



WORKING LOCALLY
← TO →
MAXIMIZE CAPACITY
WOHC REGIONAL MEETINGS

STATEWIDE COMMON THEMES DOCUMENT

Introduction:

The Wisconsin Oral Health Coalition (WOHC) is a dedicated group of more than 170 individuals, organizations and agencies addressing oral health access issues and working to improve oral health for all residents statewide. Children's Health Alliance of Wisconsin (Alliance) is responsible for coordinating the WOHC in collaboration with the Wisconsin Department of Health Services. The Alliance is Wisconsin's voice for children's health and in addition to its work in oral health; it has six additional initiatives working to improve the health and well-being of children in Wisconsin.

Regional meetings were hosted in each of the five public health regions, as pictured below, during the summer of 2016. The purpose of these meetings was to gain interest and a better understanding of the current status of oral health in Wisconsin. Generous funding from the DentaQuest Foundation made these meetings possible.



Prior to the 2016 regional meetings, the WOHC hosted regional meetings several years earlier, which drove the development of the state oral health plan, *Wisconsin's Roadmap to Improving Oral Health 2013-2018 (Roadmap)*. From those meetings, four strategic areas, along with several goals, were identified: Infrastructure, Prevention and Health Promotion, Access and Workforce.

In the 2016, almost 200 attendees took part in the regional meetings to address what the WOHC has accomplished since then and what we have yet to work on. Attendees identified numerous assets, barriers, strategies and solutions in alignment with the goals from the *Roadmap*.

Within this document you will find common themes from each of the five 2016 regional meetings. Our hope is that you will choose to join a WOHC workgroup and incorporate several of the strategies from this document into your workplan in order to leverage the assets and address the barriers. To view a specific regional activity document or the *Roadmap*, please visit CHAWisconsin.org.

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: <ul style="list-style-type: none">• Dental Medicaid pilot program: Increase dental Medicaid reimbursement rates for children and adult emergencies• Seal-A-Smile	Barriers: <ul style="list-style-type: none">• Low dental Medicaid reimbursement rates

Strategies:

- Increase dental Medicaid reimbursement rates
- Hold webinars focused on building a stronger voice when talking with legislators Explore increased dental Medicaid reimbursement rates for special populations to address health equity (i.e. children and youth with special healthcare needs, pregnant women, individuals with diabetes, etc.)

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

Assets:

- Local health departments can provide fluoride varnish
- Hygienist on staff that provides fluoride varnish in schools
- Medical providers can provide fluoride to patients
- Connection between oral health provider and school
- Prenatal care coordination
- Utilizing student interns: pre-dental students
- Women, Infants and Children (WIC) program addressing oral health
- Community health educators
- Collaboration and connection between programs

Barriers:

- Local health department has limited capacity for staffing
- Attracting public health staff is not easy
- High staff turnover in local health departments
- Lack of funding to support personnel and dental professionals at public health departments
- Lack of transportation for patient to get to and from clinic

Strategies:

- Reestablish funding for regional oral health consultants in the state
- State to provide ongoing education, messaging and tools to public health departments that are consistent across the state

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

Assets:

- DentaSeal
- Many dental offices have electronic dental records
- Teledentistry has potential
- Google translation used to interact with non-English speaking patients
- Seal-A-Smile is promoted on school websites
- Seal-A-Smile is developing online registration

Barriers:

- Integration between medical and dental electronic health records is costly and difficult
- Not all families have access to technology (especially underserved populations)/ not everyone is tech savvy
- Uncertain about teledentistry (scope of practice, time constraints, billing)

Strategies:

- Develop a tool to allow for statewide reporting – model after immunization/vaccine registry
- Use social media to share interesting and impactful facts and figures

Goal 1.4: Increase the number of providers and clinics providing oral health care to the underserved.	
Assets: <ul style="list-style-type: none"> • Federally Qualified Health Centers (FQHCs) • Safety net clinics 	Barriers: <ul style="list-style-type: none"> • Lack of providers that accept Medicaid/BadgerCare patients • Medicaid reimbursement is low • Shortage of providers that see patients with special health care needs, elderly patients, children at age one • Restrictions on practice settings for dental hygienist • Student loan debt • Lack of transportation for underserved population • High no-show rates

Strategies:

- Increase dental Medicaid reimbursement rates
- Improve transportation options for Medicaid recipients
- Mandatory enrollment as a Medicaid provider during the dental licensure process. Require minimum number of Medicaid patients seen per year.
- Recruit and train providers to care for target populations (pregnant women, individuals with diabetes, emergency department referral patients, patients with special healthcare needs)
- Simplify the process to become a Medicaid provider (time, paperwork, etc.)
- Increase off-site rotations for dental/ dental hygiene students
- Improve existing loan payment options

