healthier Texans”
 - “Oral Health for Texas”

Coalition vs. Network

In response to the question of the difference between the Coalition and the Network, Dr. John Brown stated that the Network was an entirely separate organization, even though it may draw upon the same stakeholders for membership. Because it will advocate for legislation, it must be separate from the Coalition.

Dr. Vaclav stated that he saw the Coalition as being the body and the Network as the tentacles that reach out from it. Robin Herskowitz, RHTWO Consulting, who has experience working with the Legislature, said that the distinction is that being a resource and providing information and education, not to a specific piece of legislation, allows the TOHC to provide education without stepping over the line to advocacy.

Dr. Vaclav asked Dr. Paul Kennedy to describe the Texas Academy of Pediatric Dentistry’s (TAPD) “Red Book,” that is used to educate Legislators. Dr. Kennedy stated that the American Academy of Pediatric Dentistry (AAPD) had lobbied in Washington for 20 years, for better oral health for children (with little progress). Then one of their members took photos of all his clients who came into his practice for one month. They were non-exceptional cases, but showed a graphic description of some of the oral health problems that we face. Those photos were put into a red binder and were used to lobby and educate the Legislators. By showing the real problems, instead of just talking about them, legislators began to understand. He said it’s the same in Texas, the Legislature doesn’t really understand what the problems are and until we are able to convey that image, we aren’t really getting through to them.

Dr. Vaclav stressed that education needs to occur at every level. Terry Beattie, HHSC, asked if we could get copies of those pictures; Dr. Kennedy agreed to email the information to Sandy for distribution to TOHC members. Dr. Vaclav added that the education process needed to run the gamut from Legislators, dentists, to parents. He said the best thing would be to start early with the pregnant women.

Dr. Kennedy stated that we all agree that education is important and now a days we operate in an evidence-based society. More studies are published every day. Just last week, he received a study that proved that the earlier treatment is begun, the more money can be saved. He will also send that study to Sandy for distribution to members.

Alicia Grant, RDH, Texas Dental Hygiene Association (TDHA), echoed the sentiments expressed and stated that we also need to educate ourselves. Dr. Brown agreed that having a visual for the initial engagement was a great tool, but when you talk to Legislators, the conversation soon leads to, “what’s the problem, what are evidence-based, cost-effective means of addressing the problem, and how much will it cost?” Dr. Vaclav said that we would like every child to have a dental home. Dr. Brown then stated that the issue is maldistribution of the workforce and that’s not an easy one to solve. Dr. Vaclav agreed, but said it should be one of our goals.

Dr. Kennedy added that we shouldn’t ignore some of the federal studies. Florida, California and Texas are similar in that they all have a disproportionate share of indigent children and a growing number of Hispanics, who are more likely to have dental disease. He said the data is already available and he would like TOHC to spend its time and money doing more than collecting data. Dr. Brown disagreed that Hispanics were more likely to have dental disease and said the problem is access to care and that their treatment rates are lower. Dr. Kennedy replied that we know we have a challenge in Texas and we do have proof that early intervention is effective, and he would like to see us get on with helping the children.

Rules and Bylaws

Sandy Tesch reported that at the CDC Grantee workshop, she had learned that it was important that Coalitions have rules and/or bylaws, even though the TOHC had determined at the November meeting that they didn't see the need for rules and bylaws yet. She volunteered to draft the bylaws, based upon examples she had collected, and email them to members for comment. That can be a discussion for the workshop in July. A TOHC logo will also be drafted by the DSHS Art Department.

TOHC Workshop Announcement

Dr. Vaclav announced that the next TOHC meeting would be a one-day workshop on Thursday, July 28, 2005. Dr. Altenhoff explained that we would contract with Dr. Fran Butterfoss, who works with CDC Coalitions, to facilitate the meeting and to focus on several topics including how to deal with conflicts and workgroup effectiveness. The meeting would be held off-site, at a hotel, possibly near the airport, for convenience. She asked members for their thoughts. Dr. Vaclav added that now would be the time to start working on legislative issues for the 2007-08 session and that he felt it was extremely important to have this type of workshop.

