

Washington State Oral Health Coalition

Minutes – 04-13-2007

Eastgate – Public Health-Seattle& King County – Bellevue, WA

Members Present and by teleconference: LeeAnn Hoaglin-Cooper, Christi Scott, Bracken Killpack, Peg Terp, Laurie Roy, Nona Groesbeck, Christie Waddington, Pamela Gorsuch, Carol Bruce, Sean Pickard, Divesh Byrappagari, Diane Oates

<b>Topic</b>	<b>Discussion</b>	<b>Who</b>	<b>Action/Follow-up</b>
Introductions		LeeAnn	
Minutes	Approval of last minutes	All	
Treasure's Report	Balance is \$2750.00; No new expenditures	LeeAnn per Sean	Approved Potential changes to be discussed during the Executive Committee meeting
Past Business	<p>Letters to Medicaid and WSPHA sent</p> <p>Zoomerang survey vote on the request to support Washington Health Foundation's "Healthiest State in the Nation" campaign. Out of 107 e-mail with link for voting, only 17 responses received. Results:</p> <p>1) level of information: 1 – Low 12 – Moderate 4 – High</p> <p>2) should coalition join: 14 – Yes, agree to join 3 – No opinion</p> <p>3) response to inadequacies or bias in information: 2 responses</p> <p>4) additional information to consider: 0 responses</p> <p>New members: 4 new members have recently joined</p>	LeeAnn	<p>Some members stated that they did not get e-mail with linkage. E-mails potentially blocked by members spam systems</p> <p>LeeAnn will resend survey indicating web address instead of active link to avoid spam problems .that members</p> <p>LeeAnn will send "Welcome" message to new members</p>

<p>Action Planning for Coalition</p>	<p>Current Sub-committee workgroups:  School-based dental group  Adult oral health group  Medical-Dental home group  Joint Health Conference group</p> <p>Limited meetings/actions:  School-based and Adult oral health groups originally established in response to last years Joint Health Conference. No current specific directives.</p> <p>Coalition less active during legislative sessions. Coalition is not a lobbying group but does act as a place to share legislative information.  Coalition can:</p> <ul style="list-style-type: none"> <li>- provide fact sheets</li> <li>- provide background papers</li> <li>- support broad issues such as universal health care</li> <li>- suggest ways to improve access (example: letter to Medicaid regarding dental information on coupon)</li> <li>- support the concepts of new delivery systems of dental services, but not specific methods</li> </ul>	<p>All</p>	<p>Today will discuss specific groups in terms of what has happened and what are next steps.</p>
<p>Ground rules for coalition discussions</p>	<p>Discussions to include:</p> <ul style="list-style-type: none"> <li>- pros and cons of issues</li> <li>- information sharing</li> <li>- collaborative</li> <li>- a conduit for bringing information from local coalitions and providing information to be taken back to local coalitions</li> </ul>		<p>Specific principles:</p> <ul style="list-style-type: none"> <li>- discussions will include sharing of information on specific projects to coalition members but will not include asking for coalition approval</li> <li>- coalition works collaborative but</li> </ul>

	<p>State coalition does not engage in a specific outreach effort to local coalitions. Smaller local coalitions may not always participate and there is a cost to the coalition for using the teleconference method. Teleconferencing has increased participation and the cost is based on the number of participants. Costs have increased from around \$75 per meeting to \$300-\$400 per meeting. Increased participation is good news, but recognition of increasing cost is also important. Suggested solution is to utilize a Regional model where one person attends the State coalition meeting then reports back to a Regional level which then reports to participating local coalitions. People will always have the option of attending meetings in person.</p>		<p>does not endorse specific projects</p> <ul style="list-style-type: none"> <li>- general etiquette rules will apply during discussions: <ul style="list-style-type: none"> <li>be polite</li> <li>it is ok to disagree</li> <li>identify yourself when speaking</li> <li>respect diverse points of view</li> <li>remember the coalitions' s</li> </ul> </li> </ul> <p>guiding principles and mission and highlight common concerns</p> <p>Currently DOH uses a MCH regional approach in working with LHJ's. Obtain specific descriptions of areas covered by this model to see if it would be potentially feasible for local coalitions. (Can Divesh or LeeAnn obtain this information and report at next meeting?)</p>
<p>Specific workgroups</p>	<p>School-Based Dental Services group Previously established for presentations at JHC:</p> <ul style="list-style-type: none"> <li>- what services were provided to schools</li> <li>- different types of models such as complete on site services to screenings and then referrals to off site care</li> <li>- developed one page definition of school – based versus school – linked services</li> </ul>	<p>Laurie and All</p>	<p>Definition-one pager from Joint conference- will be distributed to coalition members</p>

	<p>Limitations in working through the school system:</p> <ul style="list-style-type: none"> <li>- need to work with schools in a collaborative manner</li> <li>- time constraints</li> <li>- interfering with school's primary purpose which is education</li> <li>- schools are a magnet for a variety of special interests/concerns related to children because of easy access to children</li> <li>- evidenced based approach that can demonstrate an increase in learning</li> </ul> <p>Identify two specific areas for future actions:</p> <ol style="list-style-type: none"> <li>1) Identifying the most critical services that should be offered in a school-based clinic? What are the options? Developing priorities in dental services offered in school-based clinics.</li> <li>2) Developing recommendations on how best to coordinate differing types of dental services offered to schools such as mobile, portable, private businesses, volunteer programs. How to make it easier for dental providers to get into schools and how to increase the number of schools served by dental providers.</li> </ol>		<p>Laurie Roy and Peg Terp will head these two groups that will meet (or teleconference) once prior to the May meeting with the goal to have a report for the full coalition by Fall.</p> <p>Gail Thronson from OSPI will be asked to present or designate someone else from OSPI to present information relating to providing services to schools.</p>
Specific workgroups	<p>Joint Health Conference group  Abstracts are due by May 4<sup>th</sup> to WSPHA  Next Joint Conference will be a combination of Public Health and Environmental Health associations  Suggested that coalition consider sponsorship donation  Coalition not able to fund speaker</p>	Christie and All	LeeAnn to send note to Connie Mix-Clark asking that, because she is already involved with the JHC, she lead this group. Goal is to have one meeting prior to next coalition meeting.

