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

Meeting Results:
By the end of this meeting participants will have:
- A shared understanding of one local effort to integrate oral health screening into primary care
- Decisions regarding which strategies to begin implementing at state and local levels
- A short list of existing initiatives that would be willing to integrate oral health into their platform/activities
- A shared understanding of ways to engage community residents in implementation
- A draft of a communications plan used to share the FOHA plan with communities and other state and local partners
- Identification of subcommittee leaders

<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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<td>Juliette Fabian</td>
<td>Children’s Trust</td>
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<td>Doug Manning</td>
<td>DentaQuest</td>
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<td>Misha Payne</td>
<td>Special Olympics</td>
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<td>Tamara Kay Tibby</td>
<td>C.L. Brumback Primary Care Clinics</td>
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<td>Magalie Thomas</td>
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<td>Krista Wagner</td>
<td>Dental Health &amp; Wellness/Centene</td>
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<th>Tampa Bay virtual participants</th>
<th>Tampa Bay Healthcare Collaborative</th>
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<tr>
<td>Carrie Hepburn</td>
<td>Tampa Bay Healthcare Collaborative</td>
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<tr>
<td>Jose Peralta</td>
<td>Premier Community HealthCare Group, Inc.</td>
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<td>Deborah Foote</td>
<td>Consultant</td>
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<td>Arielle Adams</td>
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<td>Betty Gilbert</td>
<td>Liberty Dental Plan</td>
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<th>Tallahassee virtual participants (afternoon only)</th>
<th>Florida CHAIN</th>
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<tr>
<td>Anne Swerlick</td>
<td>AHCA</td>
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<td>Monique Johnson</td>
<td>AHCA</td>
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<td>Megan Weiland</td>
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<th>Project Staff</th>
<th>Results Leadership Group, LLC</th>
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<tr>
<td>Deitre Epps</td>
<td>Results Leadership Group, LLC</td>
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<tr>
<td>Christine Hom</td>
<td>FIHI</td>
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<td>Danielle Lewald</td>
<td>FIHI</td>
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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

![Graph showing percentage of eligible Medicaid children ages 0-20 receiving any dental services from 2011 to 2015.]

Source: Florida Form CMS-416 line 12a data retrieved in August 2016 from the Florida Institute for Health Innovation.

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

![Graph showing percentage of eligible Medicaid children ages 1-20 receiving any preventive dental services from 2011 to 2015.]

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

What do we propose to do? (Measuring Success)

Table Conversation with Subcommittees (Barriers to Oral Health Care and Oral Health Education/Community Engagement):

- Review Florida Oral Health Alliance Strategic Plan and share impressions
- The plan will not change the data, it is the implementation of the plan that will change the data
• Groups discuss how they would engage community residents in implementing the plan or as strategic partners (working with them to improve communities)

Review Asset-based Community Development (ABCD) and the role of residents:
• What is the one thing that resonates with you about what you read?
  o Cannot build strong neighborhoods without resident engagement and community action.
  o How do we get them to want to access dental care and do prevention?
  o Are there incentives or bonuses to get them to see a dentist?
  o Why are they seeing primary care providers but not dentists? Why is part of the population good about taking care of teeth but not the other?
  o How do you work with community-based programs to work with residents to make dental health a priority?
  o The difference between care and service; care is what residents transfer to engagement.

• Issues discussed:
  o How are we going to implement the plan at each of the individual community levels?
  o We looked at the county level: school health plan (common to all school districts); we need to figure out how to work with county schools to implement our plan.
    ▪ School health plan involves not only school and health department, but also engages community members who want to sit on committee. They would already have engagement.
    ▪ Where is this being done well and where can it be replicated?
  o A lot of strength comes from the residents. The difference in community engagement has to do with parental involvement; getting residents to participate. Parental involvement in schools makes a big difference.
    ▪ How can we build upon the capacity of the residents that call the community home?
  o Who is familiar with county-level school-based health plans and how they engage residents?
  o How is community engagement already a part of these school-based health plans and how can we include oral health?

Responses:

How county-level school-based health plans are engaging residents
• Juliette Fabian: Every county has to work with the local health department in order for leaders to come up with a plan to get services to students. Clause: School Health Advisory Committee (SHAC) meets monthly. Statute of what you have to do and how you are going to do it. Local pediatricians, FQHCs, Children’s Trust looked up what we have available and discuss what additional resources are needed. Have been including oral health as one of our strategies. Nova is a strong partner; helps guide us. It is a good start for the conversation at a high-level. It has been working; now we’re trying to get to level of teachers, principals and parents/PTA. Based on our experience, you have to focus on one community at a time.

How to engage PTA
• Depends on area/school. Successful program with PTA involvement: Miami Beach (all 5 municipalities are providing funds for oral health and behavioral health); developed task force and get people to attend board meetings.
• Need for more bottom-up strategies (start at local level); community-up/resident-up
• Juliette: Don’t use blanket approach. When I want the principal to do something, I get the superintendent to sign off on it first (county-level).

