



Washington State Oral Health Coalition

Working to promote optimal oral health for all Washington residents

WASHINGTON STATE ORAL HEALTH SUMMIT

OCTOBER 4, 2002

MEETING NOTES

Background

In the past, extensive work has been done to improve oral health in Washington State through support for grass roots oral health coalition building, promoting prevention, and increasing access to dental services. In recent years, this has equated into the formation of both statewide and local oral health coalitions, along with water fluoridation initiatives, implementation of the Access to Baby and Child Dentistry Program (ABCD) and more recently expansion to include physicians, and development of the Watch Your Mouth Campaign.

In August 1999, the Washington State Oral Health Coalition began reviewing the 1996 recommendations from the Joint Select Committee by identifying what had been accomplished from 1996-99. A statewide forum was held and leaders from state agencies, professional organizations, the provider community, the University of Washington, Benton-Franklin counties and advocates participated. The 1996 recommendations were reviewed, remaining issues were identified and improvements were recommended. The final results can be found in the September 2000 "Status Report on Oral Health Activities."

While Washington state continues to have a record of innovation in efforts to improve oral health, much work remains, as the Washington State data suggests:

- By the third grade, nearly six of every 10 children surveyed suffer from tooth decay.
- One in seven lower income children has unmet dental needs—a rate which is 50 percent higher than the national average.
- Only 50 percent of the population live in communities with fluoride-protected water.
- More than one-third of employees in Washington lack dental coverage.

In order to further coordinate efforts to improve oral health in Washington State, the Washington State Oral Health Coalition applied for and received a grant from the Health Resources and Services Administration and Centers for Medicare and Medicaid Services to hold an Oral Health Summit. Additional funding and in-kind support was received from Washington State Department of Health, Washington State Dental Hygiene Association, Washington Dental Service Foundation, and Columbia Dental Group. This effort was designed to advance the work of oral health in Washington beyond the work from the 2000 "Status Report on Oral Health Activities."

Overview

The Washington State Oral Health Coalition convened the first-ever Washington State Oral Health Summit with seventy-nine (79) participants on October 4, 2002. The purpose of the Summit was to increase the visibility of oral health issues among policymakers and to influence policy that is supportive of oral health improvement. The summit supported the charges of *Oral Health in America: A Report of the Surgeon General* with focus areas of continuing to strengthen connections in oral health and overall health systems, bridging education and oral health, expanding the workforce which provides dental services, and decreasing barriers to Medicaid services.

The audience was made up of legislators; medical, dental and education leaders from associations, organizations, state and federal agencies, and foundations. The final agenda (Attachment A), which includes the various speaker's names, titles, and organizations is attached, along with a list of the Summit sponsors and planning committee members (Attachment B).

The afternoon portion of the Summit was devoted to workgroups, which identified oral health issues that the participants felt needed to be addressed in the areas of medical, education, access and workforce. The workgroups prioritized potential solutions, action steps and expected outcomes. The notes from each of the workgroup brainstorming sessions are in Attachment C. *Please note:* the listed strategies represent ideas from Oral Health Summit attendees (Attachment D). The Washington State Oral Health Coalition will be reviewing these ideas and action steps in order to assist them in focusing their efforts in the future.

It is hoped that this type of gathering of those interested in, and committed to, improving oral health will continue, and also begin to work towards developing oral health policies within the state. It was a clear message from the legislative panelists that it is imperative for individuals and organizations to "do their homework" on issues surrounding any policy, and that we speak with one voice. The Washington State Oral Health Coalition will endeavor to promote this cooperative effort in order to improve oral health in Washington state.