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:

- DentaSeal data collection
- Department of Health Services' Oral Health Program reports

Barriers:

- Gaps in surveillance reports for certain populations
- Outdated data
- Slow release of data/ not timely
- Difficult to find data

Strategies:

- Incorporate DentaSeal as part of the state oral health surveillance program
- Find data extract options for emergency department rooms to submit data and spread these efforts
- Ensure all school-based sealant programs are collecting and reporting uniformed data

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

Assets:

- DentaSeal software
- Department of Health Services' Oral Health Program surveys
- State epidemiologist

Barriers:

- Only one person at Department of Health Services' Oral Health Program looking at evaluation (lack of staff capacity and funding)
- Software lacks connectivity functionality
- Inconsistent coding by providers
- No standard on how to determine/evaluate outcomes of programs (no structured data reporting system)

Strategies:

- Creating/establishing consistent benchmarks for providers/researchers to measure and report on
- Develop a statewide dashboard/software system to collect and share data more readily
- Develop quality improvement protocols that use DentaSeal system for program evaluation
- Encourage increased reporting of oral health services to Wisconsin Department of Health Services Oral Health Program

Goal 1.7: Promote and support oral health research.

Assets:

- Board-certified public health faculty members at Marquette
- Marquette University School of Dentistry has capacity to do research
- Access to research online is readily available
- Institute for Systemic and Oral Health at Marshfield Research Foundation

Barriers:

- Challenging to ask staff to collect additional data for electronic health records
- No central location to collect data
- Lack of funding
- Not enough data

Strategies:

- Support research with increased funding
- Develop data warehouse and allow programs to submit and access oral health data

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

Assets:

- Seal-A-Smile

Barriers:

- Not enough funding or staff
- Lack of a grant writer who seeks opportunities for funding

Strategies:

- Support Wisconsin Department of Health Services Oral Health Program in applying for funding opportunities

Goal 1.9: Maintain, expand and support the Wisconsin Oral Health Coalition.	
<p>Assets:</p> <ul style="list-style-type: none"> • Diversity in Wisconsin Oral Health Coalition to allow collaboration across states/professions • Strength in numbers • Annual Wisconsin Oral Health Conference • Dedicated staff • Grants to develop local coalitions (Midwest Collaborative Initiative) • Organization of coalition events 	<p>Barriers:</p> <ul style="list-style-type: none"> • Multiple priorities competing for attention (too many priorities/focus areas) • Difficult for professionals to allocate time to attend coalition events • Lack of member engagement

Strategies:

- Increased marketing to raise awareness of the Wisconsin Oral Health Coalition to the general public

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.	
<p>Assets:</p> <ul style="list-style-type: none"> • Many communities support community water fluoridation • Regional Community Water Fluoridation Specialists (RCWFS) • TapIntoHealthyTeeth.org website • Support from many local health departments • Long history of fluoridation 	<p>Barriers:</p> <ul style="list-style-type: none"> • There is no notification requirement if community decides to stop community water fluoridation • Aging systems and new systems are costly to stay up to date so communities eliminate community water fluoridation systems to cut costs • There are many professional looking anti-fluoride websites (misinformed population) • Strong/loud anti-fluoridation activists • Perceived negative health risks • Decision makers do not have the proper education • Decisions are being made behind closed doors • Lack of public announcements for water hearings

Strategies:

- Educate the community about the benefits of community water fluoridation
- Provide dental/dental hygiene educators and health providers with consistent, easy to understand facts
- Provide decision makers with education at regular intervals
- Include more information about community water fluoridation at water operator trainings

Goal 2.2: Increase the number of children receiving sealants.	
Assets: <ul style="list-style-type: none"> • High levels of school-based sealant programs 	Barriers: <ul style="list-style-type: none"> • Consent form return rate • School time and space restrictions • Lack of parent education

Strategies:

- Incentive program for schools to improve consent form return rate
- Integrate dental services into other settings (i.e. detention centers, health fairs)
- Integrate dental services into non-school times to avoid loss of class time (i.e. back to school night, school fairs, before or after classes)

<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:</p> <ul style="list-style-type: none"> • Tobacco cessation programs in health departments • Healthcare clinics with cancer screenings/tobacco cessation 	<p>Barriers:</p> <ul style="list-style-type: none"> • Lack of access to preventative care • Practice-setting barriers • Lack of interdisciplinary collaboration between partners • Lack of communication between coalitions (tobacco, oral health, cancer, etc.) • Dental and medical providers not working together as much as they could