Responses:

Increase knowledge/training on how to effectively work with communities
• Carrie Hepburn and Deborah Foote: Very important to imbed within all the partners a similar framework of understanding from which to work with communities. Working with communities that are reliant on public services (Medicaid) are very diverse. Takes a lot of effort to develop those partnerships and then go through a
process with which oral health is seen as a priority in competition with a lot of other priorities. Important for those organizations that are not well-versed in working with communities to have a learning opportunity about how to work effectively with communities.

- Deborah: Conversations around poverty and culture are important. Avoid setting up institutions that don’t reflect what people’s lives are.

**Gain direct access to the consumer**

- Juliette Fabian: If we want to get to parent-level; there are not enough of us. We don’t deal directly with parents. Nurses don’t see the parent every day. If we want to work directly with parents we need to have a required program where providers would have direct access (i.e. after-school program).
- Dr. Bilger: Contractual agreement or memorandum of understanding; making sure one of the objectives is some kind of engagement to get down to that level.

**Discussion:**

- Who works with parents well that is a provider within the community?
  - WIC, lactation specialist and nutrition specialist
  - Women's Health Initiative (WHI): nutritionist goes to the home
  - Pediatricians
  - Churches and youth ministries
  - Head Start: focus on low-income children
  - Health screening requirements and staff that look specifically at child health. Very parent-focused; have requirements for engaging parents.
  - Redlands Christian Migrant Association (RCMA)

**Story Behind the Curve**

- Dr. Peralta presents example of how he took immediate action to implement a strategy
  - Trying to get PCPs more involved in seeing children and having them look into oral cavity. What we use is EMR: when they come for wellness visit for schools, follow HEENT (head, ears, eyes, nose and throat), we changed to HENOT (head, ears, eyes, nose, oral cavity and throat). When they come in for a visit, PCP has to take a look in the mouth.
  - Trained MA’s through Smiles for Life fluoride video, so they can start implementing fluoride into visits. Fluoride has a code now that we can use to bill Medicaid. Have to have a referral. Explained to providers that this is not an exam, just a look and see so that we can then refer to dentist that will only be a block away.
  - Front desk schedules dental exam also. We are updating software and training staff and have one cycle complete (wellness/annual exam for school also has to include a dental appointment).
  - We are starting to track children (fluoride), will then begin track diabetic patient visits, high blood pressure patients and pregnant patients.

**Results Based Accountability/Turn the Curve™ Thinking**

- Looked at stories behind the baseline (ongoing process). May need to bring in partners now that you know the story. Iterative process: every time you come back to the Florida Oral Health Alliance, bring stories about what works; continuously update strategies based on best practices.

**Subcommittees share their prioritized strategies:**

**Oral Health Education & Community Engagement Subcommittee**

*Strategy #2: Encourage and incentivize the provision of inter-professional education and training for medical and allied health professionals regarding oral health to include oral health screenings and risk assessment and placement of fluoride varnishes.*
• Focus in on expanding school nurse education as far as oral health screenings and oral health application of fluoride varnishes.

• Community engagement:
  o County-level; making sure school health plans address training of school nurses or school professionals or allied health professional working in the schools.
  o Grassroots level: parent health champion that can speak out about oral health issues on parent-level; training in Head Start centers, or create focus groups to understand issues that parents are looking at as it concerns oral health.

• Dr. Manning: Suggestion to give presentations to school health nursing associations to let them know that oral health should be something that they’re looking at. Dr. Manning did a presentation last year. Step in this is trying to find speaker’s bureaus that go out to these associations.
  o Dr. Bilger: Funding is an issue. Seeing if school nurses can bill out for Medicaid services for doing an oral health screening.
  o Dr. Manning: New health access setting language; FQHC could imbed a dental hygienist in a school nurse/health program and conduct screenings.

Barriers to Oral Health Care Subcommittee
Strategy #7: Expand school based oral health programs through sharing best practices already in place
  • Centers around sustainability
  • Get into schools with oral health education; start with kids and go to where they are rather than getting them to come to dental offices
  • Work with Dept. Of Education and local school boards to get into the schools
  • Work with DentaQuest: link health plans with DOH so they can work together (health plan can be on the lookout for consent forms)
    o Consent form: need an act of consent (going into the mouth= invasive). Looking at programs that can improve or increase the number of consents that come back (dental plans and FQHCs can work together)
  • Engage community groups (head starts, boys and girls clubs); educate around programs and need for screenings and return consent forms

Tampa Bay Healthcare Collaborative
Strategy #4: Increase outreach efforts by managed care plans to improve access to dental care by aligning with community stakeholders to maximize local resources.
  • Establish relationships with community organizations and gather feedback

Strategy #5: Utilize primary care / pediatric providers so that children can receive medical and dental treatment in the same day.
  • Support Dr. Peralta’s work

Discussion:
• Deborah Foote: Theme to be cognizant of, how do we bring consumer voice into each of the work groups? Make sure there is someone at those workgroups that plays the role of a consumer champion; connect the conversations that are happening with the community to ensure they are solutions that will be well-received/effective. Nervous that conversation might not happen if there isn’t someone that’s weaving that conversation throughout the plan.
• Dr. Manning: We don’t have the public as participants in this group, but we have community organizations representing those people and can get input from the local residents.