ATTACHMENT A

Washington State Oral Health Coalition

Presents

Washington State Oral Health Summit

Friday, October 4, 2002

Wyndham Gardens Hotel, SeaTac

Agenda

- 8:00 am** Registration, and continental breakfast (begins at 7:30 am)
- 8:30-8:45 am** Welcome and Introductions
- **Mary Looker**, Chair, Summit Planning Committee, Washington State Oral Health Coalition
 - **Maxine Hayes, MD, MPH**, Health Officer, Washington State Department of Health
- 8:45-10:00 am** Surgeon General's Report-A Springboard for Partnership Development
- **Wendy Mouradian, MD, MS**, Associate Professor of Pediatrics, Pediatric Dentistry and Health Services, Children's Hospital and Regional Medical Center, University of Washington
- Keynote Addresses: Creating a Vision to Improve Oral Health
- **James Crall, DDS, ScD**
Director, MCHB National Oral Health Policy Center
Columbia University School of Dental and Oral Surgery
 - **Jack Dillenberg, DDS, MPH**
Dean, School of Dentistry & Oral Health, Arizona School of Health Sciences
- 10:00-10:15 am** Break
- 10:15-12:00 am** Panel Presentation and Discussion
- Moderator: Joy King**, Performance Consultant, Washington State Department of Health
- Panel Members**
- Connecting Oral Health and Medical Health- **Roy Simms, MD**
President, Washington Chapter, American Academy of Pediatrics
 - Bridging Oral Health and Education-**Sue Lankow, RN, MA**
Administrative Program Specialist, Office of the Superintendent of Public Instruction
 - Increasing Access to Care for Medicaid- **Carree Moore, MS Ed**, Oral Health Program, Medical Assistance Administration

- Dental Workforce- **Gary Hart, PhD**, WWAMI Rural Research Center, University of Washington

12:00-1:15 pm

Legislative Panel Presentation and Lunch

Moderator: Alonzo Plough, PhD, MPH, Director-Seattle King County Health Department

Opening remarks by **Dave Knutson**, Research Analyst, House Health Care Committee

Panel Members

- Senator **Dino Rossi** (R-5th District)
- Senator **Pat Thibaudeau**, (D-43RD District)
- Representative **Mark Doumit** (D-19th District)
- Representative **Mary Skinner** (R-14th District)

1:15-3:00 pm

Breakouts and “Break”: Planned Outcomes-Focus on Developing Plans for Change:

- Connecting Oral Health & Medical Health
- Bridging Oral Health & Education
- Increasing Access to Care for Medicaid Clients
- Expanding the Workforce for Providing Dental Services

3:00–3:45 pm

Re-cap Small Group Outcomes and Action Items

3:45-4:00 pm

Closing

ATTACHMENT B

WASHINGTON STATE ORAL HEALTH SUMMIT

Friday, October 4, 2002

Thanks to all of the sponsors listed below for their generous assistance and support in making this Summit possible.



Planning Committee

- Mary Looker, Chair, Washington State Department of Health
- Gary Allen, DMD, MS, Columbia Dental Group
- Pat Brown, Chair-Washington State Oral Health Coalition, Washington State Social and Health Services
- David Hemion, Washington State Dental Association
- Tom Lockhart, MS, Washington State Department of Health
- Linda Miles, Centers for Medicaid and Medicare Services
- Sean Pickard, Washington Dental Service Foundation
- Forrest Peebles, DDS, Health Resources and Services Administration
- Dianne Riter, MPH, Immediate Past Chair-Washington State Oral Health Coalition, Washington Dental Service Foundation

ATTACHMENT C

Summary of Afternoon Breakout Sessions

The following is a summary of ideas generated during the afternoon breakout sessions. Summit attendees selected from sessions focusing on: linking oral health and overall health; education; access to care; and capacity. During the breakout sessions, participants brainstormed and prioritized strategies to improve oral health.

