



# **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?**

<p><b>Goal 1.1:</b> Increase funding to provide Wisconsin residents with needed preventative and restorative services.</p>	
<p><b>Assets:</b>                  Racine in Medicaid pilot                  Medicaid funding for transportation                  Donated dental service program                  Waukesha County Community Dental Clinic has funding to provide care to pregnant moms and adults with special health care needs                  Lake Area Free Clinic (L AFC) building capital for dental</p>	<p><b>Barriers:</b>                  Cost of sedation                  Funding for transportation for group home residents                  Low Medicaid reimbursement rates                  Private insurance doesn't pay for fluoride varnish by primary care providers                  Funding limits on specific procedures                  Dental health maintenance organizations can be a barrier to reimbursement</p>

- Increase Medicaid reimbursement
- Have a stronger voice when talking with legislators – know how to talk to them and what to say
- Lobbying effort to increase Medicaid rates
- Increase Medicaid reimbursement for dental services

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

**Assets:**

Milwaukee Area Health Education Center educates students on oral health careers  
Federally qualified health centers - new clinic space and increased capacity, especially in Milwaukee area  
Community outreach by federally qualified health centers  
Model for contracting between federally qualified health centers and private dentists  
My Health Direct for emergency room cases  
Seton- safety net clinic  
Waukesha County Community Dental Clinic collaboration with Women, Infants and Children and Health & Human Services  
West Allis Health Dept. collaboration with Women, Infants and Children

**Barriers:**

Collaboration between oral health providers and local health departments  
Federally qualified health centers in Southeast region don't know how to contract

Can contact your local federally qualified health center and start discussions  
Wisconsin Oral Health Coalition must work to have the state increase Medicaid reimbursement rates. Wisconsin Dental Association cannot be the only entity carrying the water on this. It affects everything.  
Encourage the Wisconsin Primary Health Care Association to share information on contracting with private practice dentists to its members. Based on experience, it is a win, win, win.

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

**Assets:**

DentaSeal  
Dental and dental hygiene training facilities  
My Health Direct  
Can pull data through dental software

**Barriers:**

Communication via cell phone due to change in plans/#s  
Requirements for health information technology  
No interface between medical and dental records  
Software is expensive  
Different systems use different software  
Need for customizable fields in software to meet some grant reporting requirements  
Some populations are not computer savvy (i.e. elderly)

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

**Assets:**  
Sizable # of safety net clinics in region  
Aging and Disability Resource Center collaborating with Waukesha County Community Dental Clinic

**Barriers:**  
Not enough General Practice Residency trained dentists  
High no-show rates  
Preauthorization requirements  
Providers not accepting of patients with history of not showing up for appointments

- Recruit providers to care for target populations (Pregnancy, diabetic, emergency department referral)
- Subsidized funding for non-profit dental clinics
- Better training for management of federally qualified health centers; CEOs and clinic managers need leadership and management training to ensure efficiency, profitability and sustainability of clinics
- Dental services for mentally/physically/emotionally disabled patients on site with medical/psych services (co-existing services)
- Better training during dental school for patients with special needs
- Make process to be Medicaid provider easier (time, paperwork, etc)

<p><b>Goal 1.5:</b> Maintain and improve the oral health surveillance system to provide comprehensive and timely reporting of oral health needs, outcomes and disparities.</p>	
<p><b>Assets:</b>  3<sup>rd</sup> grade survey – consistent evaluation  What data is captured is relevant  Department of Health Services' and Children's Health Alliance of Wisconsin's website provide data visually</p>	<p><b>Barriers:</b>  Slow release of data  Elderly data hard to get and collect  Difficult to get health maintenance organizations' data  Discrepancy in data from health maintenance organizations vs. fee-for-service  Difficult to find data  Data not robust enough  Outdated data  No local/regional data</p>

Follow up on emergency department visits with patient dental home/insurance health maintenance organizations  
Signed agreement with local hospitals to send info on patients seen in emergency department for dental-related problems

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

**Assets:**

Healthy Smiles for Mom and Baby quality metrics  
Dental software provides data

**Barriers:**

Many collecting data but no repository  
Lack of technology and staff capacity  
No one mining/cleaning/analyzing data  
Hard to know what data to collect  
No structured data reporting and lack of benchmarks  
Difficult to educate policy makers when fee-for-service  
and health maintenance organization data are not  
consistent