Dr. Delz, United Concordia (UCI) Dental Director, said that he disagreed that it was too late to be effective in the current legislative session. He said we should be providing education right now and that UCI is continually receiving requests from the Legislature for information. We need to be talking today about what we can do to communicate with the people down the street from us, he stated.

Dr. Vaclav agreed, especially regarding the restoration of CHIP (Children's Health Insurance Program) benefits, but said in the broader scope of where we're heading, we still need to prepare for the next session.

Sandy Tesch mentioned that there was a flyer in the packet regarding the CHIP Advocacy Day, being held on April 6, 2005, at the Capitol. She also pointed out that there were blue CHIP ribbons on the sign-in table that members were welcome to take.

Dr. Kennedy said that at the ADA (American Dental Association) meeting in October, Medicaid success stories were reported and one factor that led to all those successes was the fact of having a strong state coalition. Alicia Grant asked if it were appropriate to educate the Legislature about the TOHC. Dr. Vaclav replied that he thought it was. Robin Herskowitz recommended that every member memorize the TOHC Mission Statement, so that everyone used the same message.

- **Mission Statement**

"The purpose of the TOHC is to promote optimal oral health for all Texans through a statewide partnership."

Jane Steffensen, UTHSCSA, suggested that it might be a good idea for members to have a one-page fact sheet to distribute. Robin said a list of four to five quick facts would be ideal. Dr. Vaclav stated that he has access to a PowerPoint presentation that lists some good, brief facts about Medicaid issues; he will forward to Sandy. Janet Bartlett, RN, El Paso Oral Health Commission, stated that each member should be taking information from the meeting back to his or her legislators.

Local Coalition Successes

El Paso

Dr. Vaclav pointed out that Janet Bartlett had been very active in the El Paso Oral Health Commission and asked her to talk about their experiences. She began by saying that El Paso is in the corner of the state, far away from Austin, so when they have a problem, they try to get together and solve it. In 1987, the poverty level in El Paso was 26%. The group's dream was to start a dental clinic for indigent adults. When the Kellogg Project, Community Voices, came to town, the two groups joined together. They opened a dental clinic in September 2004 that sees both indigent adults and Medicaid children. Their group also distributes educational posters about mouthguards and sports injuries. All the Commission members are volunteers who meet quarterly to try to solve problems. They also write letters regularly to their legislators.

Tarrant County

Dr. Vaclav then asked Sally Hopper to talk about the Dental Health Arlington and the Oral Health Coalition in Tarrant County. She pointed out that Tarrant County has a 1.5 million population with many different people, schools and governments. Cook Children's Hospital brought everyone together to form the Coalition. United Way conducted

needs assessments in 1990 and 2000 and found the number one oral health problem to be no dental care available for indigent adults. In Fort Worth, the *Save A Smile* project recruited dentists who agreed to provide services for children in pain. They began with five schools and now cover thirteen. The Presbyterian Church is trying to start a dental clinic in Fort Worth. She worked with Arlington in 1992 to start a clinic. They opened with two old dental chairs and recently opened a new clinic for indigent care, seeing about 4000 patients a year. The clinic covers southeast Tarrant County; most treatment provided is for pain and patients must provide proof of low income. They also have a School Sealant program. When they began the program, 61% of children had decay; now after eleven years, only 47% have decay. A staff dentist, hygienist and volunteers operate the clinic. Mansfield is trying to open a volunteer clinic. One overall goal of the Coalition is to provide oral health education and toothbrushes to all kindergarten and third graders in the county. Dr. Vaclav pointed out that it took from 1987 to 1992; it didn't happen overnight, but that persistence pays off. Jane Steffensen added that the CDC Task Force has proven that sealants work.

