



# **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></p> <ul style="list-style-type: none"> <li>Coalitions: regional, etc.</li> <li>Health offices interested / networked; some are long-standing</li> <li>Health check: individual on Medicaid codes to primary provider and doctor can refer to dentist and state will pay at state rate (**See barrier)</li> <li>Has to be MA certified primary provider</li> <li>Chippewa Valley Technical College and Marshfield have funding</li> </ul>	<p><b>Barriers:</b></p> <ul style="list-style-type: none"> <li>Funding is non-sustainable, grant-based funding for local health department</li> <li>There is too much specificity in grant-based work (Health departments and other organizations) always need more funding</li> <li>Those just over the Badger Care limit may not have dental insurance or fall through the cracks</li> <li>**Health check does not do what is intended (does not work)</li> <li>Lack of transportation to clinics (especially in rural areas / long distance)</li> <li>Need to go beyond Seal-A-Smile: (individuals/children) need more care brought to them, such as restorative services or alternative models</li> <li>Need more hours to provide care: weekends or alternative options</li> <li>Difficult to bring care to patients – children have limits on being able to leave class (such as for Seal-A-Smile)</li> </ul>

Implement a lobby day with legislators to advocate increased funding with thoughts to increase prevention dollars and decrease expenses in the future. Find a champion, have a panel, and really good food.  
 Encourage Wisconsin Dental Association to pressure state on Medicaid reimbursement and on Health Check requirements  
 Class action lawsuit

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

**Assets:**

Health department school rinse program  
Promotion action teams  
Polk County Health Department: 2 dental opportunities and connection with NorthLakes Community Clinic  
Rely on dental health partners: communicate  
Local health departments can provide fluoride varnish  
More natural to connect to schools  
Mom has care: Prenatal Care Coordination oral health education

**Barriers:**

Need to recruit volunteers  
Not one person is dedicated to oral health  
Need more funding to support personnel and dental professionals in public health departments  
Local health department personnel lack time  
Lack of access to fluoride varnish education by local health departments  
Need more education

Re-establish funding for regional oral health consultants (registered dental hygienists) in the state

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

**Assets:**

Marshfield clinic may use teledentistry  
Prenatal Care Coordination oral health resources on the web  
Internet and education: can utilize social media to publicize  
Google translation used to interact with non-English speaking patients  
Broadband is available in rural areas and allows the population to access information via the web  
Online registration is used for schools (to register students for oral health services)  
Education can be sent directly to patients via MyMarshfield.com  
Data can be shared in annual report  
Dental offices have website with forms and education  
The website [ilikemyteeth.org](http://ilikemyteeth.org) and national oral health websites (are useful references)  
Silver diamine fluoride: great for prevention

**Barriers:**

Need more Wisconsin driven websites  
Not everyone is technology savvy  
Language barriers for websites

<b>Goal 1.4:</b> Increase the number of providers and clinics providing oral health care to the underserved.	
<b>Assets:</b> Marshfield clinic has a federally qualified health center Dentist from Washburn that is traveling to Polk County	<b>Barriers:</b> Lack of funding No Medicaid providers in Polk County Not enough dentists (only 2 private practices in Polk County) Need recruitment of providers in rural communities No mass transportation

Increase Medicaid funding policy and legislative change

<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>  Smiles for Life data racketed  Access websites: great information, great resources  Local coalition community survey developed and distributed by St. Croix Coalition</p>	<p><b>Barriers:</b>  Lots not reported at the state  Private practice report minimal data and only track if code is billed to Medicaid  Smiles for Life data is not connected and tracked with local health department  Lack of knowledge of databases / websites to access  Timely reporting of data  Delay in data and providers do not see data until many years later</p>

Department of Health Services continues to write grants to enhance surveillance system priorities  
Database to share what does and what does not work as you start a project  
Wisconsin Seal-A-Smile and Smiles 4 Life and other private organizations connecting and reporting to county health

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

**Assets:**

Department of Health Services works on data collections:  
infrastructure and surveys  
Some evaluation done  
State epidemiologist (possibly local)

**Barriers:**

No standard on how to determine/evaluate outcomes of programs  
Delay in seeing the data  
Evaluation and information sharing is not consistent nor always done  
County-based research is needed because state-level research may not be representative of the specific county  
Lack of funding for county-based research

Department of Health Services continues to write grants to enhance surveillance system priorities

