

**NOVA Oral Health Steering Committee Meeting**  
**Wednesday, July 12, 10 am – 12 pm | Northern Virginia Family Service, Oakton, VA**

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### Desired Outcomes

- Consensus on subcommittee work plans
- All steering committee participants have opportunity to ask questions about work plans
- Consensus on next steps

### Agenda

10:00 am – 10:30 am Introductions and brief partner updates

10:30 am – 11:00 am Children subcommittee update & discussion

11:00 am – 11:30 am Adult subcommittee update & discussion

11:30 am – 12:00 pm Next steps

### Pre-Reading

Subcommittee on Adults Draft Work Plan ([jump to draft](#))

Subcommittee on Children Draft Work Plan ([jump to draft](#))

Past meeting materials available on VaOHC website: <http://bit.ly/NOVAOralHealth>

### Participants

Lydia Allen, NVFS

Lynn Browder, Retired VDH

Shewit Burhan, NVFS

Melissa DeAngelo, FCPS Pre-K: FECEP/Head Start

Tom Fonseca, The Fenwick Foundation

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Marian Harmon, Marymount University  
Bryana Head, Higher Horizons  
Rashanda Jenkins, NVFS  
Jody Kelly, Arlington Free Clinic  
Andrea Lomrantz, Fairfax Department of Family Services  
Rachel Lynch, Inova  
Ondrea McIntyre-Hall, NVFS  
Tricia Rodgers, NVHF  
Lora Vece  
Jeanne Yang, Fairfax City Health Department  
*VaOHC staff:* Lauren Gray

**Next Meetings**

- Subcommittee on Children: Monday, August 14, 10 am – 12 pm, location TBA
- Subcommittee on Adults: Wednesday, August 23, 2 pm – 4 pm, Northern Virginia Dental Clinic
- Steering Committee: Thursday, October 12, 10 am – 12 pm, Northern Virginia Family Service

**Action Items**

Steering Committee action items

- All: Nominate yourself for Steering Committee co-chair
- All: Reach out to contacts particularly in Alexandria, Loudoun, Prince William to increase representation of those areas; needed perspectives include: safety net providers, Area Agencies on Aging (AAAs), health departments, schools, WIC
- All: Let Lauren know if you have a conference space for meetings (preferably with capacity to seat up to 40 people and conference or video call capability)
- All: Let Lauren know if you would like to be added to a subcommittee list
- Lauren: Investigate possibility of having a private Steering Committee page on VaOHC website to share group members' contact info, collaborate on shared documents, etc.
- Lauren: Provide name cards for all meetings
- Lauren: Build time into future Steering Committee meetings for subcommittees to request what they need from full Steering Committee to carry out work plans

Subcommittee action items

- All: Integrate Steering Committee feedback into draft work plans
- All: Collect client/patient and provider stories about dental access issues to support marketing and outreach
- All: Prioritize objectives, identify timelines, and identify champions to execute work plans

**Proceedings**

**Welcome & Partner Updates**

*Lauren Gray welcomed Steering Committee Members and thanked the Subcommittee members for drafting work plans. Lauren introduced the purpose of the meeting and requested that members*

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*consider whether subcommittee work plans are aligned with Steering Committee's mission/vision, and how to incorporate health equity. Steering Committee members were invited to share their name, organization, and an update for the group.*

