Florida Oral Health Alliance
Meeting
Friday, April 21, 2017

Twitter: @FL_OH_Alliance
#OH2020FL
Result:
All Florida children, youth and families have good oral health and well-being, especially those that are vulnerable.
Headline Indicator #1: Percentage of Medicaid-eligible Children Ages 0 - 20 Receiving any Dental Services

Source: Florida Form CMS-416 line 12a data retrieved in August 2016 from the Florida Institute for Health Innovation.
Headline Indicator #2: Percentage of Medicaid-eligible Children Ages 1 - 20 Receiving Preventive Dental Services

Source: Florida Form CMS-416 line 12b minus <1 data retrieved in August 2016 from the Florida Institute for Health Innovation.
Meeting Results

- By the end of the meeting participants will have:
  - Updated one another on commitments to action
  - A better understanding of oral health initiatives throughout the state and opportunities for alignment
  - Addressed barriers to alignment of oral health initiatives and proposed solutions (i.e. lack of data sharing mechanism and shared indicators)
  - Decisions regarding which Alliance strategies to focus on implementing at state and local levels
  - Agreed upon next steps for the Alliance
What is Oral Health Florida?

- The Oral Health Florida (OHF) coalition is comprised of a broad-based group of agencies, institutions, organizations, communities, stakeholders, policymakers, leaders and other individuals whose mission is to promote and advocate for optimal oral health and well-being of all persons in Florida.
- Its mission is accomplished through implementation of Florida's Roadmap for Oral Health.
- The vision of Oral Health Florida is that all people in Florida will achieve optimal oral health and well-being.
Past and Future

• Originating within the Florida Department of Health, the coalition is now independent of the agency and governed by the Leadership Council
• In process of becoming an organization governed by a Board of Directors and gaining 501(c)(3) status
• Diversifying its membership
• Increased focus on advocacy for issues identified through consensus process
• Contracting with a part-time Managing Director
Oral Health Focus Areas

• Improved access to and utilization of quality oral health care
• Increased access to community water fluoridation
## Oral Health Florida

Based on "Florida's Roadmap for Oral Health" - Reviewed Annually

### Narrative Florida's Roadmap for Oral Health

- **Executive Summary**
- **Using Results-Based Accountability**
- **Result: All people in Florida have optimal oral health and well-being**

### Focus Areas

**Focus Area 1: Improved Access to and Utilization of Quality Oral Health Care**

<p>| Indicator 1.1a: % of Medicaid/CHIP Eligibles Enrolled at Least 90 Days receiving Any Dental Services | 2015 | 34.62% | 4 | 47% |
| Indicator 1.1b: % of Medicaid/CHIP Eligibles Enrolled at Least 90 Days Receiving a Preventive Dental Service | 2015 | 31% | 4 | 118% |
| Indicator 1.2a: Total emergency room charges due to ambulatory oral health conditions | 2015 | $267.10Mil | 7 | 200% |
| Indicator 1.2b: Total number of emergency room visits due to ambulatory oral health conditions | 2015 | 171,465 | 7 | 37% |</p>
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Time Period</th>
<th>Actual Value</th>
<th>Current Trend</th>
<th>Baseline %Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.3.a: % of Florida schools with school-based sealant programs</td>
<td>2014</td>
<td>27.4%</td>
<td>↑ 1</td>
<td>2%</td>
</tr>
<tr>
<td>1.3b: Total Eligible Enrolled for At Least 90 Days Receiving a Sealant on a Permanent Molar Tooth</td>
<td>2015</td>
<td>139,738</td>
<td>↑ 4</td>
<td>206%</td>
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<tr>
<td>1.3c: % of Medicaid/CHIP Eligibles Receiving a Sealant on a Permanent Molar Tooth</td>
<td>2015</td>
<td>12.96%</td>
<td>↑ 4</td>
<td>116%</td>
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Focus Area 2: Increased Access to Community Water System Fluoridation

