

Northern Virginia Oral Health Steering Committee – Subcommittee on Children Meeting
Monday, August 14, 2017, 10:00 am – 12:00 pm | Northern Virginia Family Service, Oakton, VA

Desired Outcomes

- Integrate Steering Committee feedback into work plan, and incorporate any other changes
- Prioritize objectives for implementation
- Identify timelines and leads to execute work plans

Agenda

10:00 am – 10:10 am	Brief introductions
10:10 am – 10:15 am	Review and approval of June 12 meeting summary
10:15 am – 10:20 am	Recap of action items from July 12 steering committee meeting <ul style="list-style-type: none">• Reference: July 12 meeting summary
10:20 am – 10:35 am	Feedback from steering committee discussion about children workplan
10:35 am – 11:35 am	Discussion: Subcommittee timelines and leads for the workplan objectives
11:35 am – 12:00 pm	Next steps <ul style="list-style-type: none">• Monitoring progress• Next meeting• Webpage access

Participants

Lydia Allen, Northern Virginia Family Service
Melissa DeAngelo, Fairfax County Schools FECEP/Head Start
Jesse Ellis, Fairfax County NCS
Lauren Gray, Virginia Oral Health Coalition
Bryana Head, Higher Horizons
Rashanda Jenkins, Northern Virginia Family Service
Christine Least, Fairfax County Health Department/WIC
Andrea Lomrantz, Fairfax County Department of Family Services
Gretchen O'Donnell, FCPS FECEP/HS
Leah Park, FCPS FECEP/HS
Wanda Rixon, Molina Healthcare
Dr. Monte Upshaw, Neighborhood Health

Action Items

- Lauren: Follow up with Rachel Lynch about Inova ED utilization data for dental
- Head Start/Early Head Start programs & Neighborhood Health: By October 12 meeting (or November, depending on data collection), share respective dental forms and data on the following for federal and non-federal kids
 - Dental home (defined as initial visit + 6-month follow-up within one calendar year)
 - Dental visit (number)
- Melissa DeAngelo will reach out to her counterpart on the school system side

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- Rashanda Jenkins will reach out to contact Loudoun Head Start about participating on subcommittee, or at least sharing their dental exam form and data
- Melissa DeAngelo will lift up dental services to FCPS workgroup that she participates on which is mapping out services and duplication
- Jesse Ellis will coordinate with Fairfax Health Department group that provides training to pediatricians on primary care & behavioral health topics to include dental.
- Recruit pediatricians to participate on subcommittee – Dr. Upshaw offered to invite Neighborhood Health’s pediatricians.
- Decide whether or not to include increasing preventive dental service utilization for children AND pregnant women in the workplan, and outline activities to achieve those objectives.

PROCEEDINGS

Introductions

- Lauren Gray (VaOHC) led brief introductions and shared two resources:
 - Voices for Virginia's Children has released a new publication, [The Future of Virginia Starts Today: 2017 Election Guide](#), and they are hosting a [Gubernatorial Candidate Forum with Gillespie and Northam](#) on September 8th in Richmond
 - [Go NAP SACC](#) offers a self-assessment tool for early care and education providers in several content areas, including a new oral health content area

Approval of the Previous Meeting Summary

- The group approved the June 12 meeting minutes with one note: the summary from June 12 mentions a project Barb Nowak and graduate student had planned to undertake, involving the collection and analysis of school mandated entry form data. That project is on hold due to the student not receiving permission from her university to complete the project.

Recap of Action Items from July 12 Steering Committee Meeting

- The group reviewed the steering committee action items from the July 12 meeting, and Lauren provided updates on the status of a few
- Lauren informed the subcommittee about the new steering committee co-chairs, Melissa DeAngelo & Tom Fonseca, and explained that their role will be to guide the group’s strategic direction, facilitate meetings, and grow community partnerships

Feedback from Steering Committee Discussion on Subcommittee Workplan

The discussion below is from the subcommittee’s review of a prior draft of the workplan with edits from the full steering committee, available [here](#). All changes made to the workplan are included in an updated version, available on [Google Drive](#) and saved on the [NOVA Oral Health webpage](#). Please note that the discussion headings below refer to the old version of the workplan (last updated 7/12/17).

