



WOHC Regional Meeting

Activity worksheets

Activity 1

STRATEGIC AREA 1: What are the assets and gaps/barriers that currently exist in oral health care relating to INFRASTRUCTURE?

Goal 1.1: Increase funding to provide Wisconsin residents with needed preventative and restorative services.	
Assets: Marshfield Family Health Center, Bridge Community Health Center, NorthLakes Community Clinic Patient advocates for oral health Sacred Heart Health Improvement Plan Seal-A-Smile Mobile services to nursing homes Healthy Smiles Varnish Program Preventative Services Block Grant Head Start and Women, Infants and Children (WIC)	Barriers: Non-utilization of BlueCross BlueShield funds for oral health Funding for personnel Medicaid reimbursement is low Need grants (block grants and education grants) Unclear about prospective payment system reimbursement (uncertainty) Political climate not conducive to helping

Hospitals should get appropriate reimbursement for dental patients
Hospital-based dentistry
Advocacy subcommittee of Wisconsin Oral Health Coalition
Grant writers collaborate with others to write grants

Goal 1.2: Expand the role of communities and local health departments in the education, prevention and treatment of dental disease.

Assets:

Neutral referral system
Collaboration is normal
Good partnering
Consumer-based board in federally qualified health center model
Knowledge of population/knowledge of public health
Community health educators
Community meetings are held annually
Prenatal Care Coordinators/ Women, Infants and Children (WIC) address oral health
Public dental hygienists can bill Medicaid

Barriers:

Wisconsin Public Health Association weak on oral health
Need additional public health staff (attracting staff is not easy)
High staff turnover in local health department
Programs rely heavily on funds that are transient
Lack of resources for grant writing
Case management is not reimbursed

Local oral health coalition with diverse consumer-based participation or focus group

Goal 1.3: Expand the use of proven technology to facilitate oral health education and delivery of services.

Assets:

Electronic dental records
DentaSeal
Texting and emailing for case management
Teledentistry has potential
Meaningful use
Federally qualified health centers (digital technology, wheelchair accessible)

Barriers:

Kindergarten screening not evidence-based
Internet not available at all schools
Meaningful use not designed for dental
Medical and dental electronic health records are not connected

Address local health department policies against texting clients (Deanna)

Goal 1.4: Increase the number of providers and clinics providing oral health care to the underserved.

Assets:
Tribal clinics
Working together/contracting between federally qualified health centers: Marshfield Family Health Center/ Bridge Community Health Center & private dentists
Community colleges (Nicolet, Northeast Wisconsin Technical College)
Health professional shortage areas designation

Barriers:
Student loan debt
Limited providers in prison system (poor pay)
Brain drain (Providers leave the state after school)
Difficult to “grow your own”
Corporate dentistry does not take Medicaid
Need mid-level providers
Scope of practice
Low Medicaid reimbursement
Some special needs patients not able to get care locally
Lack of operating room facilities for dental care

- No child left behind concept for oral health across lifespan
- Increase off-site rotations for students
- Recruit students from underserved areas
- Stronger/more of a community health curriculum at Marquette University School of Dentistry
- Increase dental providers (dentists) by providing more loan payment options

<p>Goal 1.5: Maintain and improve the oral health surveillance system to provide comprehensive and timely reporting of oral health needs, outcomes and disparities.</p>	
<p>Assets: DentaSeal Quality dashboard for dental clinics at Marshfield Family Health Center/ Bridge Community Health Center National Network for Oral Health Access and Delta Dental Meaningful use provides framework Department of Health Services' Oral Health Program's reports</p>	<p>Barriers: State reports are not timely Confusion/ lack of standardized data collection Need regional consultants</p>

Share data learned
Develop state level reporting of quality

Goal 1.6: Develop systems to support the evaluation of oral health programs and policies across the state.

Assets:

DentaSeal
Quality dashboard for dental clinics at Marshfield Family Health Center/ Bridge Community Health Center
National Network for Oral Health Access and Delta Dental
Meaningful use provides framework
Department of Health Services' Oral Health Program's reports

Barriers:

State staff not having enough time for evaluation

Partner with National Network of Oral Health Access (NNOHA)
DentaQuest Foundation safety net solution

Goal 1.7: Promote and support oral health research.

Assets:

Institute for Systemic and Oral Health at Marshfield
Research Foundation
"Data in a Day" sessions
Infrastructure provided by Association of State and
Territorial Dental Directors

Barriers:

Patients do not understand need for oral health and
connection to general health
Make research more user-friendly (fluoride)
Make it work for patients

Goal 1.8: Maintain, expand and support the Wisconsin Department of Health Services' Oral Health Program.