Moving from talk to action:
• If you know of a specific person or agency that would be a good fit/partner to help implement your strategy, please share. Ex. Catalyst Miami (grassroots level)
• Dr. Bilger: Past initiative around training health ambassadors (local residents) in communities on health issues; would be beneficial to include oral health in training

Achieving High Action High Alignment:
• What action commitments can you make that support a strategy within the plan and align the work with one other partner?

Implementation individual action commitment form
• Barriers: local level
• Education/Community Engagement: local level
• Tampa: local level
• Tallahassee: state-wide

Communications and Messaging Strategy:
• How do you engage partners in this plan? What systems can you engage?
• How can the plan best be communicated so people also understand what it is?
• Who are the groups and what are the systems do you need to connect with?
• What is the best way to communicate with them?
• How will you know if they have heard your message?

Who do you need to communicate the plan to? (within your agency)
• Boards of Directors
• State Dental Director (Public Health Dental Program from FL Dept. of Health)

What influence do you have outside of your agency but within your circle of influence (task force, work groups, associations, coalitions)?
• University chairs
• Local oral health coalitions
• Tampa oral health coalition (Karen Buckenheimer)
• Palm Beach County oral health coalition (Cathy Cavenson)
• Funded providers (Children’s Trust); integrate oral health into social services
• Florida Children’s Services Council (17 counties)
• FACHC: Florida Association of Community Health Centers (Tallahassee)
• Head Start Group/Head Start Health Group (Lilly Copp)
• PTAs
• Conferences where we could present to school nurses

Commitments to Action

Oral Health Education & Engagement Subcommittee:
1) Florida Children’s Services Council
   a. Best practices
   b. Discussing issues around funding around best practices (sustainability)
2) Florida Association of School Nurses
   a. Need to present problems statement and issues around oral health

Barriers to Oral Health Care Subcommittee:
1) FACH
   a. Distributing the plan
b. Health access settings, school-based programs and engaging dental and primary care

Tampa:
1) Florida Coalition of Community Health Workers
   a. Inform AVA community dental health coordinator curriculum to see if there is a way to imbed dental component in greater community outreach; community education and linking to dental health
   b. Phone calls to person who coordinates the coalition (need to find out who this is)

Tallahassee:
2) Medicaid recipients
   a. Education about the importance of oral health, details about what FL Medicaid does cover
   b. Through managed care plans, working with them on their events and communications they send to members
      i. Events: Member events targeted towards dental
      ii. Local health fairs

Discussion:
- FL Medicaid Orlando field office has developed a task group putting together all materials for oral health (print/paper communications) that go to members and can be used at health fairs.
- Dr. Manning: We have to bubble it up to higher levels.
  o FL CHAIN: conferences
  o DOH
  o AHCA

What is the best way to start sharing the plan as an individual?
- Distribute it by email
- Electronic version to be easily sent/accessed (FIHI to post to website)
- Think about messaging so there is a common message as it goes out
- Partners listed in plan are organizations that will distribute plan
- Deborah: Most organizations that are outside of the mission of oral health would not read it. More about developing strategies that relate to the organization’s strategies. We think it’s important to have a partnership around a specific element in the plan and speak with them on how we can work together to make change for kids. Sharing a vision and having it resonate with what their own objectives are. Communication should be tailored to specific organizations and what it means to them.

Suggestions:
- Create a summary document
- Tailor communications to different audiences
- Share with grassroots organizations (messaging: here are things that we think are applicable and what we would like to work with you on)
- Know your audience: talk about the work that both you and your partner does and have a conversation about steps needed to make it happen
- Share FOHA plan within our own organizations (action commitment) and share feedback received by next meeting
Actions Items and Next Steps:

FIHI
- FIHI to develop a one-page executive summary of FOHA plan detailing strategies in bulleted format; to be used to distribute to FOHA partners
- Develop talking points and communications strategy around FOHA plan
- Share photo of mom and daughter brushing teeth with Marguerite Lynch
- Send Action Commitment forms to FOHA members that couldn’t make it

FOHA members
- Complete action commitments
- Take more time to be more intentional about how you are going to communicate plan
- Make a list of organizations that we will distribute the plan to (at local level)
- Doug Manning to send notes on fluoride application rules (i.e. 8 fluoride applications available to children up to age 5)