# Northern Virginia Oral Health Steering Committee-Subcommittee on Children Meeting Thursday October 12, 2017, 10:00 a.m.-12:00 p.m. | Northern Virginia Family Service, Oakton, VA

#### **Desired Outcomes**

- Shared definition of "early dental home"
- Consensus on next steps to increase the number of children in NOVA who have a dental home

# Agenda

10:00 a.m10:10 a.m.	Brief Introductions
10:10 a.m10:15 a.m.	Approval of August 14 meeting summary (please review prior to meeting)
10:15 a.m11:00 a.m.	Review of partner agencies dental home data and establish shared definition of "dental home"
11:00 a.m11:45 a.m.	Next steps
	Needs for Steering Committee (Nov. 7 <sup>th</sup> full steering committee meeting)
	<ul> <li>Action items (before Jan. 11<sup>th</sup> full steering committee meeting)</li> </ul>

## **Participants**

11:45 a.m.-12:00 p.m.

Lydia Allen, Northern Virginia Family Service
Rashanda Jenkins, Northern Virginia Family Service
Melissa DeAngelo, Fairfax County Schools FECEP/Head Start
Wanda Rixon, Molina Healthcare of Virginia
Christine Least, Fairfax County Health Department/WIC
Barbara Nowak, Alexandria City Public Schools (Via Phone Conferencing)
Dr. Jeanne Yang, Fairfax County Health Department

Partner updates

## **Action Items**

- Rashanda Jenkins- to follow-up with Lauren regarding committee member attendance for full Steering Committee Meeting on November 7, 2017 due to concerns with schedule conflicts, Election Day and other events that may pose a concern. UPDATE: Nov. 7<sup>th</sup> meeting canceled.
- Barbara Nowak-speak with Partnership for Healthier Kids regarding sending information home to families and children regarding identified dental home. Speak with Fairfax County team about adding Dental Home to their form for tracking purposes.
- Need a volunteer to create a single excel spreadsheet on google drive regarding Data Sources amongst Steering Committee. Data can be used for a narrative.

## **Upcoming Meetings:**

> State & Regional Oral Health Partners Meeting: Opportunity for state agency partners who contributed to the Virginia Oral Health Report Card to connect and exchange ideas with regional partners from NOVA, Greater Richmond, and South Hampton Roads.

Wednesday, December 13, 2017, 1 pm – 3 pm Richmond, VA (specific location forthcoming) RSVP to Regina Potis at rpotis@vaoralhealth.org

- Subcommittee on Children TBD
- NOVA Oral Health Steering Committee Quarterly Meeting Thursday, January 11, 10 am – 12 pm UPDATE: Nov. 7<sup>th</sup> meeting canceled. Northern Virginia Family Service, Oakton, VA RSVP to Regina Potis at rpotis@vaoralhealth.org

## **PROCEEDINGS**

#### Introductions

- Lydia Allen (NVFS) led brief introductions and discussed desired outcomes of steering committee meeting.
  - Shared working definition of "dental home" or "early dental home".
    - Discussion: Inserting the word "early" to distinguish between preschool age children, or keep the original definition.
    - Consensus on next steps to increase the number of children in NOVA who have a dental home.

# **Approval of the Previous Meeting Summary**

- The group approved the August 14, 2017 meeting minutes with discussion on the following:
  - Pregnant Women-Oral Health Dental Form and Collecting Data about pregnant women to see if the committee needs to discuss preventive care and intervention processes.
  - Review of current Work Plan-due to low attendance of meeting, group decided to table in depth discussion until full steering committee meeting in November 2017.
  - Question: What are we measuring? Consensus: Establishing a dental home rather than identifying health problems.

Motion Approved by: Wanda Rixon Motion Seconded by: Christine Least

Question: Rashanda presented a question to the committee regarding when children should be seen by a licensed pediatric dentist. Dr. Yang reviewed the American Academy of Pediatric Dentistry website and shared that the recommendation for a dental visits occurs within the first 12 months of life or the eruption of a child's first tooth. (I.e. potentially before the child's first birthday).

Recommendation: Doctor Yang recommended visiting the American Academy of Pediatric Dentistry website for additional educational and parental resource. Link: http://www.aapd.org/

## **Review of Partner Agencies Dental Home Data**

# **Head Start Dental Exam Form**

Rashanda described questions asked on form; protocol for collection

Provided to parents, and taken to dental home and the form is filled out by the dentist. Required by OHS for Program Information Report (PIR). Head Start Programs are required to follow-up with parents to identify if treatment completed. Head Start programs link families to dentists if they don't have dental

homes. Rashanda is currently working on MOUs with local pediatric dentists who will do pro-bono dental services until insurance starts for children. Dental Form is used to track by date the client visited the dentist. Head Start programs follow-up with parents to see if parents read the form since clients may need to come back to dentist sooner than 6 months if treatment is needed. Program is required to help eliminate barriers to accessing dental services (transportation, translation, schedules, etc).

**Dr. Yang**: Virginia is not required mandate dental exams for children entering into school. K-12 grade. There are other states that mandate it (Illinois) at several intervals to get the exams.

**Barbara Nowak:** Virginia does require dental screenings but that's on the mandated physical form. This is a point that we could work to educate stakeholders. But this is not done by a dentist, it is done by a pediatrician or nurse at school (?)

**Rashanda Jenkins:** There is another form used by Head Start program - Oral Health Form. A guide for following-up on oral health status, health care services delivered during visits, future oral health care services, additional information for the attention of pregnant women, etc. This is translated into Spanish and English, but not other languages. They are looking for additional resources and through the VDH to see if this form can get it translated into other languages. This form's data gets fed into the PIR.