Creating/establishing consistent benchmarks for providers/researchers to measure and report on

**Goal 1.7:** Promote and support oral health research.

**Assets:**

Marquette facilities to do research  
Public health researchers at Marquette  
Children's Research Institute

**Barriers:**

Not enough research



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

**Assets:**

Milwaukee County Oral Health Task Force

**Barriers:**

Unaware if consistent messaging developed  
Lack of awareness of what's going on across state

**Goal 1.9:** Maintain, expand and support the Wisconsin Oral Health Coalition.

**Assets:**

Strength in numbers

**Barriers:**

Mobilizing a large group is difficult  
Lack of consistency in will and messaging  
Too many priorities/focus areas

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

<b>Goal 2.1:</b> Maintain and expand fluoridation in community water systems.	
<b>Assets:</b> SE region is fluoridated (if not, pediatricians are asking and prescribing tablets) Strong advocacy Optimally fluoridated water American Dental Association spending money on search engine optimization (having positive community water fluoridation messages pop up before anti in a Google search)	<b>Barriers:</b> Internet (false information) Pressures on counties to follow the suggested amount, and time commitment, making it an easy excuse to cut costs by eliminating community water fluoridation Most water bottles don't have fluoride in them Misinformed population

**Goal 2.2:** Increase the number of children receiving sealants.

**Assets:**

Seal-A-Smile program  
BadgerCare covers this service  
Strong leaders in multiple programs  
There are more sealants on kids teeth, as noticed by providers

**Barriers:**

More protective of letting Seal-A-Smile programs in schools  
Schools becoming more crowded (space and time restrictions)  
Equipment not as portable as some providers would like outside of the office  
Lack of parental understanding of this service

**Goal 2.3:** Increase the use of evidence-based preventative measures, such as oral cancer screenings, sealants, tobacco cessation education and fluoride.

**Assets:**

Waukesha County coalition educating the public with Waukesha County Public Health (senior population, Salvation Army, homeless shelter, caring place, food pantries, women's shelters)  
West Allis provides education to communities and in schools  
Milwaukee has four sealant programs that go into schools to provide education  
Community water fluoridation specialists providing education  
Smart smiles education in schools

**Barriers:**

Lack of education by Milwaukee County to elderly population  
Not prioritized on radar  
Lack of evidence based program knowledge to all

Increase outreach to work with schools and staff and increase availability to work around the barriers presented  
SAS programs- introduce programs at PTA meeting, breakfast meeting or parent center meeting (MU does do this)  
Reach out to home school groups

<b>Goal 2.4:</b> Educate the public on evidence-based oral health prevention measures.	
<p><b>Assets:</b>  Educational videos  TapIntoHealthyTeeth.org website  More doctors doing varnish and educating parents  Oral health/WIC integration and education of parents</p>	<p><b>Barriers:</b>  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</p>

Integrating oral health to school curriculum  
Partnerships with other public education places (libraries, online or print newsletters, farmers markets, county markets and fairs, summer festivals, urban ecology center, park and recreation department, churches and parish nurses)

<b>Goal 2.5:</b> Develop culturally-sensitive/competent patient education materials.	
<p><b>Assets:</b>  Waukesha oral health coalition has developed educational materials  State has a lot of information and resources in multiple languages  Waukesha Literacy Council (have a goal surrounding this idea of culturally-sensitive/competent patient education materials)  American Diabetes and American Cancer Associations donate culturally sensitive materials</p>	<p><b>Barriers:</b>  Not enough language/dialect specific materials  There are large refugee populations who may not be educated on oral health and the importance of oral health. Culturally, it is not a priority</p>

Share culturally competent materials on eBytes  
Develop more info graphics for when their health literacy level is not high even in their first language  
To meet all audiences: work with area food pantries, work with area senior citizens, work with area meal-programs, work with Hunger Task Force (Cherri Tussler) who are state wide (also for goals 2.3, 2.4 and 2.8)  
Additional culturally sensitive materials made available on websites, easy access if needed (Hmong Senior Center translates)  
Uploading culturally sensitive competent information for all providers to access who don't have a lot of culturally sensitive information