<b>Goal 1.7:</b> Promote and support oral health research.	
<p><b>Assets:</b>          Wisconsin Dental Hygienists' Association support and American Dental Hygienists' Association funds research at the national level via the Institute for Oral Health          At state level, Chippewa Valley Technical College dental hygiene students present and do table clinics based on this research          Seal-A-Smile provides research, especially school-based, evidence-based research          Promote (evidence-based) handouts at local health departments</p>	<p><b>Barriers:</b>          Information is present BUT information is NOT shared / there is no data pool          No central location to track data</p>

Wisconsin Oral Health Coalition should develop an oral public health research agenda  
 Distribute to higher learning institutions (i.e. dental, dental hygiene, masters in public health, medical and nursing school programs)  
 Support research with more funding



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

**Assets:**

School-based oral health rinse program: reaches many  
Seal-A-Smile collaborates  
Water fluoridation specialists – total of 5 throughout the state  
Annual community health assessment

**Barriers:**

Public health staffing  
Community awareness  
More funding and data needed

Set up a celebration event of the successes of Department of Health Services' oral health program and invite key stakeholders and media

<b>Goal 1.9:</b> Maintain, expand and support the Wisconsin Oral Health Coalition.	
<p><b>Assets:</b>          Host meetings and have individuals collaborate          Alyssa Ricketts          Organization of coalition events          Grants to develop local coalitions (DentaQuest)</p>	<p><b>Barriers:</b>          Ability of staff to allocate time or too few of staff that can attend regional meetings, other Wisconsin Oral Health Coalition events, etc.          Awareness of WOHC, especially with change-over in staff          Directing objectives/priorities when working with community because different communities have different priorities</p>

Need a marketing team to get the work out to more people about Wisconsin Oral Health Coalition

**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.	
<p><b>Assets:</b>                  Rice lake – 10 years                  Some counties support Community Water Fluoridation and fluoridated water                  Eau Claire County                  LaCrosse                  Regional fluoride specialists                  Water operators                  Meeting in Alma: individuals defending community water fluoridation at public hearing meeting                  Evidence                  TapIntoHealthyTeeth.org website</p>	<p><b>Barriers:</b>                  Health promotion and prevention                  Surrounding rural counting on well water                  Lack of knowledge and education                  Anti-fluoridation groups on social media                  Pepin County pulled Community Water Fluoridation because of the cost and Department of Natural Resources in Durrand                  Nature of public relations and media                  Professional anti-fluoride websites / messaging in the community                  Misinformed dentists</p>

- Develop a SWAT team to support local groups during fluoridation fights
- Meet with public water works department to education and provide resources on CWF before it becomes an issue and provide handouts to provide to public if questions arise
- Explore new DNR requirement for community fluoridation and provide information to local health departments

<b>Goal 2.2:</b> Increase the number of children receiving sealants.	
<p><b>Assets:</b></p> <ul style="list-style-type: none"> <li>Seal-A-Smile program</li> <li>Legislatures support</li> <li>NorthLakes Community Clinic participates</li> <li>Smiles 4 Life program</li> <li>Health Check</li> <li>Many populations are reached</li> <li>Children who have private insurance getting care in schools</li> </ul>	<p><b>Barriers:</b></p> <ul style="list-style-type: none"> <li>No one knows if Health Check is effective / works</li> <li>Some populations are not being reached</li> <li>Reimbursement rate</li> <li>Children who have private insurance getting care in schools (perceived as unfair competition)</li> <li>Not serving private schools</li> <li>35% free and reduced lunches</li> <li>School space and scheduling</li> <li>Medicaid issue in dental clinic</li> <li>Newsletters challenging competition of Seal-A-Smile and private practice</li> </ul>

Promote enrollment in schools of Smiles 4 life  
 Incentive program offered by WISIP of number of children receiving sealants  
 Integrate dental services into non-school time (avoid loss of class time)  
 Examples: back to school night, school health fair, start early before school starts or stay late after school  
 Seal-A-Smile programs could collaborate with Smiles 4 Life to serve the schools not being served by Seal-A-Smile such as private schools and schools with 35% free and reduced lunch rate

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

**Assets:**

Dental hygiene programs  
Dental school graduates  
Student community projects  
Tobacco cessation programs in HD/clinics

**Barriers:**

Lack of vaping/other tobacco continuing education  
Not having a workforce that can go out to different settings  
Dental and medical not working together as much as they could  
Can offer programs (tobacco cessation programs in health departments/clinics), but the target audience is not signing up or accepting services