Review of the Virginia Physical Form. The Dental Screen section consists of only three boxes: (1) Problem Identified: referred for treatment (2) No problem: referred for prevention (3) No Referral: Already receiving dental care

Barbara Nowak: No follow-up required on this Virginia Physical Form. That might be a good action –item, that there is follow-up required on this dental piece.

Dr. Yang: If we really want to tackle prevention, a focus could be on mandating follow-up.

Rashanda: described some of the follow-up protocols on the Virginia Physical Form for EHS< HD, with regard to medical treatment needed (i.e. audiology)

Barbara: For school-age; all 3<sup>rd</sup>, 7<sup>th</sup>, 10<sup>th</sup> graders have their vision screened. Screening done by doctor and school. Vision and hearing is mandated by the state, so there is robust work around this (how many were screened, how many referred, how many got the treatment they needed). But there is no mandate for dental. There is a gap between the mandate and the need. For example, from Barbara's perspective at the school level, she sees more children who need dental services than vision/hearing services.

Rashanda: PIR data. Describing dental section: Dental home-children. Looking at the number of children at enrollment at beginning and end of program year. Federal program; every grantee required to submit PIR by August 31. Rashanda described the data from a HS & Migrant Program PRI.

Wanda Rixon: Question for Lauren. What are some of the discussions at the legislative/Richmond level? With regard to pushing Virginia to have mandated dental form, screening, follow-up.

<u>Lauren's response (post meeting)</u>: The Coalition convened a statewide School Oral Health stakeholder workgroup that discussed strategies to embed oral health in school policy at the state level. They considered advancing a mandated school dental visit policy, but determined that the appetite for it wasn't strong enough among all the necessary state-level actors for a variety of reasons. In addition, states that have tried this approach have had mixed results (to see research

on this topic, please see documents uploaded to <u>Google Drive</u>). However, regional demonstrations may be effective to provide the evidence for broader change at the state level. If the group wanted to pilot something in NOVA, the only authority that would be needed is approval from the school board in question. The requisite partnerships with providers, etc. would also need to be in place to make it successful – if the group determines that we have (or can take steps to get) those partnerships in place, VaOHC can provide technical assistance.

Dr. Yang: maybe have a push from the Virginia chapter of the ADA to the legislature.

Rashanda: Individual programs are looking at the data. But state-wide what are we doing to address those concerns?

Wanda: Wanda shared that DMAS has a RFP effort underway called Medallion 4.0. It's basically for the TANF (children and pregnant women) population of Virginia. It will be rolled out to the six regions of the Commonwealth as defined by DMAS. Although dental is not a mandated service it was addressed in the RFP and it is something that Molina, who has responded to the RFP, will be looking to see how we can improve dental health of this population through partnerships with school districts, health departments and other CBO's.

Dr. Yang: Pulled data from Health Department. Population they saw from FY 2017 (July 2016-June-2017). They define first visits in calendar year. They have data on care completed, # of patients screened in fiscal year, # of comprehensive/first check up, and # of follow-up/recall visits. She also has data on each procedure.

(3) Dental Clinics (Mount Vernon), Joseph Willard, Herndon/Reston area-Patients are primarily children through 19 years of age. Medicaid patients up to 21. Pregnant women with acute needs, while they are enrolled in the ICCW Program.

Children Data provided by Dr. Yang:

- Collective #'s for the various sites: 1,197-First Visit for calendar year (i.e. exams, ongoing care, etc.)
- New Patient Exam: 570
- ➤ 6 month recall (regularly coming to the office): 425
- > Total Visits 2,911 between (3) offices
- ➤ Patient Screened Total: Title 1 Elementary schools (Kindergarten and 3<sup>rd</sup> grade) (children with greater need)
- Also visit daycare programs a part of VPI program. (Screening and Varnish completed)-Children from daycare programs are referred back to the Health Department Dental Services.
- 2,678 screened students (preschool, daycare and Title I schools)
- > A lot of education on prevention and follow-up. Postcards to remind them of their 6 month visits.
- Common: Extractions (4 year olds and younger)-Significant oral health issues. Target interventions towards that group.

Lydia: Surge of unaccompanied minors coming to the US.

Barbara: Mandated Dental Screenings

Melissa: Uninsured and newly arrived clients

Data: Funded 1,745 every school year

1,043 children who received one dental examination for school year (2016-2017)

1,161 for the beginning of the program year. (2017-Present

290 federally funded students

1,031 (2015-2016 school year) 1,728 funded number of children

\*Campaign for children to get to the dentist

**Next Step**: Idea: One excel spreadsheet on google drive re: Data Sources amongst the Steering Committee Data is used for a narrative. \*Define what we would like to see. Timeframe Titles: Site; Target Location, etc. We need someone to draft a template.

# **Action Steps from Full Steering Committee**

> Dr. Yang proposed survey to students in school systems-getting a baseline; what is your definition of a dental home and do you have one? Send out to various school systems.

Barbara: School tracking dental home and data is available. Primary purpose. Speak with PHK regarding sending information home to families and children regarding dental home. Talk to FFX about adding that information to their form for tracking purposes.

(2) Challenges: Establishing a dental home and maintaining a dental home. (Table Discussion)

**Propose:** Do we want to have a breakout session prior to full steering committee meeting?

• Lauren's response (post meeting): We can try to build that into the agenda.

Event Legislative Update Breakfast MCCP Foundation on 10/13/17-Wanda will attend and will bring back information. 8:00 a.m.-10:00 a.m.

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