Strategies:

- Oral health providers partner with others at health fairs and screen for oral cancers, tobacco cessation and sealant needs

Goal 2.4: Educate the public on evidence-based oral health prevention measures.	
Assets: <ul style="list-style-type: none"> • Marketing methods (social media, billboards, etc.) • TapIntoHealthyTeeth.org website • Educational videos 	Barriers: <ul style="list-style-type: none"> • Lack of dispersal of information • Not enough funding/ high costs • Not reaching the correct target audiences • Some families do not have access to internet • Language and cultural barriers

Strategies:

- Work to implement oral health education in schools (sex-education classes), Women, Infants and Children (WIC) programs, at all daycare/ after school provider sites
- Develop partnerships with other public education locations (libraries, online or print newsletters, farmers markets, county markets and fairs, summer festivals, park and recreation departments, churches and parish nurses)
- Integrate oral health into school curriculum
- Have a dedicated person providing consistent messages to all counties and local public health departments statewide
- Public service announcements (newspapers, radio, billboards, etc.)

Goal 2.5: Develop culturally-sensitive/competent patient education materials.

Assets:

- Computer interpreter technology available
- State has information and resources available in multiple languages
- Federally Qualified Health Center translation services

Barriers:

- Not enough interpreters
- Cost of interpreting services
- Many different cultures to consider when making materials
- Language barriers
- Oral health is not a priority in some cultures
- Some individuals do not read native language (low literacy level)

Strategies:

- Work with community leaders/centers serving ethnic minorities to find the best approach for presenting information/ help get messages out in a culturally appropriate way
- Identify staff or volunteers who may be representatives of the population being served

Goal 2.6: Increase engagement of the general public in oral health-related initiatives.

Assets:

- Local public health departments
- Women, Infants and Children (WIC) program
- Head Start/Early Head Start program
- Rotary clubs
- Community advocates
- Personal/crisis stories (i.e. Deamonte Driver)

Barriers:

- Challenge reaching new populations
- Engaging the wrong communities (telling those who are already doing it)
- Not seeing oral health as a priority
- Lack of public interest
- Lack of prioritizing the public
- Need more repetition than just a commercial

Strategies:

- Increase participation in community events, festivals, parades etc. to associate your cause at a positive/fun public place
- Have local dentists/oral health providers attend community events to interact with families and educate in a creative way
- Targeted marketing campaigns and consistent messaging (radio stations, TV, social media, etc)

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)
- Regional Community Water Fluoridation Specialists
- Partners (i.e. Wisconsin Oral Health Coalition, Wisconsin Primary Health Care Association, Wisconsin Dental Association, Wisconsin Dental Hygienists' Association, Wisconsin Public Health Association, etc.)

Barriers:

- Consistent messaging is not happening between dental and medical
- There is not a coordinated team to share this information
- Lack of collaboration between organizations

Strategies:

- Use social media more effectively
- Provide advocacy training/webinars

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

Assets:

- Evidence-based information and materials available
- Interdisciplinary team (Wisconsin Oral Health Coalition, Healthy Smiles for Mom and Baby, local coalitions)

Barriers:

- Medical and dental not on the same page (lack of collaboration)
- Not utilizing the media
- Public's lack of oral health knowledge

Strategies:

- Provide the general population with evidence-based curriculum/materials hosted on a website that could be used in multiple settings for easy access and at no cost
- Build models of integrated care (medical homes) – promoting the relationship between public health and private practice
- Encourage physicians to include a brief oral health assessment and/or referral source of dental providers
- Encourage both medical and dental professionals to learn about and educate their patients about the importance of overall health
- Lay the groundwork for public health involvement in dental, dental hygiene, medicine, and nursing

Goal 2.9: Improve oral health literacy	
<p>Assets:</p> <ul style="list-style-type: none"> • Wisconsin health literacy organization • Many resources currently available • Head Start/ Early Head Start • Websites available for health literacy (Centers for Disease Control and Prevention) 	<p>Barriers:</p> <ul style="list-style-type: none"> • General education level/reading level is relatively low for certain populations • Oral health providers do not get trained in health literacy • Lack of health literacy experts to turn to for help • Oral health not seen as a priority

Strategies:

- Create materials for patients with low health literacy (i.e. infographics)
- Increase dental/dental hygiene student exposure to community health and health literacy education

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

Assets:

- Sealant programs
- School-based toothbrush programs
- We have the workforce to do this
- The oral health workforce is passionate

Barriers:

- Grandparents with dated oral health knowledge raising youth
- Oral health not seen as a priority
- Lack of funding
- The public perception and their value of good oral health is not ideal, especially in early childhood (i.e. “baby teeth don’t matter” mentality)
- Ad campaigns are not reaching all populations (not everyone has TV or internet)

Strategies:

- Public service announcements
- Parent engagement presentations at local after school programs

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: <ul style="list-style-type: none">• Women, Infants, and Children (WIC) programs• Tooth brushing programs• Earlier Is Better (EIB)• Head Start/ Early Head Start• Primary care pediatricians provide oral health screenings	Barriers: <ul style="list-style-type: none">• Lack of oral health education for parents• Lack of transportation• Distance of travel is too far in rural areas• Practice setting limitations• Not all dentists are on board with Age 1 visits• Perceived need is low• Oral health providers uncomfortable working with children under 3 years• High no-show rate in Medicaid populations

Strategies:

- Increase collaboration between oral health professionals and school nurses
- School health classes to incorporate oral health education
- Educate prenatal care coordination (PNCC) nurses on the importance of oral health during pregnancy
- 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 in terms of working with infants
- Develop oral health education component for licensed day cares

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

Assets:

- Women, Infants, and Children (WIC) clinics provides fluoride varnish
- Give Kids A Smile Day, Give Vets A Smile, Touch Twice, Mission of Mercy
- Safety Net Clinics
- Federally Qualified Health Centers (FQHC) sees Medicaid patients and adults
- Pediatrician dentists (Age 1 visit)
- School-based oral health programs like Seal-A-Smile

Barriers:

- Limited number of dental providers who accept Medicaid patients and patients with special healthcare needs
- Providers lack of comfort/skill set for vulnerable populations
- Lack of transportation
- Language barriers can make setting up appointments and sharing educational materials difficult
- Cultural beliefs and traditions in certain Amish populations
- Financial ability to access providers
- High no-show rates
- Practice settings

Strategies:

- Encourage/mandate dental providers see more Medicaid patients
- Increase dental Medicaid reimbursement rates
- Increase the practice settings, where dental hygienists can practice unsupervised
- Develop a list of transportation options by county available to the public to improve no-show rates
- Apply for grants to fund transportation

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

Assets:

- Federally Qualified Health Centers (FQHCs)
- Local public health departments promoting services
- Marketing at senior centers, schools, Rotary, Lions Club, food pantries, grocery stores, churches, immunization programs

Barriers:

- Limited resources in public health (funding and staff)
- Language barriers
- Little oral health marketing

Strategies:

- Utilize social media more effectively
- Promotion at community sites and events (fairs, parks, etc.)
- Distribute updated Medicaid provider lists and advocate contacts 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:

- Federally Qualified Health Centers (FQHCs)
- Private practice providers willing to see Medicaid patients

Barriers:

- Private practice providers who do not see Medicaid patients
- Medicaid reimbursement rates
- The paperwork and process associated with Medicaid
- Patient no-show rates
- Lack of transportation
- Registered Dental Hygienist practice settings
- Dental clinic hours

Strategies:

- Increase the number of practice settings where dental hygienists can practice
- Incentives for volunteer dentists
- Incentives to dentists for taking Medicaid patients (ex: loan forgiveness)
- Make it a requirement that dentists see a certain percentage of Medicaid patients
- In an effort to address no-shows, create strong policies to keep efficiency high
- Increase dental Medicaid reimbursement rates
- Provide transportation (work with public health departments to determine if funding is available to and from dental offices)

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

Assets:

- Wisconsin has an established Medicaid system with dental benefits for adults
- BadgerCare Plus
- Trial of Medicaid pilot
- Fluoride varnish is a Medicaid reimbursed service for children and can be applied in medical offices

Barriers:

- Medicaid reimbursement rate is low
- Lack of enough dental providers who take medical assistance (MA)
- Public health funding keeps getting cut/ unpredictable
- Dental insurance coverage is limited and expensive so people don't take it/ can't afford it
- Grants: running out and don't have capacity to write new ones

Strategies:

- Increase dental Medicaid reimbursement rate to encourage greater participation by dentists
- Support expanded dental Medicaid pilot project
- Collaborate with academia to get support for local data to identify gaps and trends in dental services, and then collaborate with university research teams to apply for large grants (i.e. UW-Madison, UW-Stout, UW-Eau Claire, etc.)