Breakout Sessions	Summary of Suggested Strategies
Linking Oral Health & Overall Health	<ul style="list-style-type: none">• Prevent disease in primary care through early intervention• Provide oral health education to women who are pregnant or have infants• Identify and implement evidence-based approaches to improve oral health
Increasing Access to Care for Medicaid Clients	<ul style="list-style-type: none">• Change scope of practice and licensing• Change model of delivery of dental care• State Board of Health develop a rule requiring fluoridation in public water systems• Integrate dental coverage in Basic Health Plan
Bridging Oral Health & Education	<ul style="list-style-type: none">• Target school-related (after-school & pre-school) programs for integration of oral health into total health• Coordinate with Educational School Districts (ESDs) and school nurse coordinators to integrate oral health into existing curricula
Expanding the Workforce for Providing Dental Services	<ul style="list-style-type: none">• Expand community orientation of curriculum and increase the number of students at the UW School of Dentistry• Expand implementation of evidence-based practices to enhance oral health• Ease license restrictions for dental professionals

Action outlines with expected outcomes follow along with notes from each breakout session. In coming months, the Washington State Oral Health Coalition will review these concepts and prioritize areas for future focus.

Breakout Topic: Connecting Oral Health & Medical Health

Potential Solution: Prevent Disease in Primary Care Through Early Intervention

ACTION	Who Should be Involved	TIMETABLE	RESOURCES
<p>Research and implement the North Carolina demonstration model in high-risk WA communities. The model provides a package of early preventive services such as:</p> <ul style="list-style-type: none"> • Anticipatory guidance • Oral health screening • Fluoride varnish • Dental referral 	<p>Local coalitions</p> <p>Medical providers and associations</p> <p>Dental providers and associations</p> <p>DSHS/Medicaid</p> <p>Washington Dental Service Foundation</p> <p>Spokane ABCDE Project</p> <p>Children’s Hospital Primary Care Physician Project</p> <p>King County-Kids Get Care</p> <p>Department of Health</p> <p>UW Dental School</p> <p>Early Head Start</p>	<p>6-12 month front end</p> <p>2-3 year demonstration</p>	<p>Use of existing Medicaid funding</p> <p>Potential State Money</p> <p>Staff resources</p>

Breakout Topic: Connecting Oral Health & Medical Health

Potential Solution: Provide Oral Health Education to Women who are Pregnant or have Infants

ACTION	Who Should be Involved	TIMETABLE	RESOURCES
<p>Train staff of Women, Infant Children (WIC), Obstetricians, Family Planning, Midwives on oral health</p> <p>Provide additional training to existing dental professionals about care for pregnant women</p> <p>Disseminate oral health education and resource materials to target audience</p> <p>Review CHILD Profile to strengthen oral health messages</p> <p>Ensure mother's access to appropriate dental care</p> <p>Encourage community-based practices to participate</p>	<p>Health professionals at settings including: pregnancy clinics, WIC, Family Planning clinics, etc.</p> <p>Dental professionals as trainers</p> <p>Department of Health-CHILD Profile</p> <p>Medicaid</p> <p>Community clinics</p> <p>Healthy Mothers/Healthy Babies</p> <p>Early Head Start</p>	<p>To be determined</p>	<p>Health education materials</p> <p>Funding</p> <p>Staff resources</p>

Breakout Topic: Connecting Oral Health & Medical Health

Potential Solution: Identify and Implement Evidence-based Approaches to Improve Oral Health

Note: This item will be forwarded to WA State Oral Health Coalition for further refinement

ACTION	Who Should be Involved	TIMETABLE	RESOURCES
Identify best practices for prevention strategies to include: <ul style="list-style-type: none">•Biological•Behavioral•Multi-professional	Local Coalitions Dental and medical professionals	To be determined	Association of State & Territorial De- ment Directors “Best Practices” Projec- t Outcomes Explore use of tobacco settle- ment funds

Breakout Topic: Increasing Access to Care for Medicaid Clients
Potential Solution: Change Scope of Practice and Licensing

ACTION	Who Should be Involved	TIMETABLE	RESOURCES
Encourage and support legislation to open scope of practice	Dental professionals and associations Washington State Oral Health Coalition Legislators	Legislative session 2003+	Staff resources Medical Assistance Administration
Consider requiring a percent of patients to be Medicaid clients as a condition for dental professionals' re-licensure	Dental professionals and associations Legislators Medical Assistance Administration		To be determined
License dentists with credentials from other states	Dental professionals and associations Legislature Department of Health Dental Quality Assurance Commission		Oregon Model