Rio Grande Valley

Dr. Vaclav asked Noel Garza, DDS, South Texas Oral Health Partnership, to talk about his Coalition. Dr. Garza began by stating that the poverty level in the Rio Grande Valley is equal to or worse, than in El Paso. He added that he noticed in the minutes from the first meeting that the TOHC and RGV Vision Statements are nearly the same, except that "treatment" is emphasized in the RGV Statement. Dr. Garza recommended that the TOHC Vision Statement be revised to include "treatment" as a priority. Alicia Grant explained that there had been a lot of discussion when the Vision Statement was written at the November Steering Committee Meeting and that was the result. No action was taken on Dr. Garza's suggestion.

- **TOHC Vision Statement**

"We envision Texas as a state where every person is known to enjoy optimal oral health as part of one's total well being through individual shared community responsibility where:

- **Education and prevention are priorities;**
- **Education, prevention, and treatment are available, accessible, affordable, timely and culturally competent;**
- **Community solutions are shared among patients, parents, providers, employers, insurers, and government; and**
- **Collaboration by government, higher education, public and private sector ensures resources, supportive public policy, quality care, advocacy, and patient protection."**

Dr. Garza went on to say that they had recently held an Oral Health Summit that was attended by 40 dentists, 20 hygienists, 10 school nurses and 10 to 15 dentists from Mexico.

Baylor College of Dentistry, et al.....

Dr. Vaclav then recognized Dr. Dan Jones, Baylor College of Dentistry, Texas A & M University, who stated that there was no formal coalition in Dallas; however, the Baylor College of Dentistry has been there for 100 years. There is an informal group made up of the Dental School, Dallas County Dental Society, the Kiwanas Children's Oral Health Center and the Community Dental Centers, consisting of twelve clinics, which reach a wide range of clients. The Kiwanas Oral Health Center sees 7,000-8,000 patients a year. There are 3,000-4,000 children who receive sealants or fluoride varnish with sealants; the student outreach program provides oral health education to 80,000 students a year; and restorative and preventive care is being provided at the Juvenile Detention center to approximately 3,500 juveniles. In February, the TDA, in partnership with the Dallas County Dental Society, held a two-day TMOM (Texas Mission of Mercy), where adults were seen on Friday and children were seen on Saturday. Over 100 volunteer dentists and auxiliary staff treated 669 patients and provided \$253,000 worth of dental care at 60% of UCF (usual and customary fees).

Texas Head Start Facilities

Dorothy J. Calhoun Ed.D, Head Start Collaborative Office, announced that three Head Start Forums are being held across the state to focus on, and to raise awareness of, the need for early dental care for the Early Head Start/Head Start populations. The first forum held in Houston was successful, as a beginning. The second forum will be held in Laredo on March 12. Information was included in the packet and Coalition members were invited to attend.

She asked that Coalition members send her information on events like TMOM so that she could publish them on her Head Start website. Dorothy shared that yesterday she had attended a meeting preparing for the Homeless Academy. So much of the concerns overlap. The issues for low income families and children bridge across all state

agencies. She stated that this state is wealthy and that does not equate to the love we have for our low-income families.

Dental Task Force of Greater Houston and Surrounding Areas

Dr. Johanna K. DeYoung reported that the Dental Task Force of Greater Houston is in partnership with the schools of dental hygiene and allows the students to work in the dental clinics. They are also attempting to partner with the UT Dental Branch students to provide pediatric assistance. They are opening a new dental clinic and getting portable equipment. The Task Force is also looking at School-Based Sealant Clinics and providing Fluoride Varnish in Head Starts and WIC Clinics. Dr. Vaclav observed that there's a lot going on and the function of the TOHC is to bring it altogether and put some power behind it.