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

Assets:

- Registered dental hygienist and registered nurse at Federally Qualified Health Centers
- Give Kids A Smile Day
- Health departments
- School nurses
- School-based sealant program

Barriers:

- School districts are busy (high demand for academic requirements), so incorporating oral health programs can be difficult
- School policies that limit outside services
- Lack of school space for dental programs
- Lack of funding

Strategies:

- More school districts, nursing homes and public health departments to employ registered dental hygienists (practice settings)
- Develop and promote oral health prevention education in schools (can connect with obesity prevention/school wellness initiatives already occurring)

Goal 3.7: Reduce oral health-related emergency department visits

Assets:

- Seal-A-Smile providing sealants (prevention)
- Emergency room/ hospital dental referral protocol in place (i.e. Dane County, Fond du Lac)
- Federally Qualified Health Centers (FQHCs)
- Work of local oral health coalitions for prevention promotion
- Dentists on call for the emergency room
- Oral health education at dental clinics and outreach programs
- Home visitation education programs

Barriers:

- Patient education on how to use the health care system
- Lack of available oral health providers willing to see kids less than three years of age
- Lack of parent oral health education
- Cultural norms may limit understanding of the dental process
- Lack of medical assistance providers for low income individuals
- Oral health provider work and clinic hours

Strategies:

- Implement use of oral health care coordinators in more counties
- Educate emergency department care coordinators to increase referral and fill capacity of existing programs
- Emergency room 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

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: Federally Qualified Health Centers (access) Registered dental hygienist collaboration with schools and local public health departments Community clinics Loan forgiveness (National Health Service Corps/ Health Professional Shortage Areas)</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 providers Lack of registered dental hygiene settings</p>

Strategies:

- Increase the settings where a dental hygienist can practice unsupervised
- Expand scope of practice for registered dental hygienist
- Meet with legislators to educate them on oral health issues and possible solutions
- Increase loan repayment programs, especially for dentists

Goal 4.2: Increase interdisciplinary clinical and professional collaboration.

Assets:

- Medical providers integrating oral health at medical appointments
- Local public health departments are working on oral health
- Women, Infants, and Children/ Prenatal Care Coordination programs providing oral health services
- Local coalition work on collaboration

Barriers:

- Silos (mouth separate from body)
- Lack of community communication and collaboration
- Lack of oral health education for medical providers
- Lack of interest from medical providers
- Non-integration of patient records
- Lack of understanding the role of professions

Strategies:

- Work with nursing/medical schools to include oral health in curriculum
- Develop a collaboration model and process to guide groups toward cooperative goals (i.e. oral care providers and respiratory care therapists, nursing home pediatricians)

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

Assets:

- Continuing education opportunities for dentists and registered dental hygienists (can be virtual now)
- Smiles for Life online curriculum for medical providers
- Wisconsin Dental Association dental home initiative

Barriers:

- Lack of education on serving special populations
- Not all providers up to date on current evidence (age 1, pregnancy)

Strategies:

- Expand existing dental residency programs
- Expand more oral health co-op programs for high school students to do during their junior/senior year
- Mandating all dental staff for continuing education credits (i.e. assistants, front office staff, etc)
- Embed oral health in all health care/social service related fields and curriculums

Goal 4.4: Improve and increase recruitment and educational support for students interested in oral health professions.

Assets:

- Loan forgiveness program
- Area Health Education Centers (AHEC)
- Internships/ fellowships/ community-based field experiences
- Some outreach to high school students

Barriers:

- Limited spots in dentist/registered dental hygienist programs
- Limited exposure to public health settings
- Limited data on diversity in workforce
- Lack of exposure to internships
- Geographic placement of providers
- School debt

Strategies:

- Increase collaboration with Area Health Education Centers (AHEC)
- 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
- Activities to recruit a more diverse workforce
- 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 (hygienists, dentists) 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

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

Assets:

- Local public health departments
- School-based oral health prevention programs
- Community health nurses providing oral health education
- Local coalition work integrating public health department staff/ public health nurses and oral health professionals

Barriers:

- Not all local public health departments best utilize registered dental hygienists
- Lack of funding
- Not all dentists/dental hygienists graduate with a strong understanding of public health principles
- Oral health training programs not focused on public health
- Not aware of public health opportunities

Strategies:

- Increase funding for public health programming
- Dual dental and public health degree programs (ex: Marquette- Zilber School of Public Health)
- Coordinate an education program with the Wisconsin Dental Association, local dental societies, public health departments, the city, etc.
- Earlier and prolonged exposure to uninsured public health principles during educational programs