The Ohio Director of Health's 2014 Task Force on Oral Health and Access to Dental Care
Meeting Summary
April 4, 2014

Introduction

The Ohio Director of Health's 2014 Task Force on Oral Health and Access to Dental Care (DTF) met for the first time on April 4, 2014 from 10:00 a.m. to 3:00 p.m. at The Department of Administrative Services Conference Center at DAS, Walnut Conference Room, 4200 Surface Road in Columbus. Task Force members were greeted by Ohio Department of Health (ODH) Interim Director Lance Hines and Karen Hughes, Chief of the Division of Family and Community Health Services. They explained the history, purpose, hopes, opportunities and challenges ahead of this year's DTF. In short, the DTF is charged with making recommendations for an Oral Health and Access to Dental Care Strategic Plan to guide work for the next five years. The plan will be implemented by all interested parties, including, but not limited to, providers, advocates, funders, the nonprofit sector and government agencies at every level.

After DTF members introduced themselves to one another, ODH Oral Health Administrator and Task Force member Carrie Farquhar and ChangeWorks of the Heartland consultant/facilitator Chris Kloth provided an overview of the DTF process, which will involve a total of 5 DTF meetings between now and September, as well as 10 regional meetings in five locations throughout Ohio. These meetings will provide consumers and providers with the opportunity to share their needs and concerns, and to provide additional focus for the DTF. Kloth also provided an overview of the day's agenda and process.

Farquhar then provided an overview of ODH's progress on the 2009 DTF Strategic Plan. She then invited participants to share their organization's progress toward implementing other strategies. It was clear that progress on the last plan was the result of many partners and collaboration statewide. Kloth then facilitated a dialogue about members' reactions to what they heard, which is documented below.

ODH Oral Health Information Specialist Barbara Carnahan and Researcher Amber Detty then provided a broad, basic review of the status of oral health in Ohio. It is anticipated that more in-depth information will be provided in future DTF meetings by ODH staff and/or outside subject matter experts. Kloth then facilitated another dialogue on the significance of the current data, which is documented below. Task Force members also identified topics that were not part of the 2009 plan but have emerged as significant since that time.

In order to use the Regional Meetings most effectively, participants generated a list of topics and questions to guide the provider and consumer meetings. They also identified topics on which they might need additional data and expert input during their future deliberations. Finally, based on their work together the members used sticky dots on posters summarizing the key elements of the last DTF plan, as well as the new topics, to identify and prioritize themes that they may need to focus on during the planning process.

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Throughout the meeting Kloth documented the dialogue on chart pads. Those charts were transcribed and edited to account for abbreviations and shorthand used during the meeting. Additional editing was done to reflect common themes. Every effort was made in editing to maintain the intended meaning of each speaker. All comments remain included in the following "Chart Summary" that follows. They are presented in chronological order.

Having heard the 2009 Strategic Plan progress update, what are you struck by?

- We need more & better metrics moving forward.
- We did not hear a lot from the perspectives and experiences of consumers, especially regarding their choices.
    - We need to figure out how to engage more consumer voices.
    - We need to learn about the impact of Medicaid expansion.
- We haven't noted much change related to culturally and linguistically appropriate education, care and related services.
- There has been an increase in integrated settings for providing oral health care & education.
- We have lost ground related to making the network of safety net clinics more sustainable.

Having heard the big picture update on current oral health statistics, what are you struck by?

- Low education is a risk factor related to caries and lost teeth.
- How far is too far to go for care?
    - One study suggests that in rural Minnesota the distance is about 40 miles… the same as the distance to drive for milk.
- What subgroups/populations do we need to look at more closely?
- The ER will remain the/an access point for emergency dental care.
    - We need to standardize tools, methods, and linkages to dentists/clinics.
- The aging population and results of pulling teeth rather than treat in some communities suggests edentulism will need more attention and research on
    - Disease
    - Options
- Workforce:
    - What is the potential of a workforce strategy involving outreach to young people in urban and rural areas about possible careers in oral health?
    - Appalachia is a big part of Ohio. How are they using tele-dentistry in West Virginia and elsewhere?
    - How and where can we better use existing workforce resources?

