WISCONSIN
Oral Health
COALITION
Children's Health
Alliance of Wisconsin

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: Comprehensive Medicaid services for oral health Federally qualified health centers provide oral health services Dental services covered by Medicaid State Department of Health Services provides dental access grants Medicaid Pilot Program for children and emergency care for adults School-based restorative grant through Health Resources and Services Administration Ho Chunk in Sauk County provided van for Seal-A-Smile	**Barriers:** Low Medicaid oral health reimbursement (private dentists do not typically see Medicaid patients) Not a lot of federally qualified health centers that are in proximity to individuals in the region Medicaid: nowhere to go/ restrictions/waitlists 14-18 year olds: difficult to find provider (except Madison Dental Initiative) Madison Dental Initiative is not conducive for younger population to access

Need higher Medicaid reimbursement for dental to increase number of dental providers that accept Medicaid patients

Goal 1.2: Expand the role of communities and local health departments in the education, prevention and treatment of dental disease.	
Assets: Voucher for oral health/dental voucher Hygienist on staff that does fluoride and goes into schools Medical can provide fluoride Utilizing student interns: pre-dental students	**Barriers:** Little knowledge/awareness of what local health departments provide in terms of oral health services Transportation (lack of transportation to get to a provider) Need services for elderly or education for nursing home staff needs improvement Utilizing community resources more effectively Not optimizing other professionals (hygienist on staff that does fluoride)

Provide education for county health departments to possibly bring hygiene services and education to nursing home/long term patients and staff
Develop partnerships with nursing and public health nursing around common concerns and target populations

Goal 1.3: Expand the use of proven technology to facilitate oral health education and delivery of services.	
Assets: Wisconsin Statewide Health Information Network: Health information exchange. Subscription based (ex: patients come to emergency room and can look at Wisconsin Statewide Health Information Network about services provided) Many dental offices have electronic health records Internet provides current info Epic working on dental program (potential to integrate electronic records) Incorporate enrollment form into online registration Schools promote Seal-A-Smile on website to target	**Barriers:** Not many providers contribute to the Wisconsin Statewide Health Information Network Wisconsin Statewide Health Information Network: implementation/ongoing cost (difficult for some organizations, such as dentists to support) Integration between medical and dental electronic health records is costly and difficult Not enough teledentistry that is utilized Lack of database data in Dodge County to input Not all families have access to technology

Wisconsin Statewide Health Information Network: increase marketing to dental providers, reduce costs for multiple connections (emergency medical records and emergency dental records 1 cost instead of 2)

Goal 1.4: Increase the number of providers and clinics providing oral health care to the underserved.	
Assets: Madison Dental Initiative: Host Marquette students Access to federally qualified health centers/other community health centers Safety clinics in some communities Mission of Mercy clinics provides safety net services Collaboration with local dental societies, which can drive increased volunteer providers	**Barriers:** Volunteer healthcare providers- out of state dentists//dental hygienists are not covered Some counties no providers that take Medicaid/Badgercare and some require long travel to get to dental care Medicaid reimbursement is so low that it is not sustainable Shortage of dental providers (especially those that take Medicaid) (those that take special health care needs) in all settings Closing of Max Pohle Dental Clinic (those that take special health care needs patients) Restrictions on practice settings for dental hygienists because they cannot provide varnish, etc without a dentist present Physicians have capacity to refer patient to oral health provider but dentists do not see children under one Hours of dental providers not conducive to work schedules of patients

Increase Medicaid reimbursement and improve transportation options for Medicaid recipients
Mandatory Medicaid enrollment for dental providers for licensure (with limits)

Goal 1.5: Maintain and improve the oral health surveillance system to provide comprehensive and timely reporting of oral health needs, outcomes and disparities.	
Assets: Seal-A-Smile collects data (DentaSeal) Community Health Centers report to Health Resources and Services Administration Regional community water fluoridation specialists	**Barriers:** Takes time/funding of staff to input data into DentaSeal Gaps in surveillance, especially certain populations

Offer more funding for data/labor to enter data
Incorporate DentaSeal as part of the State Surveillance program
Find data extract options for emergency department rooms to submit data and funnel these efforts
Connect schools of public health with dental schools- courses for population oral health
Create opportunities through grant funding for Area Health Education Centers' students to do projects for oral health programs

Goal 1.6: Develop systems to support the evaluation of oral health programs and policies across the state.	
Assets: Increased reimbursement rate in 4 counties and will collect metrics Federally qualified health centers collect some metrics (Wisconsin Primary Health Care Association: Quality improvement efforts) Foundation funders (DentaQuest) DentaQuest funds 2 evaluations for clinics	**Barriers:** 1 person at Department of Health Services looking at evaluation (lack of capacity and funding) Local level: little capacity and funding and less direct care