Assets:

Seal-A-Smile
Fluoride varnish
Educational resources
Children's Health Alliance of Wisconsin

Barriers:

Need programs for the elderly
Need a grant writer who seeks opportunities for funding
Not enough funding or staff

Get community's public health providers in leadership positions in Wisconsin Dental Association
Develop Healthy Smiles for Seniors in all health departments
Make part of licensure requirements to volunteer/provide a set amount of service hours to underserved

Goal 1.9: Maintain, expand and support the Wisconsin Oral Health Coalition.	
Assets: Potential for sharing common themes Networking	Barriers: Expand/collaborate with other public health partners Better information about safety of fluoride More member engagement

Wisconsin Oral Health Coalition to "bring in" strategic partnership in education (accessing students who are still excited about "helping people")

STRATEGIC AREA 2: What are the assets and gaps/barriers that currently exist in oral health care relating to PREVENTION AND HEALTH PROMOTION?

Goal 2.1: Maintain and expand fluoridation in community water systems.	
Assets: Current fluoridated communities Regional fluoridation teams (rapid response and support agencies) Some local coalitions Public health departments Digital platform Marquette University School of Dentistry – pull research State models	Barriers: Lack of public announcement for water hearings Water operator trainings Internet- anti fluoridation information Current political climate Lack of medical education Research information for professionals on fluoridation Lack of accurate public information

Include more information about community water fluoridation to operator trainings

Goal 2.2: Increase the number of children receiving sealants.	
<p>Assets: Give Kids a Smile, Missions of Mercy, Special Olympics events Seal-A-Smile in high need schools School based restoration programs Mobile oral health programs Women Infants and Children (WIC), Early Head Start/Head Start fluoride varnish</p>	<p>Barriers: Health departments moving away from direct service Lack of school time and space/ hard to fit in curriculum Lack of education of families Allowable dental hygienist's work settings Dentist's opinions</p>

GKAS, MOM, Special Olympics prioritize sealants
Get in detention centers
Increase funding to programs to help grow program resources in SAS (Carrie)

<p>Goal 2.3: Increase the use of evidence-based preventative measures, such as oral cancer screenings, sealants, tobacco cessation education and fluoride.</p>	
<p>Assets: Seal-A-Smile early childhood oral health education programs Tobacco tip line/quit line Fluoride rinse programs Health fairs</p>	<p>Barriers: Lack of interdisciplinary collaboration between partnerships Lack of communication between coalitions (tobacco, oral health, etc) Access to information Limited internet access</p>

Oral health providers partner with others at health fairs
 Establish an “overall health” coalition, where all coalitions can converse

Goal 2.4: Educate the public on evidence-based oral health prevention measures.	
Assets: Fluoride team trainings Public Health Departments Seal-A-Smile maximizing workforce Wisconsin Dental Association \$	Barriers: Wisconsin Dental Association Lack of proper funding Workforce Lack of support for services (by non-dentists) to underserved Lack of early oral health education Individuals not recognizing the value of good oral health

Work to implement oral health education in schools (sex-ed classes) and WIC programs (Carrie)

Goal 2.5: Develop culturally-sensitive/competent patient education materials.	
<p>Assets: Federally Qualified Health Center translation services School translators Area Health Education Center (training cultural competencies) Oral Health Resource Center Workforce</p>	<p>Barriers: Workforce is not diverse Number of different languages and cultures in Wisconsin that are forgotten about (forgotten/isolated populations and in rural areas) Low/no literacy levels</p>

Educate health providers to have better health literacy skills

Goal 2.6: Increase engagement of the general public in oral health-related initiatives.	
<p>Assets:</p> <ul style="list-style-type: none"> Local coalitions Health Departments Personal/crisis stories (Deamonte Driver) Community Advocates Federally Qualified Health Center Women, Infants and Children program (WIC) Head Start/Early Head Start 	<p>Barriers:</p> <ul style="list-style-type: none"> Lifestyle Political climate Lack of public oral health education Comfort of the “haves” not aware of the “have nots” Dental insurance benefits are lacking, high deductibles

Advertising oral health prevention through radio, TV (during Packer games), Twitter, Facebook, etc
 State campaigns
 Popups (Kelly Moran)

Goal 2.7: Develop and share evidence-based and consistent oral health messages with community- based organizations, policymakers, health professionals and educators.