**Goal 2.4:** Educate the public on evidence-based oral health prevention measures.

**Assets:**  
TapIntoHealthyTeeth.org website  
Seal-A-Smile video  
Wisconsin Oral Health Coalition projects and resources (education materials) for local coalitions  
Social media  
Healthy Communities education  
The benefit of being able to brush with fluoridated toothpaste

**Barriers:**  
Funding  
Getting support of organizations  
Getting the message out to the public  
Language and cultural barriers

Have a dedicated person (example: state person/resource) to provide messages to all counties statewide, as local public health departments may not have a dedicated staff member to address oral health promotion  
Local public health departments accessing available funds through grants when available  
Grant opportunities need to be communicated widely; opportunities need to be shared beyond health officer

<b>Goal 2.5:</b> Develop culturally-sensitive/competent patient education materials.	
<b>Assets:</b> Computer interpreters Social media	<b>Barriers:</b> Funding Access to population who knows languages (lack of interpreters) Identify where to reach people and how Helping community leaders find one top shop resources to use (ex: TapIntoHealthyTeeth.org website)

Send translated materials to be included in Health Family Resources site (Terri R. is the contact)  
 Get feedback from Amish/Mennonite leaders (Bishops) on what their beliefs are regarding oral health. Host a forum to hear what they may be willing to accept or what they are not willing to accept. Then, get their reasoning why they don't do certain preventive measures so we can learn from them  
 Work with ethnic community leader or centers to help get all messages out in a culturally appropriate way

<b>Goal 2.6:</b> Increase engagement of the general public in oral health-related initiatives.	
<p><b>Assets:</b>  Healthy Communities has a position to increase engagement  Networking  There has been an increase on Age 1 dental visits</p>	<p><b>Barriers:</b>  Lack of public interest  Difficulty in understanding policies/working with legislators  Engaging the wrong communities (telling those who are already doing it)</p>

Provide resources to Healthy Family Resource Site (Terri Reiland is a contact)  
Have incentives and giveaways for the public such as TAP water bottles. State could provide these to each county to hand out at events.  
Get involved with community events, festivals/ parades... associate your cause at a positive/fun place.  
Have local dentists/providers at family/community events to interact with families and educate in a fun/interactive/creative way (ex: show displays of amounts of sugar in a mountain dew, etc.)



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

**Assets:**

Partners in this field (developing messages)  
Ability of health departments to collaborate with HS programs and schools  
Healthy Communities

**Barriers:**

Language  
Funding  
Funding these partners that develop messages  
Consistent messaging is not happening between dental and medical  
There is a not a coordinated team to share this information

**Goal 2.8:** Increase awareness of the connection between oral health and overall health.

**Assets:**

Funding from the DentaQuest Foundation  
Interdisciplinary team (Wisconsin Oral Health Coalition,  
Healthy Smiles for Mom and Baby, local coalitions)  
State initiative  
A lot of materials  
Data systems to share providers

**Barriers:**

Insurance companies  
Health care providers (lack of education)  
Dissemination of materials and finding the correct group  
to share this with)  
Lack of knowledge of oral systemic

Give us a website to share with health professionals (put on Healthy Families Resource Site)

<b>Goal 2.9:</b> Improve oral health literacy	
<p><b>Assets:</b>  Organizations that work with cultural diverse groups  St. Croix coalition newsletters  Clark County reaching out to aging community and will include oral health information in newsletter</p>	<p><b>Barriers:</b>  Dissemination of material  What is the definition of OH literacy  Reading level/layman's terms  Need for oral health literacy in families (ex: pictures for children)  Providers not using basic language  Explaining benefits of multiple programs (ex: okay to have varnish multiple times)</p>

Create awareness among medical and dental providers to explain the benefits of multiple programs

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

**Assets:**

Dental workforce doing a good job  
Programs that work with low-income populations: Women, Infants, and Children Program (WIC), Prenatal Care Coordination (PNCC)  
Workforce to do this

**Barriers:**

Access to information from Department of Health Services  
Teams: medical providers, dental, Obstetrics and Gynecology (OBGYNs) are all on different pages of importance  
Still a lack of buy-in  
Settings to do this

