

DTF Agenda Planning Work Group: 6/26/2014

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At the DTF Meeting #2 a volunteer workgroup agreed to synthesize the dialogue of the DTF participants at the first two meetings and propose topics to be addressed at the remaining three DTF meetings. The group met on 6/26/2014 at the State Library of Ohio, with Larry and Mona participating by telephone.

The group reviewed a handout prepared by Carrie that illustrated the focus areas (aka “the buckets”) combining those discussed at DTF Meeting #2 and the regional meetings and made suggestions for wording changes and where subtopics should be listed. The group also noted that some subtopics fit under more than one heading.

The group then discussed the following principles for further refining the topics:

- Focus on meeting the needs of the most vulnerable
- Oral health as a part of overall health is foundational
- Focus on issues where we can make a difference
- Include credible metrics for every recommendation
- Changing demographics & cultural competence affects every recommendation
- Access to a knowledge base/expertise is important
- The potential for shared responsibility to make progress matters
- What is the potential for continued commitment by (some/all) DTF members to work together after the DTF plan is written?

The group discussed the process for developing the plan, given the number of focus areas and subtopics to be explored in the time available. The group recalled that during the first DTF meeting there was agreement that it was not necessary to revisit strategies where there was already broad agreement as being valuable and effective, such as community water fluoridation and school-based sealant programs. They wondered whether it would be more valuable to leverage the DTF to explore a few topics more deeply, or to explore more topics and use the time of members differently during and/or between meetings to create a more comprehensive plan.

The group considered these options:

- Involve the entire DTF in discussing 2-3 focus areas at each of the remaining meetings
- Break the DTF into smaller groups at the meetings to explore particular topics more deeply based on their passion and sense of responsibility for the topic. Small groups could then share summaries and draft objectives/activities with the entire DTF.
- Form smaller groups that would meet between full DTF meetings to explore particular topics and the full DTF meetings would be used for the small groups to share their ideas.

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Concerns were expressed that there might not be enough time to cover each topic thoroughly and that some DTF members might be more knowledgeable about or interested in some topics than others.

ODH Staff expressed a concern that there was limited time to arrange for expertise to be provided to the entire DTF and/or small workgroups, especially for so many topics. It was noted that DTF members are potential sources of information about experts or studies that may help inform the dialogue on a topic. At this point, the group concluded that additional input from all DTF members is needed on how the DTF should proceed and the degree to which members are willing to participate in small groups that would possibly meet between DTF meetings. It was noted that the DTF members were invited to participate in a process that involved only five meetings.

Chris agreed to share the synthesis of the focus areas and subtopics listed below in a Survey Monkey for DTF members to complete. He also agreed to include process questions about the format of future DTF meetings in the survey.

The Survey Monkey will be based on the following framing of the focus areas:

Social Determinants

- Culture of poverty
- Oral health knowledge
- Oral health literacy
- Cultural competence

Dental Care Delivery System

- School health
- Emergency room use
- Safety net sustainability
- Medical/dental collaboration
- Integrated Care: Non-dental providers, professionals
- Lifespan: Womb to tomb
- Medicaid/Medicare, Dual Enrollment
- Oral health is part of overall health
- Transportation
- Coordination of services
- Community Dental Health Coordinators
- Cultural competence

Financing Dental Care

- Financial barriers
- Ability to pay, coverage
- Financial models
- Coordination of services
- Dental practice economics/Incremental cost of care

Improve Medicaid

- Increase the number of dentists participating
- Increase Medicaid Fees
- Credentialing providers for MMCPs
- Permanent adult Medicaid benefit
- Alternative Medicaid models
- Simplification
- Cultural competence (especially materials)
- Dental practice economics/Incremental cost of care

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Dental Workforce

- State Practice Act
- Dental care team
- Number and distribution of dentists
- Dental Therapists
- Community Dental Health Coordinators
- Loan repayment
- Pipeline/Diversity of dental workforce
- Work to top of licensure
- Cultural competence

Special Populations

- Children less than three years old
- Pregnant women
- Geriatric population
- Homeless
- Migrants
- Veterans
- Specialized training/outreach for dentists
- Persons with disabilities
- Cultural competence