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Time Period</th>
<th>Actual Value</th>
<th>Current Trend</th>
<th>Baseline %Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1: % of population on community water systems receiving fluoridated water</td>
<td>2013</td>
<td>81.3%</td>
<td>↑ 1</td>
<td>18%</td>
</tr>
</tbody>
</table>

Partners to Improve Progress

- **Florida Head Start**
- **Special Smiles**
Action Teams

• Minimum of 5 members
• Self-selected from the General Membership
• Responsible for implementing the Florida Roadmap for Oral Health
• Communications, Data, Sealants, Fluoridation, Senior Oral Health, Medical- Dental
Communications

• To maintain active and professional social media sites (e.g. Facebook and Twitter) to increase OHF visibility, engage the public and dental community, facilitate information sharing, and encourage membership in OHF.

• Focused strategies for Facebook and Twitter

• Key Outcomes: 643 OHF Facebook likes, 1665 OHF Twitter Followers
Facebook Impact 2016

- Likes from individuals (Total number of people who have liked the page)
- Engaged (Number of people engaged with the page. Includes: liking the page, posting to the page's timeline, liking a post, sharing)
- Reach (Number of people who have seen any content associated with your page)
Twitter Impact

- **Followers** (Number of people who have followed the Page)
- **Engagement** (Replies, retweets, mentions, favorites)
- **Impressions** (Number of times the reached people may have seen your content)

<table>
<thead>
<tr>
<th>Month</th>
<th>Followers</th>
<th>Engagement</th>
<th>Impressions</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>1235</td>
<td>45</td>
<td>90</td>
</tr>
<tr>
<td>February</td>
<td>1149</td>
<td>90</td>
<td>50</td>
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<tr>
<td>March</td>
<td>1281</td>
<td>50</td>
<td>96</td>
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<tr>
<td>April</td>
<td>1321</td>
<td>96</td>
<td>1347</td>
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<tr>
<td>May</td>
<td>1387</td>
<td>42</td>
<td>5576</td>
</tr>
<tr>
<td>June</td>
<td>1387</td>
<td>54</td>
<td>6669</td>
</tr>
</tbody>
</table>
Data

• Review and update data on all indicators associated with associated focus area
• Serve as a central resource for oral health data
• Identify opportunities to help oral health partners in the state with data collection, quality, and analysis
General Findings 2016:

- Although Florida remains below the national average, the percentage of Medicaid-enrolled children in Florida receiving dental services has been increasing over time.
- Children in the oldest and youngest age cohorts have the lowest dental utilization rates.
- Receipt of oral health services provided by non-dental providers is highest among children 1-2 years old.
- Emergency department data indicate an increasing trend in dental-related visits and associated charges between 2005-2015.
- Detailed data is contained in the Scorecard
• Encourage use of data
  • Several times per year, remind membership of data available on the website through social media or other means.
  • Provide more education and awareness around the data that are available. Create interest in data with periodic communications.
• Formed a subcommittee focused on Early Head Start and Head Start oral health and is working with the Florida Head Start State Collaboration Office to identify opportunities to support Head Start grantees in their efforts to link children in low-income families to oral health services in their communities and provide technical assistance related to the Program Information Report (PIR)
• Focus is to **implement or improve** school based dental sealant programs
• **Promote cost efficient workforce and service delivery models of preventive dental care**
• **Indicators:** \( \% \) of Florida schools with school-based sealant programs / total eligible enrolled for at least 90 days receiving sealant on permanent molar tooth
• **Conduct bimonthly conference calls with featured guest speakers to discuss issues, updates, and best practices of all Florida School-Based Sealant Programs and national programs.**
• Provide updated resources and information to improve existing School-Based Sealant Programs and implement additional programs throughout the state and across agencies. This includes technical assistance regarding data collection tools, portable dental equipment, and sealant application.
• Complete data collection yearly to show the increase of services and programs across the state and across agencies. The Sealant Action Team also meets face-to-face at the Annual Oral Health Florida Educational Conference.
• Currently engaged in Statewide Basic Screening Survey Training (ASTDD plus incorporated how to use with SEALS so that school-based programs were able to calibrate with their assessments
  • next month with the Florida School Nurses Association
• Collecting data from all school sealant programs in Florida by county
Fluoridation