**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>                  Pediatricians- well child visits incorporating FV/Oral Health                  ECHHealthyCommunities OH TC- focused on this population HSMB + dental home at Age 1                  Screening and fluoride varnish at Head Start Program                  Polk Co- NL- Private dentist serving low income                  Rural health dental clinic (RDHS, DDS at Polk Co. health department)                  Smiles for Life are seeing children at school 3-4 years old                  Head Start Programs link families to medical and dental homes</p>	<p><b>Barriers:</b>                  Lack of OH education for parents                  Dental workforce understanding that OH needs to start earlier, except and respect age 1 visits)                  Transportation                  Failure of Health Check awareness program to deliver services (age 3 and up referral to named DDS is not happening)                  Lack of pediatric DDS                  RDH can't go into daycares- practice settings limitation                  DDS have not bought in to age 1 visits                  Families missing appointments (lose ability to go to DDS) (dental etiquette)                  Travel distance to peds dentists</p>

Develop and educational oral health component to incorporate with the licensed day care providers  
 Class action lawsuit vs state regarding diverse of HealthCheck (i.e. mandate increased reimbursement)  
 Allow hygienists to work with medical doctors (peds, prenatal, etc) (Practice act change)

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

**Assets:**

CVTC- dental clinic  
WIC clinic provides FV (Pierce Co.)  
FQHC  
Give Kids a Smile Day, Give Vets a Smile, Touch Twice, MOM  
Hylife company- community RDH provide weekly oral health to nursing homes, geriatric population  
By going into homes to provide care that is paid for by patient

**Barriers:**

Transportation  
Language barrier (Spanish) can be difficult when setting up an appointment, educational materials, etc.  
OH Education of patients (oral health literacy)  
Cultural beliefs and traditions -specifically Amish  
Access to providers – financial ability to access providers  
No grants/funding for providers to treat those who can't pay

Eliminate restrictions for hygienists in nursing homes. Have a staffed hygienist providing daily/weekly oral care in nursing homes.  
Have a list of transportation options per county available to public to assist in getting to dental appointments.  
Have funds (grants, community funding) available if someone can't pay for dental treatment.

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

**Assets:**

Attend school events to reach/educate parents on oral health programs and importance.  
Have list of DDS who take MA patients- send in backpack program at school (weekend food program for kids)  
SAS consent forms/banners  
Created directory of DDS who see age 1 put on Co. HD website, sent to providers for referral (Eau Claire Oral Health Task Force did this)  
Polk Co.- Health Benefits Counselor- 1 FTE. Works to help patients get signed up and navigate benefits  
PNCC- nurses go to patient homes, address OH, provide a list of DDS seeing young children/take MA

**Barriers:**

Lack of technology- patients/parents don't have technology  
Less opportunity for face to face interaction  
Language- translate materials into different languages  
WI HealthCheck Program failed

Educate policy makers on oral health

Guide families to resources to better learn the English language

Include dental care in all health insurance plans. Standard premium for dental- standard deductible- standard services

<b>Goal 3.4:</b> Increase the availability of dental services for underserved populations.	
<p><b>Assets:</b>  CVTC dental clinic- exclusive treats Badgercare and low income  EC Free Clinic to include DDS (beginning at end of summer 2016)  Family Health Center Marshfield  Dental services at Polk Co. HD  WI SAS program, school based programs</p>	<p><b>Barriers:</b>  Lack of MA reimbursement  # of providers who can/will accept MA  Lots of paperwork associated with MA, barrier for dentists to sign up for the program  Patient no show rate  Transportation  Hours that clinics are open- need to expand for working families  RDH practice settings</p>

(also goals 3.1, 3.7) Transportation barriers: work with public health departments to determine if funding is available to transport patients to and from dental clinics. Pts in need of assistance with transport may be identified through WIC/school based programs. Universal health care- including dental care



<b>Goal 3.5:</b> Promote adequate and sustainable funding for publicly-financed dental coverage.	
<b>Assets:</b> Federal community health center grant funding Adults can access dental care through BadgerCare (WI MA has a dental benefit for adults, some states do not) Local organizations that help fund (United Way, etc)	<b>Barriers:</b> Sustainability of government funding, Unpredictable funding can get cut at any time. Economy WI Health Check Lack of affordable DDS insurance for those not on BadgerCare Dental Insurance coverage is limited and expensive so people don't take it/ can't afford it.

