Florida Oral Health Alliance Result: All Florida children, youth and families have good oral health and well-being, especially those that are vulnerable.

Headline Indicator 1: Percentage of eligible Medicaid children ages 0-20 receiving any dental services
Headline Indicator 2: Percentage of eligible Medicaid children ages 1-20 receiving any preventive dental service

Meeting Results:
During the meeting, participants:
- Addressed challenges in aligning actions around the Oral Health Alliance results
- Shared understanding of ways to engage partners and community residents in implementation
- Formulated performance measures for tracking success of specific strategies
- Developed plans to share the FOHA plan with stakeholders, including other state and local partners

<table>
<thead>
<tr>
<th>Meeting participants</th>
<th>Organization</th>
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<tbody>
<tr>
<td>Philippe Bilger</td>
<td>Florida Department of Health (FDOH)</td>
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<tr>
<td>Marguerite Lynch</td>
<td>Health Care District - PBC (C. L. Brumback Primary Care Clinics)</td>
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<tr>
<td>Tamara Kay Tibby</td>
<td>C.L. Brumback Primary Care Clinics</td>
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<tr>
<td>Alina Soto</td>
<td>Florida Department of Children &amp; Families</td>
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<tr>
<td>Scott Staten</td>
<td>FL Dept. of Health, Public Health Dental Program</td>
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<th>Virtual participants</th>
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<tbody>
<tr>
<td>Betty Gilbert</td>
<td>Liberty Dental Plan</td>
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<tr>
<td>Douglas Manning</td>
<td>DentaQuest</td>
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<tr>
<td>Krista Wagner</td>
<td>Dental Health &amp; Wellness</td>
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Tallahassee virtual participants (afternoon only)

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<tr>
<td>Monique Johnson</td>
<td>AHCA</td>
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<td>Megan Weiland</td>
<td>AHCA</td>
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<tr>
<td>Casey Stoutamire</td>
<td>Florida Dental Association</td>
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<tr>
<td>Jena Grignon</td>
<td>Florida Healthy Kids Corporation</td>
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<th>Project Staff</th>
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<tr>
<td>Deitre Epps</td>
<td>Clear Impact</td>
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<tr>
<td>Danielle Lewald</td>
<td>FIHI</td>
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“Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it’s the only thing that ever has.” -- Margaret Mead

COMMUNICATIONS AND MESSAGING PLAN
The Florida Alliance intends for the FOHA plan to be implemented in two ways:
1. Alliance partners will continue to convene and to engage in collaborative leadership work to implement specific strategies from the plan.
2. Share prioritized strategies across the state.
   a) Bring together partners regionally.
   b) Bring together partners with similar priorities and common objectives.
   c) Identify potential partners with natural connections and work together in those areas.
      1. Intersection of needs
      2. Common priorities and/or agendas
      3. Common strategies and deliverables
3. Disseminated widely to statewide oral health stakeholders.
   a) These stakeholders will be asked to convene regional groups to plan a collaborative approach to community-wide intervention and/or engage in specific strategies to improve oral health within their own organizations.
   b) Work will begin with traditional partners and non-traditional partners will be included as the collaboration becomes more consistent among the existing oral health partners.

ACTION COMMITMENTS

FIHI:
- Send updated FOHA potential partner list to the group
- Update Executive Summary and add page number references where information can be found within the plan

FOHA:
- Share data on number of children receiving preventive dental services:
  o Dr. Bilger: Will gather state-wide data
  o Scott Staten: Will send data from Palm Beach County
  o Alina Soto: Will gather HeadStart data (children ages 2-5)
  o Marguerite Lynch: Will share data on the % of 6-9 year olds that receive sealants
  o Tamara Kay Tibby: Will share the DentaQuest Provider Performance Report which includes data on sealants: total ages 6-9 in sealant programs, comparing performance with other providers
- Conduct outreach in the next 4-6 weeks (by Dec. 5) to selected partners by sharing the FOHA plan and determining how their work aligns with the prioritized factors and strategy implementation
  o *Virtual meeting attendees to submit action commitments via email*