Next Oral Health Summit

Dr. Altenhoff announced that the DSHS Oral Health Group proposed holding a second annual Oral Health Summit in September or October 2005. She asked for suggestions for dates, location, focus and topics for the meeting. Dr. Vaclav suggested September 30-October 1 or October 14-15. There were no objections, so DSHS staff will check for location and speaker availability. Terry Beattie recommended that we investigate other related meetings taking place during that timeframe that we could dovetail on to. Dr. Altenhoff stated that we might be able to get Oral Health America to facilitate the meeting. Suggested topics were school-based sealant clinic training, Head Start Forums, and a regional coalition panel discussion. Suggested speakers were Dr. Jim Krall from UCLA and Dr. Elizabeth Duke from HRSA.

Dr. Vaclav stated that as soon as the date and location are set, he would like to see invitations sent to the Governor's Office, Senator Nelson's office, the Speaker of the House, and others so that it would be placed on their calendars now. Jane Steffenson suggested that if we invited them to speak, they might be more likely to attend. Dr. Jones advised appointing a program committee of two to three TOHC members to gather information, etc. Dr. Vaclav asked him if he would like to chair the committee and he accepted. Committee volunteers were Alicia Grant, Dr. Kennedy, and Dr. Delz, who will work with Sandy Tesch and the DSHS staff to organize the Summit. Sandy reported that at the CDC Grantee Workshop, there were Chronic Disease programs that are beginning to recognize the links between good oral health and overall health and that presents an opportunity for building partnerships and funding opportunities.

Dr. Vaclav added that, now that they have pediatricians at Texas Tech and obstetricians are a part of it, we need to bring them into the Coalition. He stated that the biggest problem in Amarillo is that Coke brings so much money into the schools through the vending machines, the dentists are seeing major changes in the children's teeth. Now the medical society is also recognizing the problems relating to obesity. It was suggested that if the schools are not complying with the TEA nutrition guidelines, they should be notified of them. It was also suggested that Susan Combs of the Texas Department of Agriculture (TDA) be invited to speak at the Oral Health Summit.

Environmental Survey

Time was allotted for members to complete the CDC Environmental Assessment Survey. Sandy explained that the purpose of the survey was to ascertain the opinions of the TOHC members regarding the general support for public oral health in the State. CDC had also recommended including this information as part of the grant reporting.

Burden Document

Dr. Altenhoff asked the members to read the Burden Document and send comments to her. She explained that it would be updated on an annual basis, as new data was obtained and that it needs to contain lifespan information, not just surveillance on children. Kathy Griffis-Bailey asked if adults with disabilities would be included and the response was, "yes." Dr. Altenhoff added that Children With Special Health Care Needs (CSHCN) are living longer and becoming adults with oral health needs. Suggestions were also made to add data on Adults with Disabilities and patients in long-term care facilities. Jane Steffensen pointed out that dental accreditation had decreased emphasis on dealing with the disabled. Dr. Kennedy responded that the ADA (American Dental Association) had recently made a recommendation to increase training for taking care of adults with disabilities and that would become effective in 2006. He added that the AAPD recognized that they had not been addressing the care of children or adults with special needs and will be having a symposium on the topic soon. Dave Cappelli announced that UTHSCSA is setting up a website to identify health indicators and that oral health is one of them. Also, Bexar County is going to assess the oral health of its residents. Dr. Altenhoff added that the program hopes to access data from the 2-1-1 system. That is where calls requesting assistance with dental care are referred. When asked,

she explained that 2-1-1 is a statewide information resource, run primarily by the United Way organization. When Jane Steffensen added that the 2-1-1 system was under-funded and that we all needed to support it, Dr. Altenhoff explained that before the startup of 2-1-1, all state agencies identified their 800 toll free numbers that were used to provide assistance. The majority of those numbers were discontinued and the funds and calls are now redirected to 2-1-1. Robin Herskowitz suggested that a Community/Volunteer Activity section be added to the Burden Document to show evidence or status of ongoing efforts.