• Creation of Florida Community Water Fluoridation Guidelines and Checklist
• Readiness assessment for CWF education campaign: Boca Raton, Deltona, Pasco Regional and USF
• Technical assistance to Flagler County, Dade City
• Activism reversed decision to cease fluoridation in Fellsmere
• Advocate for support of $200K line item for FDOH to provide local communities funding to add CWF
Medical-Dental Integration

- A team of dental and medical professionals that promote the integration of medical and dental processes to improve primary contact and accessibility for at-risk populations.
- Conduct presentations on integration of oral health and primary care - currently looking to increase collaboration between the medical community and dental community by providing dental education at grand rounds, pediatric meetings, ER docs, nurses, FQHC's and clinics
- Collect data on emergency room diversion oral health projects/programs
- Developing a “Doctor’s Communication” guide that promotes fluoride varnish application by physicians
- Supporting USF’s grant application to pilot dental hygienist integration
Annual Conference

- Bridging the Gap from Children to Seniors
- July 27 and 28, Orlando
- Senior Oral Health
  - Oral Health America- Tina Montgomery
- School-Based OH
  - DentaQuest Foundation- Pat Finnerty
  - School Health Alliance- Donna Behrens
  - Smart Mouths Smart Kids
  - University of WA- Use of Silver Diamine Fluoride
  - Childrens Dental Health Project- Meg Booth
Thank you!

For more information or questions, contact:
Deborah Foote
Cypress Tree Consulting, LLC
cypresstreeconsulting@gmail.com
251.533.1798
Oral Health Plan

Miami- Dade Oral Health Network
Vision Statement

The Miami-Dade Oral Health Network (MDOHN) is a community-centered grassroots initiative committed to improving oral health through education, assessment, policy/program development, and collaboration. MDOHN promotes cooperation, communication, and concerted action among community residents and organizations dedicated to eliminating oral health disparities.
Stakeholders

- The Children’s Trust
- CHI of South Florida
- Nova Southeastern University
- Consortium for a Healthier Miami Dade.
- Youth Empowered Solutions! (YES!)
- Design Thinking Miami
- Pearl
- Florida International University
- Gang Alternative, Inc.
- Community health workers
- Local residents and students from Little Haiti, Overtown, Liberty City, Homestead, Little Havana, and participants of CM leadership and social justice programs
Proudest Moments

- We have trained 11 of our desired ten local community oral health hub leaders.

- We have recruited two youth from Gang Alternative to conduct Environmental Scans in their communities, North Miami and Little Haiti.

- In February 2017 we hosted the Brush Like You Mean It

- In March 2017 we convened the Miami-Dade Oral Health Equity Summit
Miami Dade Oral Health Leaders
Oral Health Leaders
Oral Health Leaders
Oral Health Leaders
Photovoice Project
Plan’s 2020 Priorities

- Increased awareness and education of health and oral health equity among students, families, and elected officials
- Increased values-based, effectively framed oral health messages in public health dialogue
- Alignment among partners and advocates around the inclusion of oral health
- Identification of key champions to support legislative and executive branch leaders.
Key Implementation Strategies for 2017

- Convene network of Miami-Dade providers, community based organizations, and community members in improving oral health through education, assessment, policy/program development, and collaboration.
  - Recruit colleagues and residents, both as stakeholders, for mini-summits
  - Meet as the core MDOHN Network to determine best practices and upgrades
  - Train and build the capacity of core partners to be able to implement mini-summits

- Engage with intention community members and high school youth to bring awareness to social determinants of oral health
  - Create a new and accurate awareness of oral health within communities, both low-to-moderate income and otherwise
  - Train 20 additional community members and students to host
  - Host 4 Oral Health Equity Fellowship Trainings
  - Implement seminars in eight different communities.
  - Oral Health Outreach at local community events
Key Implementation Strategies for 2017

- Implement county and statewide oral health education & marketing campaign
  - Photovoice
  - Vox-pop
  - Street Stalls
  - Radio Station Interviews
  - newsletter or email blast with updates on oral health and best practices
  - social Media Campaign