Closer regulation and supervision of oral health programs reported to central agency
Develop quality improvement protocols that use DentaSeal system for program evaluation

Goal 1.7: Promote and support oral health research.	
Assets: Marshfield conducts research and shares with Marquette 2 board-certified public health faculty members at Marquette Some electronic health records systems allow easy collection of certain metrics Special Smiles screening Variety of journals Can easily Google information	**Barriers:** Challenge to ask staff to collect additional data for electronic health records, which may not be conducive to collecting data Oral health research- oral health needs to collaborate with overall health Evidence-based programs are not distributed

Partnerships with dental schools to utilize students to conduct broader research, as well as distribution of research results
Creation of evidence-based health promotion programs- needs to encourage research among dental hygienists

Goal 1.8: Maintain, expand and support the Wisconsin Department of Health Services' Oral Health Program.	
Assets: Wisconsin Primary Health Care Association: grant to integrate medical and dental to identify hypertensive patients) Grants help to expand oral health program Department of Health Services + United Way + private funding + Delta Dental	**Barriers:** More funds from Centers for Disease Control and Prevention and other grant opportunities designated to oral health

Increase initiative to further assist programs that help older adults
Increase use of screening events in assisted living, congregate meal sites, etc.
Develop screen protocol tools such as those used in Head Start, etc.

Goal 1.9: Maintain, expand and support the Wisconsin Oral Health Coalition.	
Assets: Some awareness of Wisconsin Oral Health Coalition Organizations willing to support this work by allowing staff to attend meetings Diversity in Wisconsin Oral Health Coalition to allow collaboration across states/professions	**Barriers:** Helpful if additional staff from federally qualified health centers could come but difficult to take time away from seeing patients/other demands

Provide continuing education credits for Wisconsin Oral Health Coalition participants (dentists, dental hygienists, nurses)
More educational opportunities for public health departments, medical clinics

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: Regional Community Water Fluoridation Specialists- southern region Many public water systems fluoridate Backing by CDC Less decay in communities TAP website	**Barriers:** No notification requirement if stopping Aging systems and new systems are costly to stay up to date Misinformation on community water fluoridation Strong anti-community water fluoridation movement Stopping community water fluoridation easy way to cut costs for some communities

Grant opportunities to repair aging infrastructure/ implement new systems
Make a diverse coalition of stakeholders (medical, dental, public works, municipalities, mayor, town chair, public health, community members, schools) to increase community water fluoridation education

Goal 2.2: Increase the number of children receiving sealants.	
Assets: Many sealant programs (more visible, diverse programs, not-for-profit) Adopt-a-school program (Sauk County) working with businesses and community	**Barriers:** Gap in service for rural communities based on CDC free or reduced priced meals (FRPM) requirements (35% FRPM) Lack of parent education Oral health literacy for kids in programs

Provide information to parents at patient-teacher conferences about fluoride treatments and the importance of sealants for their children

Goal 2.3: Increase the use of evidence-based preventative measures, such as oral cancer screenings, sealants, tobacco cessation education and fluoride.	
Assets: Older Americans Act identifying older adults oral health issues Cross training-medical and dental Healthy athletes (Special Olympics) MA incentive to dentists to educate patients and tobacco cessation	**Barriers:** Lack of access to preventive care Practice-setting barriers

Work with researchers to create evidence-based health promotion programs that can measure improved health and behavior change to be eligible for county aging units to utilize use of title IIID Older American Act Funds

Goal 2.4: Educate the public on evidence-based oral health prevention measures.	
Assets: Educational videos TapIntoHealthyTeeth.com website More doctors doing varnish and educating parents Oral health/WIC integration and education of parents	**Barriers:** Not reaching the correct target audience Lack of oral health in health education Limited parent education with schools moving to online registration (Smiles 4 Life) Some parents do not have internet access

Reaching target audiences: Public service announcements (newspapers, radio, billboards)

Goal 2.5: Develop culturally-sensitive/competent patient education materials.	
Assets: Wisconsin Oral Health Coalition support to develop materials Many materials are available and free WI Seal-A-Smile access to school resources Local health department resources (diverse workforce to develop materials)	**Barriers:** Many different ethnicities, ages, etc., to consider and make materials for Health literate documents- knowing how to make materials Language barriers- no access to interpret

Work with Oral Health America and other oral health advocacy organizations to create messages for ID/DD populations in multiple languages
Link with a marketing company or volunteers for this