Breakout Topic: Increasing Access to Care for Medicaid Clients
Potential Solution: Change Model of Delivery of Dental Care

ACTION	Who Should be Involved	TIMETABLE	RESOURCES
<p>Develop dental & medical professional school curriculum changes</p> <p>Expand the workforce through use of non-traditional providers</p> <p>Learn about other oral health care models</p>	<p>Dental providers Medical providers School system, e.g. UW and other 4-year and community/technical college programs</p> <p>Examples of Non-traditional providers: •WIC •Daycare •Head Start •Public Health staff •Community Health Centers' staff</p> <p>Coalition members to do the research</p>	<p>2003+</p>	<p>To be determined</p> <p>e.g., New Zealand Dental therapist 5-tier Alaska model</p>

Breakout Topic: Increasing Access to Care for Medicaid Clients
Potential Solution: State Board of Health Develop Rule Requiring Fluoridation in Public Water Systems

ACTION	Who Should be Involved	TIMETABLE	RESOURCES
Washington State Oral Health Coalition begins discussions with State Board of Health for development of a fluoridation proposal	Coalition leadership State Board of Health	2003-2004	Political will Data Analytic resources Other states

Breakout Topic: Increasing Access to Care for Medicaid Clients
Potential Solution: Integrate Dental Coverage in Basic Health Plan

ACTION	Who Should be Involved	TIMETABLE	RESOURCES
Expand Basic Health Plan to include dental coverage	State Agencies Department of Health <ul style="list-style-type: none"> • Department of Social and Health Services • State Board of Health • Health Care Authority • Labor & Industry • Office of the Superintendent of Public Instruction Washington State Dental Association Insurers	2003-Development 2004+ Implementation	Client co-pays

Breakout Topic: Bridging Oral Health & Education

Potential Solution: Coordinate with Education School Districts and School Nurse Coordinators to Integrate Oral Health Existing Curricula

ACTION	Who Should be Involved	TIMETABLE	RESOURCES
Present National Institute of Dental and Craniofacial Research/National Institutes of Health curriculum to School Nurse Coordinators and School Nurses of Washington	Office of the Superintendent of Public Instruction School Nurse Coordinator Washington State Oral Health Coalition Dental health professionals University of Washington- School of Dentistry Washington Dental Service Foundation	2002-03 school year	Curriculum already developed

Breakout Topic: Expanding the Workforce for Providing Dental Services

Potential Solution: Expand community orientation of curriculum and increase the number of students at the UW School of Dentistry

ACTION	Who Should be Involved	TIMETABLE	RESOURCES
Increase dental school slots to include “branch campus” options	Legislature Advocates Educational institutions Students Providers Community-based practices	2003-2005	To be determined
Re-formulate curriculum to focus on meeting community needs (i.e. career tracks for community-based education)	Community Health Centers Advocates Dental Associations/ Societies Faculty Area Health Education Centers		Robert Wood Johnson Foundation Pipeline, Professional & Practice grant
Increase visibility of dental professions as careers	Faculty		
Increase dental faculty with community experience	Providers Community Health Centers		Staff resources

Breakout Topic: Expanding the Workforce for Providing Dental Services
Potential Solution: Expand Implementation of Evidence-based Practices to Enhance Oral Health

ACTION	Who Should be Involved	TIMETABLE	RESOURCE
<p>Increase continuing education opportunities which address evidenced-based practice approaches</p> <p>Further incorporate evidence-based practices into UW Dental School curriculum and dental team schools in WA</p> <p>Review dental insurance policies for incorporation of evidence-based services</p>	<p>Researchers Educators Funders Insurers Providers</p>	<p>2002+</p> <p>2002-2007</p> <p>TBD</p>	<p>Trained faculty</p> <p>Continuing education programs</p> <p>Leadership •Schools •Dental program •Insurance industry</p>

Breakout Topic: Expanding the Workforce for Providing Dental Services
Potential Solution: Ease License Restrictions for Dental Professionals