  - What incentives help people choose the "best" options?
  - What, if anything, will we do about the use of mid-level providers?
- Consumer training helps for families and people with special needs (including young children) to help prepare for the dental care experience.
- The culture of care needs to shift to doing <u>with</u> families, not <u>to</u> or <u>for</u> partners
- Children's oral health shows mixed results:
  - While fewer schoolchildren have untreated tooth decay (19% down from, the percentage of children experiencing tooth decay is unchanged (~50%). We have gotten better at filling cavities, not at preventing them.
- Look into ECD/ECE programs as a way to get to moms, especially new moms, and infants to begin prevention early.
- School nurses are an important asset in the oral health team:
  - Case finder/case management (stretched thin)
  - Advocate
  - Partner
- Safety Net Sustainability is a concern at the individual center level and the broader network level
  - There is no strategy for sustainability.
  - Safety nets get reimbursed differently than private practice dentists.
  - Reimbursement rates for private practice have not changed for many years.
  - Safety nets fall back on government, which is not sustainable.
- The community learning model seems to have potential in some pilot projects.
  - Use schools as hub of both care coordination and service provision
  - Schools are a possible site for primary care.
  - Why not put services where people already are?
  - Drive awareness deeper into the schools.
  - We need better quality school data regarding
    - Oral health status/needs on entry,
    - History of oral health care before arriving,
    - Referrals to dentist/clinic,
    - Follow through,
    - Etc.
- Deeper look at data for all topics
  - Nuance and context matter.
  - Weighting data adds context.
  - What is the correlation between access, utilization and cost?
  - We need data to look at trends related to tools and technology.
    - Consult ADA's expert: Marko Vujicic

- We need to explore
  - Social determinants of health, cultural competence, and how to develop providers that patients can relate to.
  - We need to change the advocacy message related to self-sufficiency.
  - How do we understand and reframe the message of personal responsibility in the context of the culture of poverty… dental fatalism.

- We need to connect "Health is Health" message to dollars and jobs.
  - Link mouth to body (health is health).
  - We need more and better data and stories.
  - We need to leverage quantity, quality and phenomenology in the stories.
  - Describe the present situation.
  - Describe the future situation.
  - Make the link compelling.
  - Making "Health is Health" choices involves complicated tensions
  - Example: Provider education related to diabetes, sugar & oral health
  - Identify and address the underlying need that may help or hinder engaging the patient. Example of the diabetic who was an over-the-road driver.
  - Interdisciplinary practice helps.
  - Waiting lists are long due to existing capacity.
  - There is little political will to address "health is health."

What would the Task Force like to learn from the Regional Meetings?

Based on what we have discussed today, as well as your own experiences over the last 5 years, what would you like to learn from the regional meetings? What questions should we consider asking? *[Note: All questions are included; some will be adapted, combined or deleted to maintain focus within the time available.]*

<u>Consumer Perspective</u>

- Do you have and use a tooth brush?
- Going to the dentist/clinic
  - Do you go to a dentist? If so,
    - Why do you go?
    - When do you go?
    - Where do you go?
    - How far do you go?
    - How often to you go?
  - When was your first visit to a dentist?
    - What triggered your first visit to a dentist?
    - How was that visit?

        - What went well?
        - What did not go so well?
        - What was the office like?
    - When was your last visit to a dentist?
        - What triggered your visit?
        - How was that visit?
        - What went well?
        - What did not go so well?
        - What was the office like?
    - What would make for a good/routine relationship with a dentist/clinic?
    - How has your use of dental care changed over the years?
- If you don't go to the dentist,
    - Why?
    - What prevents you from going?
    - When do you reach your "tipping point" and go to the dentist?
    - What would increase your motivation to see a dentist?
    - What would decrease you resistance to seeing a dentist?
- Whether or not you go to the dentist,
    - What barriers are you experiencing?
    - What else do you have to consider when you decide whether or not to go to a dentist?
    - Where does dental care fit among your priorities? Where does it fit in among your concerns?
    - What would make it a higher priority in your life?
- What dental resources do you know of or use?
- Has a doctor, pediatrician or other person asked you about your teeth/oral health?
- What would reasonable/good access to dental/oral health look like?