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<thead>
<tr>
<th>FOHA Member</th>
<th>Selected Partner</th>
<th>Action Commitment</th>
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<tbody>
<tr>
<td>Marguerite Lynch</td>
<td>Ben Browning, Florida Association of Community Health Centers</td>
<td>Outreach to discuss FOHA plan and how he can support implementation</td>
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<tr>
<td>Scott Staten</td>
<td>Cathy Burns, Health Liaison for Palm Beach County School Board</td>
<td>Outreach to discuss FOHA plan and how she can support implementation *Scott to send FIHI Cathy’s contact info to be added to partner list</td>
</tr>
<tr>
<td>Philippe Bilger</td>
<td>Dr. Zapert, FDOH, state-wide dental director</td>
<td>Telephone call and discuss strategic plan and next steps (will get next steps from him)</td>
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<td>Alina Soto</td>
<td>Brittany Birken, FL Children’s Services Council</td>
<td>Discuss data and best practices for funding decisions on oral health (she’s very active with legislature)</td>
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<tr>
<td>Doug Manning</td>
<td>Managed Care Plan contacts</td>
<td>Will distribute the plan and have regular weekly/monthly meetings with teams to discuss the plan and see where/how they can get involved or if they can commit</td>
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| Casey Stoutamire | External: Members of the Florida Dental Association  
                   Internal: Board of Trustees, Action committee, and communications team | FDA members are dentists; will use parts of the plan to advocate for sharing messaging and education around oral health |

ALIGNING ACTIONS WITH ORAL HEALTH ALLIANCE RESULTS
- As the Alliance moves forward with the strategic plan, the hope is more partners across the state will join and collaborate on the shared result and indicators so that we see incremental improvements each year (Turning the Curve™) in oral health.

Is there a willingness to work together? Is the result clear? How familiar do you feel partners in the health field are familiar with the indicator data?
- Others may not be familiar that the data is part of a federal reporting requirement that states have to report; but indicator is simple to understand, it’s a percentage of the population that we want to serve.
- For stakeholders outside of the healthcare field, these indicators may not be part of their priorities. Important to keep this data alive and present for those that are not in the dental field.
- Most people know what the indicators are unless they’re in health insurance or provider field. It doesn’t tell you about the health of the patient. Doesn’t tell you if the patient is healthy or not healthy. CMS-416 performance metrics are not as known and people don’t know what it’s telling them.

STORY BEHIND THE DATA

Digging Deeper into the Story Behind the Data (see FOHA Plan pages 13-14 #5)
- There is a lack of consistent collaboration from partners and stakeholders, including oral health understanding by legislators.

What are some barriers to collaboration that you need to think about to understand the story behind the data? Is there a willingness to leverage and work with other partners? Is there a sense of competition that is preventing collaboration? To what extent do you feel you can be transparent in your work?
- Many different agendas, if we don’t align those agendas then everyone lives in their own silo.
- Different order of priorities
- Different strategic plans; it is unknown if efforts are being duplicated
- Don’t have buy-in from all partners
- Some reinventing of the wheel and people become disengaged
- In order to maintain momentum, need to have some sort of administrative resources to back-up the efforts. Can’t depend on the partners individually, need a central source of resources to help in strategic planning.
In Collective Impact, this is the backbone support organization. Currently, FIHI is serving in this role, but several partners can serve as the backbone.

If we’re putting this out to other stakeholders and other groups, what is new about this Coalition and Alliance that hasn’t been seen before? What’s the next step as far as implementing? Some people that you need at the table (i.e. Dental Association and AHCA)?

Is there a strategy or tactic where the most partners could contribute? What are some low-hanging fruit? Are there actions/strategies already approved by your organization (“leading from the middle” = do what you can from where you are).

On a local level, Palm Beach County Oral Health Coalition is an effective group with engaged partners looking for ways to implement these strategies on a local level. They are aware of these issues and data and goals to increase access to low-income children; there was a skeleton for a plan in place that is coming to fruition. We speak about these issues at the meetings. Pilot project that’s about to be implemented, all the partners in the Coalition are a part of it.

Goal aligns with FOHA: increase preventive services to low-income children in title 1 schools, refer children in clinics to primary care and get parents engaged to find a dental home.

Increase the number of school-based dental sealant programs in county health departments across the state. Was in the 20’s and now in the 40’s. Measurements: Schools, county health departments, student councils.

As the state-wide quality liaison, I learn success stories and share them when I’m out in the community, I help connect people who are doing similar work. Spoke with coordinated schools and coalitions. Sharing “what works” with others.

How do you leverage existing resources and partners to align your actions?

Everyone comes with their own agenda. From a managed care perspective, we look at increasing utilization in a cost-effective way. Managed care has limited resources available. Priorities may be different among the different collaborators.

What is everyone’s agenda?

When we release the plan, perhaps we need to poll partners to find out where they fit in as far as their priorities to find out where we put our resources in advancing the plan. How does the strategic plan fit in with their priorities? Need to poll potential partners to find out where their main priorities are and see where there’s common ground, then they may be willing to put in resources to fulfill the priorities in this plan.