<b>Goal 2.6:</b> Increase engagement of the general public in oral health-related initiatives.	
<p><b>Assets:</b>  Waukesha County Technical College, Marquette and Milwaukee Area Technical College dental hygiene students at resource fairs  Engage Carol students  Wisconsin Dental Association commercials  Rotary clubs  Waukesha County Technical College, does rotation with Seaton</p>	<p><b>Barriers:</b>  Lack of prioritizing the public  Need more repetition than just a commercial (more visible... billboards, etc)</p>

More marketing campaigns or health promotion campaigns involving consequences of not taking care of teeth  
All areas of community outreach should get dental/oral health fliers



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

**Assets:**

TapIntoHealthyTeeth.org website (able to share this with providers)  
Waukesha holds a legislative breakfast once a year

**Barriers:**

Many people are still not aware of the TapIntoHealthyTeeth.org website  
Medical and dental are not on the same page  
Providers not utilizing curriculum  
Lack of collaboration between organizations  
Confusing for primary care providers (oral health and oral health access to care is more complicated nowadays)

<b>Goal 2.8:</b> Increase awareness of the connection between oral health and overall health.	
<b>Assets:</b> Messages and materials created Increase on HPV vaccine Holistic connection	<b>Barriers:</b> Medical and dental not on the same page Lack of focus from medical providers Need general population materials and messaging Does not exist in the general population Not utilizing the media Not knowing who messages are being created for/who the audience is

General population (adult) evidence-based curriculum/ideas for promotion that could be used in multiple settings on websites/for easy access and free educational materials  
Report successes as a result

<b>Goal 2.9:</b> Improve oral health literacy	
<p><b>Assets:</b>  Sealant programs (providing parents with literature)  Community organizations realizing the importance of oral health literacy  Motivational interviewing in school programs  Wisconsin Health Literacy doing presentations</p>	<p><b>Barriers:</b>  General education level of population  People are constantly re-creating the wheel  Not seeing oral health as a part of overall health  Lack of time and specialists (not everyone gets this education... in motivational interviewing; only a very specific population gets this training)  WI Health Literacy doing presentations, but not on oral health</p>

Creating more materials for patients with low health literacy (info graphics) – utilize the template websites  
Work with Department of Public Instruction (DPI) to change elementary health curriculum to include a topic on oral health

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

**Assets:**

2 min 2x a day ad campaign (seen to have the most behavior change in comparison to other ad campaigns)  
Seal-A-Smile in school education  
Earlier Is Better programs  
Federally Qualified Health Centers  
Health fairs providing education

**Barriers:**

Ad campaigns not reaching all populations (not everyone has a TV)  
Patients in underserved communities are still only brushing once a day (behaviors are not matching messaging)  
Continued high intake of sugars  
Lack of OH education in schools

Public Service announcements

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

<b>Goal 3.1:</b> Expand access to early oral health interventions	
<p><b>Assets:</b>            Head Start/Early Head Start (HS/EHS)            Primary care pediatricians provide oral health screenings and fluoride varnish            Parent education programs            Healthy Smiles for Mom and Baby (HSMB)            Pregnancy oral health education programs            Home visitation programs            Emergency dental care access            Health departments</p>	<p><b>Barriers:</b>            Transportation            Mixed oral health messages (Ex. Age 1 dental visits)            Dentist and dental hygienist's discomfort working with young children            Lack of emergency dental access in dental offices            Lack of available oral health education            Low parent dental knowledge</p>

Educate dentists and hygienists on importance of treating children and giving them a positive first experience. Crucial we develop the next generation of patients that won't "fear the dentist"

Start a relationship with the emergency room to refer patients with dental issues to an emergency dentist

One organization (CHW) (WDA) coordinates OH message to public and medical/OH providers

More prevention messages throughout lifespan

Have dental representatives visit medical providers and teach the importance of early screening and dental care for kids 0-5

More training at dental school working with infants by having students go to day care centers