<p>Specific workgroups</p>	<p>Adult Oral Health group Previously worked on last years JHC presentations Need to have an assessment on what is going on around the State concerning adult oral health (including Seniors) and what are the barriers.</p> <p>Children’s oral health is a key component to adult oral health recognizing that this creates a focus on children.</p> <p>The term “Adult” is poorly understood since it can encompass many groups such as Seniors, working uninsured adults, adults with special health care needs.</p>	<p>Diane and All</p>	<p>Diane Oakes will head up a committee working on defining “Adult Oral Health” and what that means, identifying barriers to adult dental care, and describing adult oral health issues. Goal is to meet once prior to next meeting and to develop a report for the coalition by Fall.</p>
<p>Specific workgroups</p>	<p>Medical and Dental Home group newly established after presentation last month Initial activities defined as:</p> <ul style="list-style-type: none"> <li>- Raise awareness of Medical/Dental Home model</li> <li>- Participate in establishing definitions</li> <li>- Providing a “Key Messages” document</li> <li>- Bringing together Medical and Dental Providers</li> <li>-</li> </ul> <p>First priority is to form a committee</p> <p>Begin work on:</p> <ul style="list-style-type: none"> <li>- looking at key messages</li> <li>- identifying definitions and how they encompass oral health</li> <li>- develop examples and language for a definition that includes oral health</li> </ul>	<p>Christie and All</p>	<p>Christie Waddington will contact Joseli Alves-Dunkerson who originally volunteered to head committee and work with her to establish a committee and begin a report on the descriptions of Medical/Dental Home that include oral health examples. The goal is to meet prior to next meeting.</p>

<p>Local Updates</p>	<p>Washington Dental Service Foundation contributing \$1 Millions dollars for a pilot project in King County for covering all children for medical and dental care. Group Health also contributing to project, King County Children’s Access Project, endorsed by Ron Sims. Public Health – Seattle &amp; King County to administer project. Announcement made at Odessa Brown Center. Future sustainability not known but it is hoped to use this model throughout the State.</p> <p>WSDF also has a new employee, Tara Lee, working on the Seniors project.</p> <p>Washington Oral Health Foundation – continuing with Adopt a School program.</p> <p>Christi Scott representing Smile Partners with Kate Mills continuing school projects.</p> <p>Chelan-Douglas County coalition revisiting issue of water fluoridation.</p> <p>Whatcom Coalition - volunteer project with SeaMar for pregnant women and seniors  Project with 5<sup>th</sup> graders – Food Sense – education on oral health and nutrition  InterFaith – working with volunteer dentists  WIC – mobile unit through the Health Department</p>	<p>Sean</p> <p>Diane</p> <p>Bracken</p> <p>Christi</p> <p>Laurie</p> <p>Nona</p>	<p>For more information, contact Sandy Hardyman at WOHF.</p> <p>Julia Hokanson with Washington Dental Service Foundation works on statewide water fluoridation issues and is a good contact for members seeking information.  Phone: 206-528-2362  Toll Free: 1-800-572-7835 Ext. 2362  e-mail: <a href="mailto:jhokanson@deltadentalwa.com">jhokanson@deltadentalwa.com</a></p>
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	<p>providing community services Maggi Kreiger developing a brochure for grade school children on 10 Simple Steps for Oral Health, messages aligned with Bright Futures</p> <p>PHSKC – speaking to Water Board on issue of infant formula and mixing with fluoridated water. ADA issued a explanatory letter on March 26<sup>th</sup> reconfirming their support of community water fluoridation. Adult Oral Health – have not met</p> <p>Snohomish County – reviewing Oral Health Summit</p> <p>State Coalition work has included looking at Action Planning Session with the DOH facilitators in June of 2005 which established focus of:</p> <ul style="list-style-type: none"> <li>- revitalizing coalition</li> <li>- sharing information on the list serve</li> <li>- establishing web pages</li> <li>- return to monthly meetings</li> <li>- establishing Regional Coalition meetings</li> <li>- encouraging local coalitions</li> <li>- increasing membership</li> <li>- having meeting notes sent within two weeks</li> <li>- increasing membership with other organizations</li> <li>- developing committee action plans</li> </ul> <p>Some of these have been accomplished and need to continue. Need new action plans for remaining issues.</p>	<p>Peg</p> <p>LeeAnn</p> <p>LeeAnn</p>	<p>Suggestions for the brochure can be sent to Maggi.</p> <p>Guest Speaker on June 8<sup>th</sup>: Lorrie Grevstaad – DOH representative for Kids Matter and the new Department of Early Learning</p>
Next Meeting:	May 11 <sup>th</sup> , 9:30 to 12:00, Eastgate Public Health, Bellevue		