Texas Oral Health Plan

Dr. Vaclav recognized Dr. John Brown to discuss the State Oral Health Plan. Dr. Brown announced that the Plan had been finalized by his Steering Committee and had been distributed. Dr. Brown stated that his hope was that the plan would be used and further distributed. Jane Steffensen added that it can currently be seen on the website by going to Google and searching for Texas Oral Health Plan. She added that hopefully DSHS would help with the distribution and encouraged anyone who had a website to provide a link to the report. Although the Plan was used as a model to determine the TOHC workgroups, Dr. Brown added that it is not just for the DSHS, but for the public and private sectors as well. Terry Beattie asked if DSHS planned to track activities generated by the Plan and Dr. Altenhoff answered that would be an activity of the workgroups.

Reports from Workgroup Chairs

After a working lunch where all of the workgroups convened to discuss their plans and activities, all members came back together to hear the results of those sessions.

Oral Health Assessment Work Group – Chairperson Dr. Cappelli, Members: Dr. Altenhoff, Dr. Brown, Dr. Garza, Bruce Gilmour, Jane Steffensen, Dr. John Hederman

David Cappelli said that assessment is the first function of Public Health. Education of the Legislature and the public is paramount and statewide data is imperative to take to the Legislature to affect change. He reported that his group had had two conference calls prior to today's meeting and had defined their charge as surveillance. Dr. Altenhoff had provided an update on current surveillance strategies and the group determined that their primary role would be to support the Oral Health Plan and to look at areas that need data collection improvement – the adult, elderly and adolescent populations. The group decided to investigate other states to see how they collect data. Those states were Ohio, North Dakota, North Carolina, New Hampshire, Illinois, Rhode Island, and Arkansas.

Some of the workgroup recommendations are:

- ☒ Sponsor OH questions on the YRBSS (Youth Behavior Risk Surveillance Survey). North Dakota currently asks seven questions related to tobacco use and oral health.
- ☒ Partner with other groups that collect data or have access.
- ☒ Request that TSBDE (Texas State Board of Dental Examiners) ask dentists to provide data on elderly patients.
- ☒ Partner with DADS (Department of Aging and Disability Services), a state agency that already works with the elderly and disabled and collects data on them.

Oral Health Infrastructure Work Group – Chairperson Dr. DeYoung, Members: Dr. Delz, Jane Steffensen, Tricia Vowels, Dorinda Bates and Dr. Drennan

Dr. DeYoung reported that their first priority was to develop a strong Oral Health unit and effective infrastructure. She reported the goals of the group:

- ☒ Oral Health should be shifted on the DSHS organizational chart. (It is interesting to note that the OHG is directly under Medicaid.)
- ☒ Look for more diversified funding.
- ☒ Capitalize on Title V funding.
- ☒ Maintain the existing Fluoridation Program. Jane Steffensen added that there is potential for the Public Health Preventive Block Grant, which currently funds the DSHS Fluoridation Program, to be discontinued, but the program must be maintained.
- ☒ Oral Health literacy needs to be promoted at the Legislative level.

Fluoridation Action Alert

Dr. Vaclav called attention to a letter received by the Fluoridation Program from a MUD water system in Houston. The MUD announced that they were discontinuing fluoridation of their water system, citing three reasons, equipment

maintenance, chemical costs, and health concerns. The system supplies water to 10,000 customers. Discussion concerned the reasons for the discontinuance, the fact that DSHS provided them a grant for the system in 1991, question of whether the customers had been notified, the fact that it's been proven to save taxpayer money by reducing the incidence of cavities, and also that the MUD is not a tax supported entity. Dr. Vaclav asked what it would cost to repair the equipment and Tom Napier stated that the Program had no grant money funds left for the year, but that the cost could be as little as \$3,000-\$5000, and the chemicals would probably cost about \$1,600. Dr. Jackson asked if the \$1.25 per person cost to fluoridate was a correct figure. Tom responded that costs vary, but if you just look at the chemical costs, the price of fluoride has not escalated for 20 years. A letter will be sent to the system, strongly urging them not to discontinue fluoridating. Dr. Vaclav suggested that letters from other groups, such as the Dental Task Force of Greater Houston, the Houston Dental Society, the Texas Dental Hygienists' Association (TDHA), could also be effective. He also asked the committee, if it were legal and not inappropriate, should he send a letter from TOHC. The motion was made, seconded and passed to do so.