- VaOHC is offering a free training on oral health in pregnancy and early childhood in Woodbridge on Friday, July 28 – details [here](#)
- Tom Fonseca mentioned that the Fenwick Foundation is looking into ways to increase access to and utilization of dental care among older adults via the incurred medical expenses (IME) threshold benefit in Medicaid – the Subcommittee on Adults will be considering this in more depth.
  - Dr. Browder asked if the IME threshold is connected to the “spend down” process for Medicaid eligibility; unsure.
  - The IME benefit can be applied toward dental and vision care; mandated by the state.
  - Expenses <\$500 can be approved by local Departments of Human Services; >\$500 and DMAS must approve.
  - The local DHSs know who patients are that qualify for this benefit.
  - Doing a pilot with local dentists willing to bring the care to LTC facilities – as long as they get proper reimbursement, it should be a good avenue to get care for some older adults.
- Dr. Jeanne Yang (Fairfax Health Dept) wrote an article on dental care access issues that she will share with the group
- VDH has several data sources that might be useful to enhance our understanding of oral health in the region; Dr. Lynn Browder will connect the group to a point person who can give a brief presentation/overview of VDH's oral health data sources and uses
- Andrea Lomrantz's agency (Fairfax Dept of Family Services) and MCCP Foundation are collaborating on Bailey's elementary school pilot program which connects children who screen with dental problems to a dental hygiene student at GMU (supervised).
- Marian Harmon's Marymount nursing students work with Medicaid recipients and in school health.
- Melissa DeAngelo (FCPS pre-K, Head Start health and nutrition program) has worked with Dr. Jung to screen children (in schools on Route 1 in Fairfax) and expedite care; they identify children who need dental care. She would like to connect with Andrea re: Bailey's pilot, and Neighborhood Health. She is also working on Dunn Loring parent resource center partnership with GMU to do physicals (not immunizations).
- Rashanda Jenkins is gathering information because their Head Start program performance measures include oral health – utilization is low, and she wants ideas for engaging and educating parents.
- Ondrea McIntyre-Hall shared that NVFS has \$70,000 to do urgent dental care. Let Tom Wilson at NVDC know of agencies that could be referral partners in Falls Church and Annandale – NVFS no longer has funding to act as referral partner. Also, the NVFS Health Link program in Prince William will be going away.
- Lydia Allen can answer questions about the MCCP Bailey's elementary school project.
- Contact Jody Kelly at Arlington Free Clinic about part-time dentist opening.

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- Bryana Head is also having challenges with parents utilizing children's dental benefit (for Head Start enrollment).
- Rachel Lynch (Inova) may be able to look into data on their ED utilization for dental issues.

*A Steering Committee member pointed out that the group has heavy Fairfax representation; need to recruit individuals from Alexandria, Loudoun, Prince William, and other localities.*

**Draft Work Plan – Subcommittee on Children**

*Andrea Lomrantz presented the Subcommittee on Children draft work plan. The Steering Committee's feedback is highlighted.*

NOVA Oral Health Steering Committee - Subcommittee on Children  
Work Plan

Timeframe: Spring 2017 - Spring 2019 (tentative)

Objective 1: Increase the number of children in NOVA who have a dental home.

- Activity 1: Mine existing data on oral assessments of children ages Pre-K through 5th grade to identify gaps and disparities in order to target future interventions.
  - Virginia Physical Form (Alexandria City; January 2018)
  - Head Start
  - Bailey's Elementary School and Northern Virginia Community College pilot program (Sept 2017; dental screening, cleaning and education, fluoride application)
  - VDH Head Start & 3<sup>rd</sup> Grade basic screening surveys (BSS) (done every 5 years, significant at the regional level)
  - FCPS Head Start Health & Nutrition Questionnaire data
  - Head Start dental home data – most available online
  - Dr. Yang did dental screenings on kindergarten and 3<sup>rd</sup> grade kids, collected data
- Activity 2: Educate school nurses and pediatricians on oral health assessment and referral.

Objective 2: Increase oral health literacy and improve educational opportunities for families with children

- Activity 1: Identify innovative approaches and opportunities for dental education of parents and children in schools that have been successful in the past, and take steps to replicate them.
- Activity 2: Create oral health toolkit (video) to help schools, parent liaisons, and other providers and stakeholders educate parent groups and children.
  - Check out VDH dental health program website for resources
- Activity 3: Educate child care providers on oral health for young children (< age 5).
- Activity 4: Embed oral health education efforts within CDC Whole School, Whole Community, Whole Child initiative.

Objective 3: Increase preventive dental services for children in NOVA (i.e. fluoride application; sealants on older children, etc.)

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- Activity 1: Identify pediatric dental champions in the Northern Virginia region.
  - Dr. Girish Banaji was mentioned
- Activity 2: Engage the National Association of School Nurses (NASN) about including oral health in the position statement, “Chronic Health Conditions Managed by School Nurses.”
- Include measurement of sealant rates – data available through VDH
- Reach other health care providers

Objective 4: Increase awareness of safety net services among families and providers (for referral purposes).