<u>Provider Perspective</u>

- Many of the consumer focused questions have a corresponding analog with the providers.
- What does a "routine" relationship with vulnerable/at risk patients look like?
- What are your barriers to accepting public insurance?
- Do you volunteer time to serve people in need? How much? Why?
- What is your comfort level with serving people with special needs?
- Do you work with elderly patients? Why or Why not?
- Do you work with people with developmental disabilities? Why or why not?
- How do you help make the case that "heath is health" in your practice?
- How might we address the mixed messages that oral health is the #1 unmet health need, we need quality dental care to address the problem and health insurance does not usually include dental care?

- What does access to dental care mean to you?
- What does quality dental care mean to you??
- How can we gauge what it would look like to move the needle?

Expertise the Task Force May Need

Based on what we have learned and discussed today, what areas of expertise should we seek out to support the work of the Task Force?

- Workforce
    - Dental workforce data, trends and best practices to expand the dental workforce able and willing to serve the most in need.
    - Data, trends and best practices to expand the diversity of the dental workforce able and willing to serve the most in need.
    - [ADA has a particular expert who may be especially good for this purpose: Marco Vujicic
- School-based programs
    - Data, trends and best practices related to school-based programs that improve oral health and expand access to dental care for those most in need.
- Faith-based programs
    - Data, trends and best practices related to faith-based programs that improve oral health and expand access to dental care for those most in need.
- Financial barriers
    - Data, trends and best practices related to successful models for using Medicaid that improve oral health and expand access to dental care for those most in need, with particular attention to the Michigan Model.
- Tele-dentistry
    - Data, trends and best practices related to tele-dentistry that improve oral health and expand access to dental care for those most in need.
    - One resource is Jenny Kattlove of California's Children's Partnership
- Emergency Departments:
    - The challenge continues to be medication for pain and infection versus treating the underlying cause
    - There has been some work done on optimization of EDs that
        - Increase access
        - Increase follow up treatment
        - Manage costs
        - Address the impact on staff
        - Address the impact on administration
    - We need to know more about the number of dental transports

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Potential Task Force Focus Topics

Based on what we have discussed today, as well as your own experiences over the last 5 years, and subject to what is learned from the regional meetings, what topics should the task force investigate more closely*? (Numbers signify the number of dots applied to these items.)*

- Social Determinants:
  - Social determinates vis-à-vis Patient Centered Care (7)
  - Understanding how social determinants influence how we provide care (5)
  - Conduct awareness and education activities (2)
  - (14 dots spread over 4 sub headings, as noted)

- Health is health:
  - What will be required to get oral health professionals, other medical professionals, other non-medical professionals and consumers to understand the link between oral health and all health and to act on that understanding? (8)

- Financial barriers (refers to consumers and providers)
  - To what extent are financial barriers limiting consumers from seeking and getting oral health care, and providers from providing care or other services.
    - Medicaid is a key issue due to Expansion
    - Reimbursement rates
    - Policies, regulations, practices, procedures
  - What should we do to address which barriers?

- Non-dental Providers/Professionals:
  - What is/are the role(s) of non-dental providers/professionals in improving oral health and gaining access to dental care?
  - What will be required to build relationships and networks to facilitate effective collaboration including dental professional, other medical professionals and other non-dental/non-medical providers/professionals?

- Dental Care Delivery System: Workforce
  - What research is available on what community-based education strategies are most and least effective and why?
    - How does Ohio's experience with community-based education compare to the research.
    - How can Ohio increase the effectiveness of community-based dental education?

- What research is available on the benefits and hazards of alternative approaches to using various types of mid-level "practitioners" to improve oral health and expand access to dental care?
- Based on the research, what, if anything would be required deploy a more diverse workforce (e.g., training, licensing, existing roles/titles, new roles/titles, supervision, cultural competence, etc.) to improve oral health and expand access?