Comments

Dr. Brown stated that another reason why the Fluoridation Program needs TOHC support is that it enters data into the CDC's WFRS website that contains fluoridation data for each state and can be accessed to check on any area of the state.

Oral Health Advocacy Work Group – Chairperson Joe Babb, Members: Sally Hopper, Dr. Jackson, Janet Bartlett, Dr. Peterek, Kathy Griffis-Bailey, Ginny Hickman, Patti Everitt and Robin Herskowitz

Joe Babb reported that the main issue is how to communicate with stakeholders. Activities to accomplish this include:

- ☒ Development of a list serve and website is an immediate goal.
- ☒ Development of a general, consistent message to deliver to the Legislature and others.
- ☒ Determine if there is a single message for CHIP Day.
- ☒ Determine how to get our message out.
- ☒ Develop a Communication Plan

Population-Based Prevention Work Group – Chairperson Alicia Grant, Members: Dr. Kennedy, Terry Beattie, Dr. Fuqua, Paul Hoffman, Tom Napier, Shellie Shores, Bonnie Waite, Linda White

Alicia Grant reported that the workgroup will concentrate on four areas of prevention:

- ☒ WIC – Shellie Shores will survey WIC personnel about their OH referral systems, determine if they are using *Take Time for Teeth* as an educational tool, and determine if they emphasize February as Children's Oral Health month.
- ☒ Head Start – a representative is needed from Head Start.
- ☒ Sealant Programs – determine what's happening, what's effective, gather data, invite Bonnie Waite (Theo Project, City of Austin) to join the workgroup
- ☒ Fluoridation – Identify high population areas of state with non-fluoridated water.
 - Other activities will include:
 - Identify custom strategies.
 - Encourage grassroots movements.
 - Send an annual letter to stakeholders reminding them of the importance of fluoridation.
 - Educate Mothers.
 - Gather data regarding MUDs and PUDs (water districts).
 - Promote success stories from Community Fluoridation efforts.
 - Identify people/programs that have oral health components, such as Linda White, Early Cancer Prevention.
 - Incidence is rather small, but develop protocol to encourage screening by writing article regarding brush biopsies and/or rinses.

Comments

Dr. Jones stated that the Texas Academy of General Dentistry currently conducts Oral Cancer Screening at the three Texas Dental Schools. Dr. Brown added that the Oral Health America website is going to sponsor Mike Easley's website, which includes expert fluoridation data and history. Jane Steffensen said that she is aware that WIC does some assessment of clients and the question about Early Childhood Caries is often not answered. In some states, the assessment is done annually. We could develop linkage with them to ask OH questions.

Access to Care Work Group – Chairperson Dan Jones, Members: Dorothy Calhoun, Dr. Kemp, Dr. Garza and Sherry Jenkins

Dr. Jones announced that the group had decided to change their name to Access to Care, rather than the original name of Access to & Quality of Care, and that their goal would be increasing access. The group chose four initiatives on which to focus:

- ☒ Needs Assessment – Collect data from providers of indigent care; determine who is providing care for those who have problems with access; start with Head Start Programs, Texas School Nurse Association, nursing homes, child care centers, FQHCs, the Migrant Council and Texas Dentists for Healthy Smiles. It would be useful to create a database.
- ☒ Raise awareness of the Medical Transportation Program (MTP), which provides transportation to Medicaid dental and medical appointments. (Transportation is often a barrier.)
- ☒ Investigate pediatric oral health care (prevention and early intervention). Educate General Dentists to be more comfortable treating younger patients. Increase emphasis on Pediatrics in pre-doctoral programs in Texas. Provide/establish dental homes.
- ☒ Create a clearinghouse to assist patients in determining eligibility status for various Federal and State programs and to be able to make specific referrals to places where the patients are qualified. Possibility implement a pilot program in Dallas.
- ☒ First Step – Begin to collect data.