(also goals 3.3, 3.4) WOHC adopt goal of increasing knowledge about Health Check (EPSDT) requirements of the state and promoting use of the program, including mandatory "direct annual referrals" for BC and MA children age 3 and up (younger if exhibit oral health problems)  
Lobbying policymakers to support oral health public health activities (Madison, DC)

<b>Goal 3.6:</b> Support and expand school and community-based oral health programs.	
<b>Assets:</b> Local HD nurse build strong connections/relationships with schools. HD/ School District partnerships are strong and beneficial	<b>Barriers:</b> MA Funding Providers – DDS going to schools, referrals Parents consenting for SAS program Communication and awareness of program offered at school DDS has too many hoops to be part of SAS program. Too many requirements are a barrier to participating. Staff time (PH world) to run program, Staffing to run program Communication of program to schools, parents, community

Expand funding for public health departments to support staff in running oral health programs.  
 Utilize existing school nurse networking meeting by including discussion of oral health  
 Develop and promote oral health prevention education in the schools (e.g. drinking water vs. soda, eating healthy foods). Can connect with obesity prevention/ school wellness initiatives occurring.

<b>Goal 3.7:</b> Reduce oral health-related emergency department visits	
<p><b>Assets:</b>  School based programs- preventative care  WIC  Refer to Rice Lake and Ladysmith Marshfield Dental Clinics for emergency visits  Medical emergency providers are open all the time and will see patients  Work of local oral health coalitions for prevention promotion  FQHC (clinic near Minneapolis that does extractions, DDS volunteer to staff)</p>	<p><b>Barriers:</b>  More dentists accepting MA- less emergency if ppl could get routine care  Dental clinics open longer or different times to respond to emergencies  Transportation  Parents don't/can't identify OH need before emergency level  It's too easy for patients to use ER as their way to access care  Patient education on how to use health care system,</p>

ER departments to staff a dentist for dental emergencies and evaluation on site  
Have a dental resource sheet for all people that points out where they can go for dental care in their community depending on if they have insurance or not. Encourage them to get treated before it becomes urgent.  
Media/TV/ on dental literacy/etiquette  
Health Check Training for medical providers during annual physical to include referral to dentist  
Increase "Urgent Dental" needs access to care provided by Chippewa Valley Free Clinic and CVTC especially for low income/uninsured patients with emergent dental needs. Informing patients these programs/clinics exist by sharing information at Feed My People Food Bank/ Food Pantry, etc  
Make communities aware of early day dental services (Menomonee Dental Clinic, formerly RHDC) has emergency hours at 6:45am  
Increase MA funding

**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.	
<b>Assets:</b> RDH collaboration with schools, HS, LPH Health Centers	<b>Barriers:</b> Lack of dental homes for special populations (peds, special needs) Lack of pediatric providers RDH practice act barriers (settings, lack of providers) Licensure portability

Increase residency spaces for foreign trained dentists

<b>Goal 4.2:</b> Increase interdisciplinary clinical and professional collaboration.	
<b>Assets:</b> LPH departments are working on oral health CVTC connecting with others (i.e. RT, MD) Marshfield medical/dental integrated records	<b>Barriers:</b> Lack of interest on medical side to address (lack of health check referrals) Education in MD, PA, RN training programs may not be providing good messaging Not sure how to interact with each other

- Educate clinics and clinicians about federal Health Check requirements for direct referrals to a named dentist after HealthCheck (well-child) screening
- Develop a collaboration model and process to guide groups toward cooperative goals (Oral care providers and respiratory (care) therapists, nursing home pediatricians)
- Providers (RDH) can practice in all settings (Interdisciplinary/medical)
- Increase residency spaces for foreign trained dentists

**Goal 4.3:** Promote lifelong learning related to oral health disciplines.

**Assets:**  
Continuing education opportunities (can be virtual now)

**Barriers:**  
Language barrier

<p><b>Goal 4.4:</b> Improve and increase recruitment and educational support for students interested in oral health professions.</p>	
<p><b>Assets:</b>          Some outreach to HS students (STEAM- Chippewa)          Opportunity for accelerated programs          Exposure to rural communities (Marshfield and MUSOD)          AHEC          Tuition reimbursement for D-HPSA</p>	<p><b>Barriers:</b>          Cost          RDH/DDS program may be hard to get into          Licensure/Training of providers from non-CODA institutions          Lack of a diverse workforce</p>

Activities to recruit a more diverse workforce

<b>Goal 4.5:</b> Promote the education and utilization of public health principles within the oral health community.	
<b>Assets:</b> LPH Dept (SAS, fluoride programs) School-based OH prevention programs Local coalitions	<b>Barriers:</b> Limited ability in schools because of increase responsibilities of educators Funding for fluoride grants Lack of provider understanding Limited exposure in RDH/DDS education to public health principles

Explore using the Transforming dental hygiene education (ADHA model) to increase PH knowledge in dental hygiene training programs.