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Discussion of Objective 1, Activity 1

- Are we measuring oral health needs or utilization of services? “Oral health assessments” could be used to identify disparities in problems, but not necessarily utilization of services.
 - Consensus: Focus on establishing a dental home vs. identifying oral health problem disparities
 - By identifying how many kids we serve have a dental home vs. just one initial dental exam for school entry, we can better target those children to ensure they get follow-up care, routine care
- Do we need to advocate for a policy change to mandate dental exams?
 - School systems (K-12) do not require/mandate a dental exam prior to enrollment (even though it is on the form)
 - Head Start programs vary; some require a dental exam, others do not
 - FCPS/FECEP Head Start/Early Head Start & Higher Horizons require dental exam
 - FCPS/FECEP has already seen large jump in compliance with dental visit since implementing mandate
 - NVFS does not require dental exam
 - What if we targeted early care and education (ECE) providers first to require dental exam as a licensure requirement?
 - Challenge: Want to make sure that we’re getting the kids who have access to insurance to utilize the benefit rather than penalizing the kids without insurance
 - Challenge: Different school systems have different school-based health models; e.g., some schools use public health nurses, others use school nurses who are assigned to individual schools
 - Consensus on first establishing a baseline understanding of current level of compliance and best practices within Head Start programs, then re-examining potential need for similar policies at school system level later on
- Need to establish a baseline of how many children have a dental home
 - Challenge: Federal reporting requirements (PIRs) do not capture the non-federal kids; different programs may have different ways of tracking dental exams for those non-federally supported children
 - Challenge: Safety net sites (like Neighborhood Health) have a different definition of “dental home” that is based on exam codes (including the exam, any radiographs, etc.)
 - Consensus: Define “dental home” as initial visit + 6-month follow-up within one calendar year across all the different service provider types
 - Also consider looking at growth of dental home status over time and referrals
 - Action Item: By October 12 meeting (or November, depending on data collection), all Head Start/Early Head Start or safety net site partners share their respective dental forms and data on the following for federal and non-federal kids
 - Dental home (defined as initial visit + 6-month follow-up within one calendar year)
 - Dental visit (number)
 - Action Item: Melissa DeAngelo will reach out to her counterpart on the school system side

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- Action Item: Rashanda Jenkins will reach out to contact Loudoun Head Start about participating on subcommittee, or at least sharing their dental exam form and data

Discussion of Objective 1, Activity 2

- Efforts to educate school nurses will likely differ from efforts to educate pediatricians and other health care providers
- Action Item: Melissa DeAngelo will lift up dental services to FCPS workgroup that she participates on which is mapping out services and duplication
- Action Item: Jesse Ellis will coordinate with Fairfax Health Department group that provides training to pediatricians on primary care & behavioral health topics to include dental.
- Action Item: Recruit pediatricians to participate on subcommittee – Dr. Upshaw offered to invite Neighborhood Health’s pediatricians.
- Consensus on splitting this activity into two (activity 3 is new)
- Capacity to accept pediatric patients is not an issue (at least at Neighborhood Health); the issue is getting the referrals from other providers
- Christine Least: All our WIC staff are referring, but messaging is inconsistent with peds, etc. Fairfax WIC has a partnership with Inova Cares.

Discussion of Objectives 2, 4, & 5

- Objective 2, activity 2: No need to recreate existing resources
 - Action Item: Jesse Ellis will identify some resources that can help for outreach/education to schools, parent liaisons, and other providers and stakeholders that work with parents and children, compile resources online.
- Objective 4: Is it really necessary for us to use our time/resources to just advertise existing services and free care opportunities?
 - Consensus: Still important enough to include in workplan, but make it an “ongoing” activity, and not as high priority
 - Anecdotally it appears that most families/caregivers are aware of the resources for care, but face other barriers, or might not appreciate the importance of oral health
 - Non-dental clinicians (e.g., primary care, OB/GYN, pediatrics) are not referring to existing dental resources as much as they could be – still a need to bring them into the fold, help make them aware of what’s out there
- All of these objectives have to do with awareness in one way or another – should we combine them?
 - Consensus: Yes

Discussion of Objective 3

- The objective to increase utilization of preventive dental services is related to objective 1 – should they be combined?
 - Tracking preventive services (fluoride varnish and sealants) may be more complex

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- Action Item: Decide whether or not to include increasing preventive dental service utilization for children AND pregnant women in the workplan, and outline activities to achieve those objectives.

Other Discussion

- Wanda Rixon: Molina is interested in the issue of oral health for our pediatric beneficiaries and prenatal. We are in the process of the managed care RFP right now.

Next Steps

- Examine data from Pre-K partners (Head Start & Early Head Start) and Neighborhood Health about dental home and dental visits for established patients to determine where targeted interventions are needed
- Identify additional partners in schools, pediatrics, OB/GYN, and from other geographic areas
- Continue to add specificity to the workplan – leads, timelines, objective targets (% increases/decreases)
- Prioritize goal 1 for now
- Complete action items by October 12 meeting

Next Meeting

Thursday, October 12, 2017

10:00 am – 1:00 pm

Northern Virginia Family Service

COMBINED subcommittee and full steering committee meeting