Comments

Dr. Altenhoff stated that Sheryl Shudde is the current head of MTP. Each Medicaid client receives a letter, brochure and information on the back of their ID cards regarding MTP. One drawback is that many clients make transportation arrangements and then something happens at the last minute, like a flat tire, etc. Because the MTP Program requires a 48-hour advance notice, they are unable to use it. Another point is that parents on the Texas Workforce Commission (TWC) sign agreements with their employers that allows them time off for medical and dental appointments. TWC also provides childcare for siblings, which is beneficial since MTP can only transport the patient and parent or guardian to appointments. Data shows that 66% of the MTP usage is by the adult population.

Jane Steffensen mentioned that there is a program in Washington State, ABCDE, that offers training for working with young children and that Ohio has a clearinghouse that works with families. Dr. Altenhoff added that the Texas Nursing Association (TNA) and Dr. William Steinhauer collaborated to develop a program for Texas Health Steps to alleviate the no show and missed appointment issues. Outreach is now provided that will call missed appointments for doctors and dentists, and assist the patients in keeping their appointments. Dr. Drennan asked if Medicaid issues fell under the TOHC's umbrella and Dr. Altenhoff answered that it did although there is also a Medicaid Provider Stakeholder group that meets quarterly to discuss reimbursement and policy issues. Two meetings have been held and another is scheduled for April. It is a venue to look at some aspects of Medicaid.

In addition, she mentioned that, regarding claims, the LBB (Legislative Budget Board) and the Legislature frequently asks what fees are submitted vs. what fees are paid. Many providers submit the Medicaid fee to avoid additional paperwork, but it is important that providers bill the actual fees that they charge private patients. That will then give a more realistic picture of the UCF (Usual and Customary Fees) and would provide evidence to the LBB and Legislature of how much difference there is between the UCF and the current Medicaid fee.

CHIP (Children's Health Insurance Program) Discussion

Dr. Delz alerted the TOHC members that whatever the Legislature decides regarding the reinstatement of CHIP benefits, the delivery system will have a lot to do with whether the population will be able to access providers. Neither DSHS or TDA recommended that DMHOs (Dental Managed Healthcare Organizations) be considered. Dr. Delz stated that one of the highlights of the prior system (for CHIP dental care) was the access. Dr. Vaclav agreed that even if dental benefits were reinstated, access would be an issue. Many dentists had based their practices on CHIP and were left high and dry when the dental benefits were dropped from the program. Recreating the provider base could be a major barrier.

Next Steps

A conference call will be scheduled before March 22 for the Policy Development Workgroup, whose members are the Chairs of each of the other workgroups plus the TOHC Chair, Vice-Chair, the State Dental Director and TOHC Coordinator.

Also, between now and the workshop on July 28, all Workgroups should continue having conference calls.

Dr. Vaclav complimented the members for participating in the meeting and for sharing the vision.

Sandy Tesch reminded members to complete and leave their Environmental Scan forms. She also asked the Workgroup Chairs to email her summaries of what they had reported by March 11, 2005.

The slogan **Oral Health for Texas** garnered the most votes and will be the TOHC slogan.

Members received the "Meeting Effectiveness Inventory" (MEI) to evaluate today's meeting. They are asked to complete and return the form to Sandy Tesch.

Meeting adjourned at 3:15.

Respectfully submitted by:

Linda M. Altenhoff, DDS

Sandy Tesch, RDH, TOHC Coordinator

Michael Vaclav, DDS
Chair

Joe Babb
Vice-chair