Goal 2.6: Increase engagement of the general public in oral health-related initiatives.	
Assets: Collaboration (large WOHC, far-reach) WI Seal-A-Smile programs engage community	**Barriers:** Older adult and intellectual disability groups not included in some initiatives Not reaching new populations, hard to reach populations Not seeing oral health as a priority for some people

Goal 2.7: Develop and share evidence-based and consistent oral health messages with community- based organizations, policymakers, health professionals and educators.	
Assets: Willing to listen and aware WI Seal-A-Smile shares a lot of evidence-based information on their website for sealants TapIntoHealthyTeeth.com website Regional Community Water Fluoridation Specialist	**Barriers:** Aware of program, but not sure what to do Not knowing who to share information with and not knowing who can share that consistent messaging Not utilizing social media enough

Utilize social media more
Routine and consistent oral health information of needs and possible solutions to the programs/gaps for legislators (they can make systems changes)
Personal stories, data, solutions, what has worked for others
Develop coalitions to assure consistent messages, increase referrals and increase situational awareness

Goal 2.8: Increase awareness of the connection between oral health and overall health.	
Assets: Some pediatricians doing fluoride varnish PH departments connecting with health systems Primary care also doing varnish in some areas Interprofessionals (there is a nurse at regional meeting)	**Barriers:** Top barriers of community should be top goals of The Children's Health Insurance Program (**CHIP**). Funding should not dictate/set the priorities Lack of resources to refer people for care

Create model medical homes
Doctor's portion of exam includes oral look and referral to DDS
Encourage both medical and dental professionals to learn about and educate their patients about the importance of complete health
Implement education during dental/hygiene/MD school (lay groundwork for public health involvement) work.

Goal 2.9: Improve oral health literacy	
Assets: Many resources available Sealant/school-based programs do education HeadStart doing a good job	**Barriers:** Not having appropriate materials for certain population Don't know where to look for the available/free resources Need a campaign/not just one brochure Not utilizing social media enough Production hampers time dental professionals can spend with patients Lack of health literacy experts to turn to for help

Educate school teachers/boards
More written information at more access points in community
Home visitors
Diversity translated information
MA reimbursement patient education (like they have for diabetic patients)

Goal 2.10: Promote the impact of personal behavior and self-care on the prevention of oral disease.	
Assets: Sealant programs educate MA electronic health record incentive to educate parents	**Barriers:** Oral health not seen as a priority Lack of education Lack of legislation Not enough nutrition education School policies- vending machines with soda

Public Service announcements

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	
Assets: Working with HS WIC program Hospital- school district participation for pre K-1 grade students Sauk Co. 4k tooth brushing program (teacher champion lead) Dane Co./Madison/toothbrush program, proactive and restorative work at schools (4K) EIB program and FV in early head start programs Dane Co. Health systems includes FV in well child visits Local PH doing FV in programs	**Barriers:** Teacher buy-in for tooth brushing at school Nutrition provided at schools Parents dental IQ, valuing OH and knowledge of early preventative care School admin is overwhelmed; see oral health as 'one more thing' to do Funding DDS to do age 1 visits Capacity at clinics to see very young Travel- distance and cost to get to providers in rural areas High no show in MA population reduces the number of dentists who take MA patients.

Have better snack/drink options at schools- teachers lead by example also
Work with WDHA to introduce legislation to repeal practice setting restrictions for chapter 447

Goal 3.2: Improve the accessibility to oral health care services for individuals from vulnerable populations.	
Assets: RDH from Sauk Co. HD outreached to Hispanic population- through WIC program County nurse running FV clinic and screening/referrals in connection with WIC (Jefferson Co) - No fee to patient, bill MA Clinic reaching population at school-refer to dental home Access clinic (FQHC in Madison) Ho-Chunk in Sauk Co. received grant to provide restorative care in schools	**Barriers:** Knowing how to get into Amish communities for programming Limited number of DDS who take MA Funding of MA program Closing of Meriter Dental Clinic- oral surgery residency program- education program Access for people in residential settings

Contact connected people to know who/what/where with a community list of stakeholders
Contact PHD's who serve the Amish population
Fund LHD to hire RDH
Increase MA reimbursement rates so more dentists/clinics take MA

Goal 3.3: Promote available and affordable options for dental care for all Wisconsin residents.	
Assets: Spanish Language Newsletter (Dodge, Jefferson, Rock, Walworth) Partnerships/collaboration between groups serving population Availability to do sliding fee service FQHC	**Barriers:** Staff time to collaborate Limited resources in PH- funding and staff Max Pohle Clinic closed and not replaced (served adults who have disabilities) Need for Sedation dentistry in state RDH practice settings restricted Insurance Market place doesn't include dental insurance FQHC not contracting with private DDS

Utilize social media
Promotion at community events (fairs, etc.)