- Create a policy agenda and identify champions for oral health in collaboration with Tampa Bay Healthcare Collaborative and the Florida Institute for Health Innovation
  - Meet with local county elected officials and Dade Delegation (State Legislature)
  - Meet with School Board
  - Identify oral health policy to support at state level
    - social determinants of oral health that play a significant role in the community, such as access to healthy foods, cultural norms, and transportation availability.
  - Identify state-level champions
  - Create community of practice with our state partners
Vision & Areas of Focus

We envision a community that values health and health services for everyone

• advocacy
• health equity
• wellness
Mission & Methods

To promote and advance the health and wellness of those underserved

• foster relationships
• build organizational capacity
• promote access to care
What we know about individuals, no matter how rich the details, will never give us the ability to predict how they will behave as a system. Once individuals link together they become something different. Only when we join with others do our gifts become visible, even to ourselves.

Margaret Wheatley
Background

www.oralhealth.network
Building a Movement, Starting with Equity...
Systems Change Framework

**POLICY**
- Oral health is a key component of health policy
- Oral health policy consistent at local, state and federal levels
- Oral health measurement systems in place
- Policy to allow expanded workforce

**FINANCING**
- Sufficient funding to support care, prevention and training
- Alignment of payment with evidence, prevention, disease management and outcomes

**CARE**
- Dental workforce sufficient to meet needs efficiently & effectively
- Care based on evidence, prevention, disease management and outcomes
- Oral health integrated into all aspects of health care
- Consumer focused care delivery

**COMMUNITY**
- Oral health integrated into education and social services
- Optimal oral health literacy
- Strong community prevention and care infrastructure
- Provider base representative of community

Do What You Do Better.
Oral health is essential to lifelong health and wellbeing. Improved health equity results in greater social justice.

**Goal 1**: Eradicate dental disease in children

**Goal 2**: Incorporate oral health into the primary education system

**Goal 3**: Include an adult dental benefit in publicly funded health coverage

**Goal 4**: Integrate oral health into person-centered healthcare

**Goal 5**: Improve the public perception of the value of oral health to overall health

**Goal 6**: Build a comprehensive national oral health measurement system

**Target 1**: The 10 largest school districts have incorporated oral health into their systems

**Target 2**: At least 30 states have an extensive Medicaid adult dental benefit

**Target 3**: Medicare includes an extensive dental benefit

**Target 4**: Oral health is integrated into at least 50% of emerging person-centered care models

**Target 5**: A national and state-based oral health measurement system is in place

**Target 6**: Oral health is increasingly included in health dialogue and public policy
Network

Prioritize equity

GRASSROOTS
Local community engagement in changing perception and actions to achieve and maintain oral health and health

MIDDLE
State and regional alliances; ROHC teams

GRASSTOPS
National partnerships to drive policy and systems change; Alliance

MOVEMENT TACTICS
Financial investment
Technical assistance
Capacity building
Advocacy
Organizational effectiveness
Environmental/policy analysis
Social network community
Convening
Leadership development
Communication capacity
Evaluation/measurement

4 SYSTEMS FOCUS
emphasizing policy

ENVIRONMENTAL INFLUENCES
changes lead to new perceptions on importance of oral health and actions to achieve and maintain oral health and health

Reshape systems to improve lifelong oral health and eradicate dental disease in children
Overview

ACHIEVING ORAL HEALTH EQUITY
## Community Survey Results

<table>
<thead>
<tr>
<th>Importance vs. Condition</th>
</tr>
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<tbody>
<tr>
<td><strong>91%</strong></td>
</tr>
<tr>
<td>91% of respondents agree that oral health is important</td>
</tr>
<tr>
<td><strong>50%</strong></td>
</tr>
<tr>
<td>50% of respondents describe the condition of their teeth and gums as ‘poor’ or fair</td>
</tr>
<tr>
<td><strong>38%</strong></td>
</tr>
<tr>
<td>38% of respondents avoid “smiling and laughing” due to the condition of their teeth</td>
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</tbody>
</table>
## Community Survey Results