WHAT DO WE PROPOSE TO DO? MOVING FROM TALK TO ACTION

What are the FOHA’s priorities for next 6 months? Is there 1 strategy or tactic where the most partners can contribute?

Pg. 23 Strategy #7 in the FOHA plan:
Expand school-based dental sealant programs through sharing best practices already in place.

Focus: Barriers to Oral Health Care

- Take initiative to reach out to partners, share what we are advocating, and see if they wish to participate.
- Lack of funding in general; building collaboration with school boards at the local level (each county is different)
- Some schools buy into the program and some don’t. Has to go through school board, but local principal could say they don’t want it.
- Best measurement would be the number of students that participate in school-based dental sealant programs.
  - Anyone who participates will receive a screening and a fluoride varnish and if they need the sealants they will be provided (preventive service).
  - Each managed care organization should have this information available for their network. Not an exact science because members constantly change providers. Gives a bit of the picture of the panel of patients and individual providers and where they’re getting services; based on dental home.
How can you build upon this strategy so you can engage partners?
- The Oral Health Coalition has a website and makes graphs with data available online
  - Recommendation: FIHI could do the same; create a central place where data is collected and shared.

**Action Step A:** Identify current school-based oral health programs (Dr. Bilger action commitment)
**Action Step B:** Promote incentive programs to increase the rate of affirmative consent for the school-based oral health services

**Program/Initiatives:**
- Palm Beach County Oral Health Coalition, Preventive Health Education Program and Fluoride Varnish Program
- Increasing School-based dental sealant programs in county health departments across the state

**Performance Measure:**
- Number of students that receive preventive oral health services
- Number of children that receive preventive oral health services

**Story behind the data:**
- Costly to provide incentives
- Students not returning consent forms

**Partners:**
- Schools, teachers
- Pizza and ice cream vendors

**What Works/Creative Ideas:**
- Offering pizza party, ice cream social or grade-level competitions for classes with highest affirmative consent
  - 80-90% participation rate with incentive. Without incentive it’s around 40-50%.
- Offer incentive to teacher (Amazon gift card) to obtain a certain number of consent forms returned from parents
- Coordinate timing of outreach when forms are sent out to parents
  - Robo calls sent out from schools to remind parents to return consent forms
  - Text message reminders to parents

**If it’s within their mission, how can you move partners towards alignment?**
- The services that Palm Beach County Oral Health Coalition partners are going to be providing is not necessarily preventative; part of the provider program is a referral mechanism for children with acute needs to refer patients to primary care. How do you move from acute care to preventive care?
  - With an acute visit, you can add fluoride varnish; studies show you can reduce dental decay (can always do preventive care with an acute visit).
  - Some Kids are already getting that service in school through the program.
  - Silver diamine fluoride (can treat acute and serve as preventive care
  - If DentaQuest is provided a list of patients that were seen, the team could follow-up by phone to find out if they set-up a preventative visit.
  - All providers in DentaQuest network have an area provider rep that services their locations. That would be the person to supply this information to.
  - Don’t incentive children / classes with food: some other ideas might be an extra 10 minute of recess or veggie friendship salad instead of pizza.
There may be things that I can work out with the schools to provide 10 more minutes of recess that are low/no-cost.

**WHAT DO WE PROPOSE TO DO? COMMUNITY ENGAGEMENT**
- Establishing relationships with school personnel is really important (parent liaisons=are able to contact parents to obtain affirmative consent)=What Works
- In Palm Beach, for a school that has a high number of Creole families, there are school liaisons that reach out to that community to connect families with resources.
- Cultural sensitivity issue (sometimes these forms go home and get lost in translation); being culturally sensitive in messaging is important. Someone from oral heath beyond the SHAC (school health advisory councils), create a relationship.

**UPDATE ON ACTION COMMITMENTS AND STORY BEHIND THE CURVE**
- Jena Grignon: Have put FOHA plan on radar for our grant-funders and partners to share. Trying to attend superintendent and principal meetings; asking them what they know about their students’ oral health and challenging them. While at Healthy Kids, a state-wide coalition for FL Kid Care, we talked about different things we could do for oral health; trying to work with FL Kid Care providers to hand out toothpaste and tooth brushes throughout the state.

**Communications PPT and Executive Summary Template Feedback:**
- Need a more concise version if we were going to share it publicly
- A one-pager would be more helpful to share with partners
- Need to decide how we would use the PPT (internally, as an educational tool or as talking points to share externally?)
- Add what are the expectations that you have from your partners=add to communications messaging strategy grid
- Remember to include ways to incorporate community engagement in your conversations.