Goal 3.4: Increase the availability of dental services for underserved populations.	
Assets: Restorative care grant for Ho Chunk in Sauk Co. FQHC Access CHC (FQHC in Madison) Jefferson Co. Community Dental Clinic Good Neighbor Clinic- Sauk Co. MDI Madison Dental Initiative in a homeless shelter serving the homeless population via volunteer dentists	**Barriers:** # of DDS needed to provide care Increase need Private DDS not seeing MA patients MA funding and reimbursement Small size (2 chairs) of dental clinic SAS qualification criteria for restorative care referrals Medicare doesn't cover dental

Policy change for practice settings for dental hygienists
Advanced practice hygienists
Incentive for retiring dentists to maintain licensure (CME waiver, price reduction)/Policy change to incentive volunteer dentists
Give incentive to DDS for taking MA patients (% of loan forgiveness)
Make it a requirement that DDS are expected to take small % of patients on MA

Goal 3.5: Promote adequate and sustainable funding for publicly-financed dental coverage.	
Assets: United Fund Grants to pay for OH for uninsured Access to care grants- WI state grants Salvation Army provides funding Trial of MA pilot Dedicated state funding-WEA Trust	**Barriers:** Underinsured population can't afford care MA reimbursement rates (low) RDH can bill MA but not private insurance

Increase reimbursement rate to encourage more dental participation in Medicaid program.

Goal 3.6: Support and expand school and community-based oral health programs.	
Assets: SAS program Local hospitals provide funding RDH/RN at health departments FQHCs Free clinics Give Kids a Smile Day Restorative school based program expanding	**Barriers:** School districts are busy, incorporating oral health programs can be difficulut Inability to get all schools in a district to participate in programs Full curriculum- high demand for academic requirements

Allow health departments to use oral health grant for varnish

Goal 3.7: Reduce oral health-related emergency department visits	
Assets: SAS getting teeth sealed (prevention) Collaboration between public health and community clinics Hospital in Reedsburg hiring a contract DDS Data supports OH as high reason for ER visits ER-UCC protocol and referral for dental visits (Dane Co.) CHS- ER urgent care program Coordinated DDS referral system with hospital	**Barriers:** DDS not doing sealants in practice Not enough clinics Lack of data for evidence based decision making on sealants

Implement use of community dental care coordinator in more counties.
Include dental coverage in the marketplace (make dental coverage accessible so clients aren't waiting until their situation is an emergency)

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.	
Assets: FQHCs (access) RDH settings (schools, LPH) Dental school in state and grads stay Community clinics Liability coverage available to volunteers	**Barriers:** Too few settings where RDH can practice unsupervised Volunteerism is expensive after retirement D-HPSA formula is flawed Provider retention in shortage areas is challenging RDH job workload saturation Mid-level dental providers

Expand settings of RDH to be able to practice in nursing homes and other settings
Encourage volunteering before and after retirement
Expand scope of practice for RDH

Goal 4.2: Increase interdisciplinary clinical and professional collaboration.	
Assets: WOHC Medical providers integrating OH at medical appointments Reaching out to training programs (Dental Assist)	**Barriers:** Inter-professional education and understanding is low Services are still siloed Community communication and collaboration

Work with medical college and UW –Madison nursing/medical schools to include oral health in curriculum

Goal 4.3: Promote lifelong learning related to oral health disciplines.	
Assets: CE requirements for DDS/RDH Existing education opportunities Opportunities to be exposed to special populations (Special Smiles, SAS, etc)	**Barriers:** CE is $ Siloed education Lack of dental residency programs Lack of education on serving special populations

Replicate Marquette dental student model with CVTC clinic (can it be replicated)
Expand the dental residency programs
Marquette satellite programs

Goal 4.4: Improve and increase recruitment and educational support for students interested in oral health professions.	
Assets: SBP expose students to potential opportunity Loan forgiveness AHEC	**Barriers:** Limited spots in DDS/RDH programs Limited exposure to PH settings Limited data on diversity in workforce

AHEC students being paired up with dental access clinics to assist in outreach and education
Work with high school/middle school career development or enrichment programs to expose students to oral health careers
Collect data on initial licensure and renewal (demographics, age, work settings, specialized training, etc.)

Goal 4.5: Promote the education and utilization of public health principles within the oral health community.	
Assets: LPH Dept (SAS, fluoride programs) School-based OH prevention programs Local coalitions	**Barriers:** Not all LPH best utilizing RDH Misunderstanding of what the role of LPH is OH advocates not reaching far enough RDH are underutilized, can do more than clinic care Lack of exposure and PH curriculums

Dual dental and public health degree programs (Marquette- Zilber School of PH)