### Knowledge vs. Behavior

<table>
<thead>
<tr>
<th>%</th>
<th>Statement</th>
<th>Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>92%</strong></td>
<td>believe regular checkups will prevent dental health problems</td>
<td><strong>35%</strong> only visit the dentist when they have a toothache</td>
</tr>
<tr>
<td><strong>33%</strong></td>
<td>of respondents reported visiting the dentist within the last 6 months</td>
<td></td>
</tr>
<tr>
<td><strong>27%</strong></td>
<td>reported it had been 1-2 years</td>
<td></td>
</tr>
<tr>
<td><strong>20%</strong></td>
<td>reported it had been 2-4 years</td>
<td></td>
</tr>
<tr>
<td><strong>2%</strong></td>
<td>reported never visiting the dentist</td>
<td></td>
</tr>
</tbody>
</table>

*13% of respondents did not know and 5% selected other*
Community Survey Results

Equity and Social Justice

Residents were asked if they had ever felt discriminated against by a dentist or dental professional because of certain characteristics.

- 13% of the respondents felt discriminated based on insurance
- 12% of the respondents felt discriminated based on income
- 7% of respondents felt discriminated against because of race
- 5% of respondents felt discriminated due to age
- 69% reported not feeling discriminated against

26% of respondents felt that their race impacts their ability to access quality dental care

*Note – total exceeds 100%, respondents were able to select ALL that apply*
Community Survey Results

Identifying Barriers to Accessing Dental Care

Survey respondents were asked to identify barriers to getting dental care and/or reasons they delayed or avoided scheduling a dental appointment. The following areas were identified:

- Cost
- Income
- Type of Insurance
- Fear / Anxiety
- Education
- Access
- Knowledge of Resources

50% of respondents reported delaying care due to cost.
Provider Survey Results

• Oral Health Beliefs
  o Poor oral health can impact various overall health concerns – 99%
  o A person is not healthy if they are in poor oral health – 93%
  o Residents would benefit from expanded dental health services – 91%
  o Organization distributes educational dental health information to clients – 56%
  o Organization has client referral process with local dental service providers – 48%
OH2020 Priorities

• Community Collaboration
• Education & Messaging
• Advocacy
• Emerging Needs
Thank You.
Agency for Health Care Administration/Florida Medicaid Update
Florida Oral Health Consumer Advisory Council Update

- A state-wide network of parents and individuals working at the community level with vulnerable families and children.
- Monthly conference calls aim to gather feedback and perspectives from those who have experienced the consequences of inequity.
- Purpose: To educate the people designing community programs and developing state policy about barriers parents face when needing to obtain oral health care for their children.
Key Themes

- Shortage of providers that have an understanding of and willingness to treat special needs children.
- Lack of awareness of available oral health services, benefits and resources in the community.
- Challenges for parents in navigating the dental care system.
Key Needs

- More education and training for dental students and providers around treatment and care of special needs children.
- Clear and concise consumer information about oral health benefits, services and resources using multiple touch points.
- More support from health plans and community organizations to help consumers coordinate care across the medical and dental care system.
Potential Ideas

- Implement a shadowing program in dental schools to link dental students with providers that offer exemplary care to special-needs patients.

- Increase reimbursement rates and incentives for Medicaid providers and those treating vulnerable populations.

- Develop/update comprehensive oral health resource guides that allow consumers to search for specific services based on zip code, health plan and area of need.

- Educate direct service providers working with oral health consumers about the dental care system and strengthen referral networks.
What do we propose to do?

- Moving from Talk to Action
  - Update on Action Commitments
  - Strategic Plan Implementation
    - What support do you need to move towards implementation?
    - What additional stakeholders need to be engaged?
    - What are current barriers?
Next Steps Towards Alignment

- Shifting towards more collaborative actions
  - What are 2-3 clear results we can align around?
  - Which Alliance strategies should be prioritized for implementation at state and local levels?
  - Decide collectively on date/time for May meeting