

**The Ohio Director of Health's 2014 Task Force on
Oral Health and Access to Dental Care
Meeting Summary
June 17, 2014**

Introduction

The DTF met for the second time on June 17, 2014 from 10:00 a.m. to 3:00 p.m. at the Mid-Ohio FoodBank. The meeting began with a quick review of the purpose of the DTF and the anticipated results of the meeting: identification of topics to be addressed at the next three DTF meetings.

Following up on feedback from the first DTF meeting indicating that members wanted a deeper, broader and data-based national view of oral health and dental access, ODH staff arranged for two oral health experts to share their research. The experts each made a remote presentation supported by PowerPoint slides. Each presentation was followed by questions and a brief reflection on their comments. Additional reflection on both presentations occurred during a working lunch.

After lunch, ChangeWorks' facilitator Chris Kloth presented an overview of the input from the 10 Regional Meetings he conducted in five locations around the state. Each morning session focused on consumers' concerns and perspectives; afternoon sessions focused on the concerns of dentists and other providers. He also referred to an online survey that gathered additional input from persons unable to attend the regional meetings and a meeting with representatives of several state agencies with a stake in the work of the DTF. The presentation was followed by questions, answers and dialogue.

The group was then asked what issues seemed to be important for the DTF to focus on, in light of the information presented by the two national experts and by Chris Kloth. The context for this question was that there are three DTF meetings remaining. At the first meeting a number of topics from the last plan were identified as worthy of continuation in a new plan without the need for further dialogue. The best use of the diverse membership of the DTF was determined to be focusing on more complicated issues and potential strategies that involve different and, at times, conflicting perspectives that need to be explored to find common ground and make progress. It was suggested that a maximum of six topics might be realistically covered in three meetings. The key was to identify the issues that will help make a better plan and make the participation of DTF members worth their while.

By the end of the meeting a number of issues to pursue had been identified. However, additional clarification was needed. A group of DTF members volunteered to help refine the agenda for the next three meetings.

What follows is a summary of the meeting based, primarily upon the chart pad notes prepared by Kloth during the meeting.

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K4P: Using data, analytics, and research to inform policy decisions in oral health

Marko Vujcic, Ph.D., Chief Economist and Vice President, Health Policy Institute, American Dental Association.

K4P: Initial DTF Reflections

- Fees matter, but not alone.
- We have a huge opportunity to make a difference due to the increased number of adults eligible and enrolled... 200,000 newly enrolled adults.
- We need to base decisions on credible data, not speculation.
- We need to increase our focus on outcomes... to better understand what interventions really improve oral health.
 - We need to conduct good retrospective analysis.
 - However, it will be a challenge because the problems go back a long way.
- Changes in administration help, but it's hard to compare.
 - The administrative structures vary from state to state and
 - The changes they implement are not the same.
 - Look into Maryland's rates for pediatricians.
 - Look into Texas
 - There are 3 administrators
 - They direct market

U.S. National Oral Health Alliance (OHA): Forging Common Ground in Oral Health/A Shared Vision: Optimal Oral Health for All

- Matt Bond, Manager of Grants and Programs, DentaQuest Foundation

NOHA: Initial DTF Reflections

- Does increased usage result in increased health for kids and adults?
- The commitment to care about/attend to the oral health of yourself & your family needs to be deeper in the culture.
 - Under-utilization by young adults is linked to experience of children
 - We need to increase pediatricians' roles.
- The very concrete National Oral Health Alliance goals for 2020 are significant.
- Possible funding consideration
 - Primary Care Association
 - Statewide

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- Hygienists
 - We “are” prevention.
 - Dental Practice Act issues continue to be a challenge.
- We need a more coordinated and ongoing focus in Ohio.
 - The DTF is a potential start.
 - Do we have guiding principles?
 - Are we able and willing to continue to work together after DTF
- Multidisciplinary is essential.
 - Reinforces what priorities need to be addressed.
 - “Do you have a toothbrush?”
 - Could be asked/acted on by lots of people (e.g., teachers, nurses, social workers, pediatricians, hygienists, etc.).
 - Multi-disciplinary approach helps when there are limited resources.
 - Prioritize needs and strategies together
 - Align tactically
 - Some strategies are simple, cheap, effective
 - Define language - make sure we have shared understanding of terms
 - We don't teach interdisciplinary attitudes, behaviors or practices.

Summary of Regional Meetings, Online Survey & State Agency Meeting

Recruitment for the regional meetings involved ODH staff, ChangeWorks, DTF members and other advocates, such as the Ohio Dental Association (ODA), Universal Health Care Access Now (UHCAN) Ohio, the Ohio Dental Hygienists' Association (ODHA), community action agencies, Head Start agencies, families and local boards of developmental disabilities, local health departments and others. Individuals and organizations helping with recruitment were encouraged to include consumers in the meetings. Meeting sites were selected to make access easier.