<b>Goal 3.2:</b> Improve the accessibility to oral health care services for individuals from vulnerable populations.	
<p><b>Assets:</b></p> <ul style="list-style-type: none"> <li>Safety net clinics</li> <li>School-based oral health programs like Seal-A-Smile</li> <li>Primary care pediatricians</li> <li>Community health workers</li> <li>Dental hygienists can provide screening</li> </ul>	<p><b>Barriers:</b></p> <ul style="list-style-type: none"> <li>Lack of providers for individuals with special health care needs</li> <li>Not enough safety net clinics</li> <li>Oral health provider's lack of comfort/skill set</li> <li>Lack of oral health training to community health workers</li> <li>Silos- oral health/body disconnect</li> <li>Oral health viewed as luxury</li> <li>Cultural barriers/language</li> <li>Lack of marketing</li> </ul>

Representation of community dental outreach at refugee and/or immigration sites, meal programs, food pantries  
 Safety net clinics set up in grassroots culturally based agencies

<b>Goal 3.3:</b> Promote available and affordable options for dental care for all Wisconsin residents.	
<p><b>Assets:</b></p> <ul style="list-style-type: none"> <li>Emergency room partnerships</li> <li>Colombia St. Mary's – Seton</li> <li>Programs where health workers follow up with patients seen in emergency rooms</li> <li>Philanthropy</li> <li>Wisconsin Dental Association (WDA) campaigns</li> <li>Senior centers</li> <li>Food programs</li> </ul>	<p><b>Barriers:</b></p> <ul style="list-style-type: none"> <li>Little oral health marketing</li> <li>Need Efficiency to maximize philanthropy</li> <li>Education for emergency follow-up on oral health needs</li> <li>No oral health services/education at senior centers</li> <li>No oral health services/education at food programs</li> </ul>

Have a statewide transition dental program for unemployed, elderly, etc where dental care is provided and referral process for permanent care is given

Distribute updated medical assistance (MA) provider lists to community health coordinators and other agencies

Create and maintain a list of free/reduced dental care clinics

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

**Assets:**

Private practice medical assistance (MA) dental providers  
Waukesha County Community Dental Center  
Columbia St. Mary's – St. Elizabeth Ann Seton dental clinic  
Children's Hospital of Wisconsin- expansion of medical/dental home  
Casa Guadalupe Education Center Inc. in West Bend  
Grassroots agencies  
Lake Area Free Clinic  
Marquette University School of Dentistry  
Federally Qualified Health Center expansions

**Barriers:**

Money/Medical Assistance (MA) reimbursement  
Oral health providers- not public health minded  
Transportation  
Not enough and inadequately dispersed locations of dental clinics  
Dental clinic hours  
Dental clinic policies making it difficult to get in/efficiency

More dentists in the safety net clinics

To help with access to care, require dentists to see at least one MA patient to bridge the access to care issue. Possibly provide tax incentives to encourage dentists to do this.

In an effort to address no shows, create strong policies to keep efficiency high

Increase MA reimbursement

Provide transportation



<b>Goal 3.5:</b> Promote adequate and sustainable funding for publicly-financed dental coverage.	
<b>Assets:</b> Medical Assistance (MA) system State oral health program Donated dental services	<b>Barriers:</b> Low Medical Assistance (MA) reimbursement for dental Lack of money for dental services for seniors, veterans, individuals with special health care needs Lack of enough dental providers who take Medical Assistance (MA)

Lobbying effort to increase MA rates – entire coalition/partners use same messaging

Make public more aware of the need

Better marketing

Advocate to increase the public's dental coverage to include discretionary funding for extreme cases. (Ex, sedation for PTSD youth)

**Goal 3.6:** Support and expand school and community-based oral health programs.

**Assets:**

Seal-A-Smile program  
Waukesha County Technical College, Waukesha County  
Community Dental Clinic, Waukesha County Dental  
Society  
West Allis Health Department  
Health Departments  
School nurses  
Head Start screenings  
Give Kids A Smile events

**Barriers:**

School policies limiting outside services  
Lack of school space for dental programs  
Funding  
Limited scope of practice and practice settings for dental  
hygienists  
Lack of nutrition education  
Lack of oral health education

Work collaboratively with the city, county public health and local dental society to open doors to schools in the county  
Allow hygienists to go to nursing homes for preventative care