ACTION	Who Should be Involved	TIMETABLE	RESOURCES
<p>Change laws that restrict qualified practitioners from practicing in Washington (out of state and foreign practitioners who have graduated from accredited schools)</p> <p>Allow existing licensed dental hygienists to work within the scope of their license in any setting.</p>	<p>Dental professionals and associations Legislature Department of Health Dental Quality Assurance Commission</p>	<p>2003/2004</p>	<p>Staff resources</p>
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WASHINGTON STATE ORAL HEALTH SUMMIT ATTENDEES

October 4, 2002

BREAKOUT SESSION FLIPCHART NOTES

Connecting Oral Health & Medical Health

Current Work

- Pediatric training in oral health
- RN students training in oral health
- Whatcom County-information for physicians
- Social Workers' training
- Training for Nursing Homes via DECODE
- Head Start/Early Childhood Education & Assistance Program parent's training
- Pediatric dentistry residents to family practices
- Pediatric residents-Fluoride Varnishes
- University of Washington placements in community
- Access to Baby & Child Dentistry-Expanded, "ABCDE"
- North Carolina model
- Children's Hospital program
- Kids Get Care
- Training- family practice residency
- Head Start community training

Opportunities/Challenges

- Head Start--Maternal Child Health integration
- Behavior Change
- Coordination between health and dental professionals
- Continuing Medical Education credits
- Expand training opportunities with community-based organizations
- Fluoride Varnishes: develop clear guidelines, expand delivery beyond licensed professionals
- Fluoride Varnishes- show the evidence to physicians, clarify time requirements
- Fluoride Varnishes-reimbursement

Potential Solutions

- Money into system
- Develop a campaign similar to car seats for oral health
- Implement the North Carolina oral health prevention model
- Washington State Department of Health, Washington State Medical Association, Washington State Dental Association, American Academy of Pediatrics, Family Practice, Medical Assistance Administration-Washington State Department of Social and Health Services, Hygienists Joint Summit
- Fluoride Varnish clarity of efficacy
- Local convening about solutions
- Hygienists into Primary Care Physician offices
- Washington State Oral Health Coalition formulate a state plan, e.g. to be convened by Washington Health Foundation
- Evidence-based interventions demonstrations

BREAKOUT SESSION FLIPCHART NOTES INCREASING ACCESS TO CARE FOR MEDICAID CLIENTS

Opportunities

- Mobile clinics
- Better utilize existing systems
- Consider requiring dental professionals to serve a % of Medicaid
- Look at practice act
- Develop more clinics that are community-based
- Develop incentives for clinics and private practices to serve Medicaid
- Utilize retired professionals

Challenges

- Adult access worse than children
- Limited commitment to accept Medicaid, due to paperwork, various elements of billing systems don't interface
- Need for additional dental training on treating young children
- University of Washington lacks focus on pediatric dental care
- Transportation
- Some access points are paid more than others (cost-based reimbursement of FQHC's vs. fee for service)
- Recognize/compensate private providers

Potential Solutions

- Require-in order to retain licensure-certain % of Medicaid patients
- Legislative relief via business and occupation tax to dentists for accepting Medicaid patients
- Consideration for relief of student loans (for dental professionals)-based on % of Medicaid clients served
- No reduction in reimbursement of current Medicaid dental programs
- Expand loan repayment programs
- Change scope of practice for dental professionals
- State Board of Health develop rule to support fluoridation in public water systems
- Increase training for pediatric care
- Compare/contrast with Canada and other states-particularly our neighbors for "best practices"
- Reciprocity
- Education and self-care
- Web site to promote awareness
- Multiple venues
- Promote behavior change
- Add dental to Basic Health Plan
- Recruitment of Practitioners from under represented minorities to practice in Washington State
- Diversity among practitioners
- Increase visibility
- Provide new opportunities