Assets:

Community fluoridation teams
Wisconsin Oral Health Coalition
Wisconsin Primary Health Care Association
Wisconsin Dental Association
Wisconsin Dental Hygienists' Association
Wisconsin Public Health Association
Dental hygienists' education and annual meeting
Health Smiles for Mom and Baby program

Barriers:

Lack of collaboration between assets
Lack of advocacy skills
Out dated curriculums in dental hygienist trainings

Provide advocacy training/webinars

Goal 2.8: Increase awareness of the connection between oral health and overall health.	
Assets: Curriculum at University of Wisconsin American Academy of Pediatrics Federally Qualified Health Centers Healthy Smiles for Mom and Baby program	Barriers: Lack of training of primary care and dentists Public lack of oral health knowledge Lack of collaboration (interdisciplinary)

Building models of integrated care – promoting the relationship between public health and private practice
RDH in medical setting (Carrie)
Make dental question that physician asks or has in medical history stating the patients last dental exam and if they have any dental concerns
Education with the resources to support it
Grant writing skills resource

Goal 2.9: Improve oral health literacy	
Assets: Seal-A-Smile Public Health Department Websites to help with translation Partnering with current programs (PNCC) Head Start/Early Head Start requirements Head Start website	Barriers: Lack of resources Lack of awareness of the resources for the workforce Lack of oral health literacy in school curriculum Not consistent messaging Oral health providers don't get trained in health literacy

- Education for all- collaboration of medical, dental clinics and combined workforce models
- Utilize hygiene/dental schools/students as educators
- Increase funding for utilizing students
- Use PH Dept to increase knowledge of where the money is to utilize (Karen K)
- Sugar Out Day- for schools/community to utilize dental students (Karen Kruger)
- Education in schools and nursing homes
- Provide credits for dental students to take a community health education class

Goal 2.10: Promote the impact of personal behavior and self-care on the prevention of oral disease.

Assets:

Passionate oral health workforce
WI reimbursement model for adults
Head Start/Early Head Start programs

Barriers:

Passionate workforce can't reach everyone
Negative lifestyle choices (drug, alcohol)
Grandparents with old/false oral health knowledge raising kids (generation issue)
Lack of funding
Not enough MI training
The public perception of value of oral health is not ideal, especially early childhood ("baby teeth don't matter" mentality)

STRATEGIC AREA 3: What are the assets and gaps/barriers that currently exist in oral health care relating to ACCESS?

Goal 3.1: Expand access to early oral health interventions	
<p>Assets: WIC programs, FQHC, PNC Potential referral between HS/EHS and Birth to 3 Ped. DDS take a lot of MA patients(In some areas) School programs Health Checks Head Start MA covering all kids Implementing toothbrush program RDH has MA providers</p>	<p>Barriers: Lack of OH health edu of parents Low awareness (parents don't feel baby teeth matter) Lack of interested in OH of parents Generational issue: no value of oral health (not a priority) AODA issue is at higher need Once child gets out of EHS to school, no longer mandatory to brush teeth Poverty is underlying issue Language barriers</p>

- Present at school health programs (age specific/developmental)
- Contact school nurses
- Collaboration between school nurses
- Dental hygiene students visit schools
- School health classes provide oral health education
- Reach out to: daycare centers, parochial schools, parish nurses
- Make funding available for public health nurses/RDH's to bill Medicaid for screenings/fluoride varnish for WIC moms and babies
- Educate nurses, nursing students about oral health
- Collaborate with pediatric doctors
- Educating medical providers about oral health and prenatal care (PNCC nurses need OH training)
- Oral health component during prenatal classes at hospital (and have a dental provider teach the class)
- Post delivery oral health
- Private office "welcomes baby" promotion/ send home information on oral health for new baby

Goal 3.2: Improve the accessibility to oral health care services for individuals from vulnerable populations.

Assets:

PCDC
FQHC – take MA, Adult
Marshfield Clinic
Ped. Dentists taking patient
First Impression
County Oral Health Programs
FQHC contract programs partnering with private DDS
Technical college oral health programs

Barriers:

Patients not following through to go to appointments (referrals)
Lack of transportation to appointments
Not valuing the service and going to the appointment
People aren't utilizing free services
State limits what RDH can do- we could reach more people if state gave more practice settings
Lack of use of mid level providers

Find grants for funding for transportation services to dental clinics

Create stronger opportunities with nursing homes/group facilities

Increase use of public health hygienist program to city and county health departments or department on Aging/Senior centers (2x/month)

Increase state expanded functions for dental hygienists

Goal 3.3: Promote available and affordable options for dental care for all Wisconsin residents.

Assets:

FQHC are connected to public health dept promoting services
Public Health Dept: OH brochure of access points (distributed at food pantry, dental clinics and grocery stores)
Technical college/college oral health programs
Provide oral health care products to families at food pantry, churches, immunization programs

Barriers:

Bilingual languages
Sharing culturally appropriate information (Somalian)
There is a perception and value of OH education where patients don't always understand the benefits
Issues of unemployment, mental health issues are more immediate than oral health concerns
Person providing the message is not making relatable points
Cost of midlevel providers

Educational institutions to become part of a state referral list of low cost clinics/ Dental hygiene program on MA list

Referral resources for services

Goal 3.4: Increase the availability of dental services for underserved populations.