<b>Goal 3.7:</b> Reduce oral health-related emergency department visits	
<p><b>Assets:</b></p> <ul style="list-style-type: none"> <li>Milwaukee community health workers</li> <li>Safety net clinics</li> <li>My Health Direct</li> <li>Dental follow-up- educational visit programs</li> <li>Oral Health education at dental clinics and outreach programs</li> <li>Seal-A-Smile</li> <li>Home visitation education programs</li> <li>Community health programs</li> <li>Dentist available in emergency room</li> </ul>	<p><b>Barriers:</b></p> <ul style="list-style-type: none"> <li>Lack of available oral health providers willing to see kids less than three years of age</li> <li>Lack of parent oral health education</li> <li>Cultural norms may limit understanding of the dental process</li> <li>Lack of Medical Assistance providers for low income individuals</li> <li>Oral health provider work and clinic hours</li> </ul>

Have multiple emergency pediatric dentistry sites in Milwaukee Co. with night hours  
 Coordination of medical/dental with serious infections and dental work in the mouth  
 DDS in ER  
 Educate ED care coordinators to increase referral and fill capacity of existing programs

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

<b>Goal 4.1:</b> Identify gaps in the oral health workforce and develop strategies to address them.	
<p><b>Assets:</b>          Community clinics (dental)          FQHC          MUSOD/ RDH programs</p>	<p><b>Barriers:</b>          Lack of mid-level providers          OH workforce data (need update)          No BSDH program          Lack of understanding on MLP and how they can impact oral health          Not using providers to full potential (EFDA)          Lack of OH navigation</p>

CDHC community dental health coordinator (navigation is key)  
 Have adequate and accurate information on the different workforce models. For example, how successful have dental therapists been in MN  
 FQHC: contract with private practice for patient service when they are at capacity for service  
 RDH- increase settings, practice scope and decrease supervision  
 Change the rules so RDH can practice independently in more settings  
 Return to expanded duties dental assisting  
 Legislation to change: scope of practice, setting, supervision fro RDH

<b>Goal 4.2:</b> Increase interdisciplinary clinical and professional collaboration.	
<b>Assets:</b> Education by other providers PCP integrating oral health into practice CHW educated on OH issues	<b>Barriers:</b> Not enough oral health screening in medical settings Training medical providers Lack of understanding of what each other does Lack of OH advocates Record integration

Electronic Health Record integration- create meaningful use dashboard that includes a dental component and same HER  
Integrating dental/oral health in medical setting/home  
Implementing oral health in school curriculum  
Increase reimbursement of Medicaid  
Increase providers who take MA patients

<b>Goal 4.3:</b> Promote lifelong learning related to oral health disciplines.	
<b>Assets:</b> WDA dental home initiative HSMB CE requirements	<b>Barriers:</b> Not all providers up to date on current evidence (age 1, pregnancy)

Coordinate education to promote lifelong learning – state, city, WDA, AMA, etc.  
Embed oral health in all health care/social service related field and curriculums  
Professional organizations public research and have CE on current evidence: required for licensure

<b>Goal 4.4:</b> Improve and increase recruitment and educational support for students interested in oral health professions.	
<b>Assets:</b> Volunteer/field placement High school and young adults health exposure Loan repayment AHEC outreach	<b>Barriers:</b> School debt Lack of understanding on how to recruit diverse workforce Not enough opposition Lack of diverse workforce Geographic placement of providers

Offer new dental graduates programs to pay off their large loans by having them committed to public health for "X" number of years, thus increase interest in public health dentistry  
Professionals (RDH, DDS) into school guidance settings presenting on career options  
Making dental education more affordable along with a better loan forgiveness program to attract dentists to underserved/rural areas of the state  
Forgiveness policy on dental school loans (20% off loans) by volunteering in the community at community clinics

<b>Goal 4.5:</b> Promote the education and utilization of public health principles within the oral health community.	
<b>Assets:</b> School-based OH prevention programs Community health RN's providing some OH education OH programs providing outreach opportunities	<b>Barriers:</b> Lack of knowledge of PH opportunities Schools not understanding or willing to have SBP Teachers not knowledgeable to advocate for child School RN's availability is limited Care coordinators not focused on adult OH OH training programs not focused on PH

Senior center meal programs and summer meal sites for kids  
Coordinate education program with WDA, local dental society, public health departments, the city, etc  
Ability to have on-going programs to at risk populations rather than one time information/presentations- dental support groups offered  
Earlier experiences with uninsured/underinsured in educational programs  
Longer duration of involvement during educational program with public health