BREAKOUT SESSION FLIPCHART NOTES
BRIDGING ORAL HEALTH AND EDUCATION

Current Work

- OSPI pilot project to require well child exams before school entrance
- Increase school nurses in rural areas
- Interest kids in oral health careers
- Work with school nurse coordinators to increase focus on oral health

Opportunities/Challenges

- Provide training to teachers on oral health, e.g. through “Tooth tutor” curriculum
- Disconnect between oral health and education
- Integrate oral health curriculum into science classes
- Heighten perceived importance of oral health among low-income families, including English as a Second Language (ESL) families

Potential Solutions

- Recruiting those into oral health professions who have service linkage interest
- Coordinate with Educational School District Coordinators & school nurses to integrate existing curriculum, i.e. National Institute of Dental and Craniofacial Research/National Institutes of Health
- Expand oral health focus in Head Start/Early Childhood Education and Assistance programs
- High school student presentation with health teachers about oral health and risky behaviors- i.e. piercing
- Target after-school/daycare (non-school) programs for integration of oral health into total health
- Consider expansion of pilot well child exam

BREAKOUT SESSION FLIPCHART NOTES
EXPANDING THE WORKFORCE FOR PROVIDING DENTAL SERVICES

Current Work Pending

- Expand training opportunities for dental hygiene
- Tri-Cities
- 3 new degree completion programs: Eastern Washington University, University of Washington, Shoreline, Clark, Pierce all trying to increase slots
- WSCTCB-\$6 million request to increase health service program slots by 400
- designation by profession to be determined
- 200 per year/biennium
- Washington Dental Service Foundation Loan Repayment program- to recruit private dentists to rural, underserved areas and to serve a minimum of 35% of Medicaid clients over 3 year commitment
- Leg package by Dental Hygienists: Tiered licensure process, “Registered Dental Hygienist-limited, Licensed Dental Hygienist, Licensed Dental Hygienist-advanced practitioner”
- SSB 6020 impacts-increase school-based access to dental care
- DDS License equivalency for reciprocity-just came out of Washington State Dental Association House of Delegates
- University of Washington School of Dentistry-Robert Wood Johnson grant
- Increased community based education
- Resident slots in Spokane
- New/expanded dental access in community health centers and Indian Health Service site (Forks) and White Swan
- Medical providers offering prevention and education services
- Medical providers doing varnish
- Washington State Dental Association-initiative to expand duties for Dental Assistant (scaling, etc.)

Opportunities/Challenges

- Increase number of students by using “shifts”-space, faculty, resources, clinical rotations
- Increase dental school faculty
- “Grow your own” providers-how to find/finance, get to locate in high need areas, track and motivate
- Increase outside recruitment-licensure issues
- Change selection process at University of Washington to increase students from rural/underserved areas
- Ease licensure restrictions on foreign-trained DDS
- Increase public visibility of dental professionals
- Perception of University of Washington as hard to access, reactive
- Local scholarships-Dental Hygienist/Dental Assistant not encouraged to pursue advanced education
- Need to have Dental Hygienists in Local health jurisdictions
- Encourage more practice options in high need-either volunteer or paid
- Combine medical and dental insurance into one package

- Increase off-campus clinical rotations-faculty, cost, loss of “stature” at University of Washington, housing
- Better utilize educational resources
- Increase community-based rotations at University of Washington Dental School

Potential Solutions

- Universal Health Insurance
- Ease licensure restrictions-dentists, dental hygienists
- Increase scholarship/loan repayment programs
- Privatize Medicaid Program (California/Michigan)
- Increase inclusion of evidence-based practice to maximize dental efforts
- University of Washington School of Dentistry create option for track to serve rural/underserved populations
- Increase reimbursement for preventive services
- Increase dental school slots to include “branch campus” options
- Encourage University of Washington School of Dentistry to reformulate curriculum to increase focus on meeting community needs
- Charge tuition based on potential earning power/specialty
- Increase community-based training
- Create opportunities for private practices to serve communities of need
- Increase visibility of dental careers
- Increase dental faculty-all disciplines

ATTACHMENT D

Washington State Oral Health Summit Attendees

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