Assets:

Ministry Dental Center, Bridge Community Health Center
FQHC, PH
Sometimes FQHC contract with private practice
Private practice patients willing to see MA patient
sometimes pro bono (due to relationships built with staff at
FQHCs)
First Impressions (pediatric clinic)
Nicolet College Dental Clinic – low cost services
NTC

Barriers:

Getting people aware of services provided
Enticing providers to public health dental mindset
Lack of medical providers coming to the north woods
Referral systems from the ER

Increase the reimbursement for local doctors. They will see the patients in their home office if money is there.

Goal 3.5: Promote adequate and sustainable funding for publicly-financed dental coverage.

Assets:

WI has an established MA system with dental benefit for adults.
Badger Care Plus
PNCC funding
Grants
Have good state program (adult and kids)
PH programs providing cost-effective programs

Barriers:

National debt making programs at risk of being cut
Not enough expertise and time to write grants
Political uncertainty for future MA program
PPS MA reimbursement
Grants: running out, don't have capacity to write
Federal grants: only given to six nationally
If get grant: resources to spend the money

Enlist help of WDA, WDHA and legislators to mark funds specifically for oral health programs
Collaborate with academia to get support for local data to identify gaps and trends in dental services, then collaborate with university research teams to apply for grants (large ones!) ie UW- Madison, UW- Stout, UW- Eau Claire (Cha Ahren)

Goal 3.6: Support and expand school and community-based oral health programs.	
Assets: SAS, public health departments, FQHCs Local oral health coalitions doing good work School nurses (if schools have them) partnerwith PH nurses.	Barriers: In order to expand SAS, need more time, staff and money Schools curriculums limit ability to get into schools to provide services

Grant timelines need more time (can have very fast application timelines, not giving enough advanced notice for RFPs) Provide more notice of available RFPs

Goal 3.7: Reduce oral health-related emergency department visits

Assets:

Information in ER about dental services
Referral services in place
Tooth fairy funds- hospital foundation pays for services
Strong partnerships with ER (teach ER docs on splinting, help them become more comfortable)
Dentists on call for ER
Walk-ins available at FQHC – will see people the day of

Barriers:

AODA issues: providers knowing if it is for narcotics or real pain
Poverty issue- social determinants
Tourists with dental injuries
Public knowledge of what ER's dental related services can provide
Not enough provider education to prevent/reduce ER visits
Not enough community education of oral health/systemic health links

STRATEGIC AREA 4: What are the assets and gaps/barriers that currently exist in oral health care relating to WORKFORCE?

Goal 4.1: Identify gaps in the oral health workforce and develop strategies to address them.	
<p>Assets: Residency programs/field placements DDS/RDH students and clinics at schools Increase in providers for MA patients Loan forgiveness for MA patients Loan forgiveness (NHSC/HPSA) CODA standards (DT) RDH settings without supervision CODA integration standards (2.18/2.19)</p>	<p>Barriers: Lack of community opportunities for students Lack of providers willing to work remotely (i.e. nursing homes, correctional facilities) Attracting providers to the area Opposition to new provider types or increase scope for dental hygienists RDH settings (need more)</p>

- Increase state funding/reimbursement for dental providers in alternative settings
- Meet with legislators to educate them on oral health issues and possible solutions
- Allow delegation from MD's to RDH's
- WI Express for specific areas (AHEC)
- Educate providers, public and legislators
- Increase loan repayment programs, especially for dentists
- Increase scholarship programs
- (This already exists in loan repayment)

Goal 4.2: Increase interdisciplinary clinical and professional collaboration.	
Assets: WIC/PNCC providing oral health services Local coalitions FQHC integration	Barriers: Lack of collaboration People may want silos/political Lack of interdisciplinary exposure

Encourage collaboration between local coalitions (breast feeding coalitions, tobacco free and oral health all have something in common)

Train dental workforce about issues (addictive issues, diabetes issues) other than oral health that affect patients and how to perform motivational interviewing and effectively collaborate with primary care providers

Educational workshops for medical providers annual

Goal 4.3: Promote lifelong learning related to oral health disciplines.	
Assets: Study clubs (RDH/DHS) Dental CE requirement NNOHA AACDP AAP – Smiles for Life	Barriers: Not all medical/dental providers are using guidelines (i.e. age 1, pregnancy) Inconsistency of staff in oral health Low support for staff CE

Mandating all dental staff for CE
 More active study clubs in our area
 Better utilization of current programs to have primary care providers evaluate oral health as part of health child checks

Goal 4.4: Improve and increase recruitment and educational support for students interested in oral health professions.	
Assets: Nicolet/NTC RDH program AHEC gives some exposure but in limited areas Health occupational fairs	Barriers: AHEC not supporting in some areas

Talk to AHEC

Goal 4.5: Promote the education and utilization of public health principles within the oral health community.

Assets:

Local public health departments
Public health RDH
FQHC's
Oral health surveys/ data for telling stories

Barriers:

LPH could do more
Dental navigators/advocate is needed
Political climate
Funding

Increase funding