Relatively few consumers attended. There were several family members of children and adults with developmental disabilities, at least two Latino consumers (self-identified) from northwest Ohio and adults who identified themselves as consumers with challenges gaining access to care for themselves and/or family members. A few more people also identified themselves as advocates or human service providers who also face access challenges.

In retrospect it seems clear that the expectation that consumers would attend in significant numbers was unrealistic. All of the barriers poor people face that complicate access to care apply to attending other meetings. If consumer input is to be considered

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a valuable source of input for assessment and planning processes than other strategies and information sources should be considered.

In order to increase the opportunities for stakeholder input, ODH created and posted an online survey open to anyone who chose to participate. Participants at each regional meeting were provided with information about how to access the survey and strongly encouraged to invite others to participate. The other outreach contacts for the regional meetings were also used.

Public policy on oral health is affected and implemented by a wide variety of state agencies that are not explicitly or primarily involved in oral health or dental care access. A broad range of state agencies and offices (Ohio Departments of Aging, Developmental Disabilities, Mental Health and Addiction Services, the Governor's Offices of Appalachia and of Faith-Based Initiatives, Nisonger Center and the Ohio State Dental Board) participated in a meeting to provide input regarding the unique oral health needs, wants and concerns of the populations they serve.

Taken together, the observations provided during the regional meetings suggest:

- Input from all three sources (DTF, regional meetings/surveys, state agency meeting) was consistent in identifying wants, needs and concerns from both the consumer and provider perspectives.
- There were a few new themes since the last DTF Strategic Plan, including increased concerns about oral health and dental access for:
 - seniors;
 - people suffering from mental illness and/or chemical dependency;
 - veterans; and
 - immigrants and migrant workers.
- In addition, these topics were consistently mentioned:
 - changing consumer demographics throughout Ohio;
 - coordination of services, and
 - credible metrics that
 - clarify current conditions, and
 - demonstrate health outcomes associated with policies, strategies and interventions.
- All three sources of input align with potential priorities shared by
 - DTF members at Meeting # 1 and
 - The two expert presentations at Meeting # 2.

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Links to the following documents will be available on the Ohio Department of Health's webpage, <http://www.odh.ohio.gov/en/odhprograms/ohs/oral/oralfeatures/taskforce.aspx> by 7/18/2014.

- Summary of regional meetings
- Summary of regional meetings, participation and evaluations (complete unedited chart transcripts)
- Summary of online survey results
- Summary of state agency meeting

DTF Reflections on External Input

The DTF members were asked this question: "Based on what you know from your experiences and what you learned today, what does the DTF need to explore at the next three meetings in order to help create a meaningful oral health strategic plan?"

They identified several buckets that represent major themes and contain specific topics that clarify the theme.

- **Sustainability of Safety Net Bucket**
 - Diversity/inclusion
 - Practice/competence
 - Choices for consumer
 - Funding
- **Finance Bucket**
 - Uninsured
 - Private coverage
 - Deductible
 - Economics of dental practice
- **Workforce Bucket**
 - Know hierarchy of team members
 - Distribution of workforce
 - Mid-level providers/new mid-levels
 - Dental hygiene
 - Scope of practice
 - Strategies to influence distribution in underserved areas
 - Pipeline
 - Retention strategies
 - Cultural competence
 - Unused capacity
 - Δ retirement patterns for DDS

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- Characteristics of provider population (General Practice Residencies)
- Partnering

- **Medicaid Bucket**

- Reimbursement
- Program requirements/audits
- Credentialing
- Factors influence DDS participation
- Diversity of Medicaid population (esp. adults)
- Diversity/cultural competency bias
- Enrollment limits
- Other recipient factors (fairness)
- Procedural/enhanced reimburse/episodic

- **Metrics Bucket**

- Pull a group together
- Across all buckets
- Align with national movement
- Think global, act local
- Move the needle

Possible priorities/buckets for next three meetings

- Health literacy — one or two goals
- Cultural competency
- Workforce
- Medicaid/finance

A group of people volunteered to help refine the priorities for the next three meetings.

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Attachment - Summaries of Priorities from Various Sources

Topics that Served as the Basis for Recommendations in the 2009 DTF Plan

- Community-wide prevention
- Financial barriers
- Capacity: dental workforce
- Capacity: safety net dental clinics
- Capacity: primary medical care and other non-dental professionals
- Public awareness
- People with special needs
- Diversity/cultural competence
- Partnerships

Priorities Identified at 2014 Regional Meetings

- Oral health is part of overall health
- "Culture of poverty"
- Oral health knowledge
- Number and location of dentists
- Ability to pay/coverage
- Life span
- Special populations
- Coordination of services

Potential Priorities Identified at DFT Meeting #1

- Oral health is part of overall health
- Social determinants
- Financial barriers
- Non-dental providers/professional
- Workforce
- Metrics

National Oral Health Alliance Six Priority Areas

- Prevention and public health infrastructure
- Oral health literacy
- Medical and dental collaboration
- Metrics for improving oral health
- Financing models
- Strengthen dental care delivery system

Prepared by *ChangeWorks of the Heartland*