- Activity 1: Promote awareness of existing dental safety net and donated dental services (e.g., Advertise work by Northern VA Dental Society like Give Kids a Smile, or expand awareness around use of portable/mobile dental services) among families
- Activity 2: Promote awareness of existing dental safety net and donated dental services (e.g., Advertise work by Northern VA Dental Society like Give Kids a Smile, or expand awareness around use of portable/mobile dental services) among community organizations and service providers

Objective 5: Increase general public awareness of Subcommittee activities

- Activity 1: Identify story hook and outlets for an article; reach out to the author of the recent Washington Post article.
- Activity 2: Develop and implement a social media strategy among all Subcommittee members’ organizations.

Next steps:

- For each objective, subcommittee members will identify existing resources/partners to leverage.
- Invite Arlington and Prince William representatives, private dentists, dental schools, Fairfax Health Dept. representatives to join committee

Discussion: Since dental exams are not required for school entry – what is the impetus for parents to take child to dentist? Do we need to look at required dental exams for school entry as a strategy?

- Requirements may have unintended effects on children and families
- Subcommittee on Children could look into models that have been successful and increased compliance in other states

**Draft Work Plan – Subcommittee on Adults**

*Jody Kelly presented the Subcommittee on Adults draft work plan. The Steering Committee’s feedback is highlighted.*

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Work Plan

Timeline: TBD

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**UNINSURED/UNDERINSURED ADULTS (Working Poor)**

Folks with no insurance or who have medical but limited/no dental  
Focus on low-income adults

Objective 1: Reduce emergency dental visits

- Strategy: Meet with hospitals/health systems to discuss ED utilization for dental and follow up care

Objective 2: Advocate at local and state levels to protect existing benefits in Medicaid and add adult dental benefits to Medicaid.

- Strategy: Meet with state representatives in home districts
- Strategy: Meet with local officials (e.g., Boards of Supervisors, City Councils, etc.)

**OLDER ADULTS & INDIVIDUALS WITH SPECIAL HEALTH CARE NEEDS (ISHCN)**

Objective 1: Identify the scope of the need for dental care among older adults residing in LTC facilities

- Strategy: Resident councils at LTC facilities
- Strategy: Evaluation of LTC facilities on need – VDH Elder Basic Screening Survey may help (2012 & 2013 survey)
- Strategy: Convene LTC leadership

Objective 2: Identify the scope of need among community-based/isolated older adults

- Strategy: Reach out to AAAs
- Strategy: Evaluation
- Strategy: Coordinate with other social service orgs (e.g., Meals on Wheels)

Objective 3: Implement collaborative partnerships to improve access to care for older adults and ISHCN in residential facilities.

- Strategy: Research existing models to serve OA population that have been successful in other states
- Strategy: Identify which models would work well in NOVA and develop partnerships to enhance/implement
- Strategy: Work with DBHDS to expand fixed rate dental pilot program for ISHCN

**PUBLIC AWARENESS**

Objective 1: Increase awareness among medical, dental, and social services providers

Objective 2: Increase population's awareness of existing services

Discussion: A few things are missing

- Insured adults who are not utilizing, getting appropriate care
- Need data

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- Pregnant women – Subcommittee on Children addressing that population, along with parents more broadly

**Next Steps**

*Tom Fonseca led the group in a wrap-up discussion of next steps, including the Steering Committee-Subcommittee structure, how to integrate health equity, and outreach.*

- Additional outreach is needed for certain geographic areas (listed previously), as well as folks within health departments, FQHCs, AAAs, schools
  - Melissa DeAngelo mentioned a contact at WIC (for outreach to pregnant women), Christine Least – Fairfax County WIC Coordinator
  - Dr. Yang recommended reaching out to Inova Cares for Women Clinic
- Steering Committee-Subcommittee process
  - Works well to have subcommittees vet/get feedback through Steering Committee
  - For the future, build in time during Steering Committee meetings to allow subcommittee members to request feedback or resources from larger group
  - Subcommittees can now incorporate larger group's feedback into the work plans
- Health equity
  - Consensus: Okay that the objectives of both work plans are broad; may need further refinement
- Need to determine
  - How to get work plans accomplished, resource-wise
  - In-person vs. virtual meetings – shift in-person meetings around (that haven't already been scheduled) and make conference call option available
  - Timeline: Need to establish work plan deadlines to get things done
  - Identify champions who can focus on specific populations within a specific timeframe
  - Need a private page to access one another's contact info, share resources, collaborate on documents virtually

*Adjourn*