

Greater Richmond & Petersburg Oral Health Steering Committee
Monday, September 25, 2017
VaOHC Offices

Desired Outcomes

- Each subcommittee finalizes the goal they will work towards (using the examples given as a template)
- Each subcommittee determines at least one action step to work on before the next meeting

Agenda

1:00 pm – 1:15 pm	Welcome & Subcommittee Instructions – Lauren Gray Jefferson Room
1:15 pm – 2:30 pm	Subcommittee Breakout Sessions <ul style="list-style-type: none">• Grassroots Advocacy – Henry Room• Pregnant Women – Atrium• Safety Net – Jefferson Room• School-Age Children – Atrium
2:30 pm – 3:00 pm	Subcommittee Report-Outs with Large Group Jefferson Room

Next Meeting

Monday, October 30, 1:00 pm – 3:00 pm
VaOHC Offices

Attendee List

Adiches, Tonya
Akinkugbe, Aderonke
Brickhouse, Tegwyn
Cecil, JohnJason
Cox, Tiffany
Crocker, Leslie
Daniel, Stephanie
Giles, Jernice
Gray, Lauren
Grossnickle, Jennifer

Harris, Aracely
 Holland, Sarah
 Johnson, Lisette
 Logue, Sharon
 Minoza, David
 Mosavel, Maghboeba
 Naavaal, Shillpa
 Noriega, Robert
 Phillips, Paige
 Raskin, Sarah
 Reed, Kerri
 Rixon, Wanda
 Tognarelli, Mary
 Vernon, Dearsley
 Walker, Patricia
 Wells, JoAnn
 West, Tierah
 Wright, Tiffany

Subcommittee Instructions

1. Introduce yourselves to the other subcommittee members
2. Appoint a *scribe* to record your work and any discussion highlights
3. Appoint a *spokesperson* to report out to the large group
4. Using your subcommittee’s proposed goals/outcomes in the table below, do the following as a small group:
 - a. Re-write the proposed goal/outcome to be specific, measurable, realistic, and timely
 - b. Identify at least one immediate action step (next 2-3 months) that you can achieve as a subcommittee to make progress toward the goal

Focus Area	Proposed Goal/Outcome*
Pregnant Women	Increase the number of Richmond and Petersburg area pregnant women with a dental visit by <i>X%</i> by <i>date</i> .
School-Age Children	Increase the rate of parental consent forms returned for school-based dental services (e.g., sealants) in the Richmond and Petersburg area by <i>X%</i> by <i>date</i> .
Safety Net – Adults & Children	Guide qualitative research to determine the reasons why community members in the Greater Richmond and Petersburg area are under-utilizing available safety net dental resources.
Grassroots Advocacy	1) By <i>date</i> , develop an education campaign for legislators and constituents in the Greater Richmond and Petersburg area that contains a cost-benefit analysis of the long-term impact of an adult dental benefit in Virginia’s Medicaid program. 2) Guide the development of an oral health grassroots advocacy toolkit.

Mission

Be a change agent for improving oral health among members of the Greater Richmond and Petersburg region by

- Listening to the community's needs
- Advocating for better access to care
- Educating care consumers and providers on the importance of oral health for overall health, and
- Engaging with community members, policymakers, and other stakeholders to reduce barriers to dental care.

Vision

Greater Richmond and Petersburg area community members understand the importance of oral health as a part of overall health, and ultimately experience improved oral health outcomes.

SUBCOMMITTEE NOTES

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Summary of Subcommittee Activities

Subcommittee	Goal/Outcome	Action Items	Needs
Grassroots Advocacy	<p>GOAL #1: 1A) By January, we want to develop an infographic that focuses on how oral health is linked to the rest of the body and other diseases, and what can be done on multiple levels (links to find care, policy/advocacy/how-to-get-involved, community level factors), that will be in English and Spanish to serve constituents and featured in the grassroots advocacy toolkit.</p> <p>1B) Develop dissemination plan that includes multi-level points in Petersburg and Richmond (providers, faith-based, schools, patient navigators, social services, VDH, center on aging, civic organizations, rotary clubs, nail salons, hair salons, barbershops, convenience stores)</p> <p>GOAL #2: Advise development of grassroots advocacy toolkit.</p>	<p>GOAL 1</p> <ul style="list-style-type: none"> • Contact graphic designers for infographic <ul style="list-style-type: none"> ○ 2 people from seminar, invited by Maghboeba, potential contacts ○ VCU marketing, potential contacts • Bring infographics that you like to next meeting so design can be discussed • Choose data points <p>GOAL 2</p> <ul style="list-style-type: none"> • Reach out to safety net subcommittee to help advise community on resources 	<p>1. Need Richmond representative(s) to inform infographic</p> <p>2. Coordinate with safety net group</p>

Pregnant Women	Increase dental visits by 10% for pregnant women.	<ol style="list-style-type: none"> 1. Provide oral health training and education for auxillary staff. 2. Create toolkit for OB/GYN workflow and providers. 3. Add oral health & pregnancy info to existing required substance abuse training. 	<ol style="list-style-type: none"> 1. Need a Petersburg area rep from Appomattox Health & Wellness 2. Need a DMAS rep
Safety Net	Develop a plan to assess and inform research on barriers and facilitators to safety net dental care utilization.	<ol style="list-style-type: none"> 1. By the end of our next workgroup meeting on October 30, 2017, complete an advanced draft list of key topics in safety net dental utilization policy, practice, and processes, to understand the characteristics of SN dental care provision in Richmond. 2. By mid-November, 2017, conduct key informant interviews with administrators at each PCMH location, plus Petersburg, to gather data on this lists of topics and identify other important topics. 3. Meet on October 30, 2017. Workgroup members are encouraged to think about additional topics for the SN dental care policies, processes, and procedures list above. 	Introduction to Petersburg safety net clinic.
School Age Children	Increase the rate of parental consent forms returned for school-based dental services (1 in Richmond, 1 in Petersburg) by 10% over this school year (2017-2018).	<ol style="list-style-type: none"> 1. Find a champion in each school – Communities in Schools (CIS). 2. Include mobile dental providers to get full picture of students being served. 3. Link activities to statewide workgroup on school-age oral health. 	Connections with mobile dental practices, and/or map of mobile dental services if available.

Grassroots Advocacy

Attendees: Tiffany Cox, David Minoza Jr., Aracely Harris, Patricia Walker, Maghboeba Mosavel, Tegwyn Brickhouse, Tierah West, Lauren Gray

OLD GOAL #1: By date, develop an education campaign for legislators and constituents in the Greater Richmond and Petersburg area that contains a cost-benefit analysis of the long-term impact of an adult dental benefit in VA's Medicaid program.

NEW GOAL #1:

1A) By January, we want to develop an infographic that focuses on how oral health is linked to the rest of the body and other diseases, and what can be done on multiple levels (links to find care, policy/advocacy/how-to-get-involved, community level factors), that will be in English and Spanish to serve constituents and featured in the grassroots advocacy toolkit.

1B) Develop dissemination plan that includes multi-level points in Petersburg and Richmond (providers, faith-based, schools, patient navigators, social services, VDH, center on aging, civic organizations, rotary clubs, nail salons, hair salons, barbershops, convenience stores)

Decisions:

- Not going to do cost-benefit analysis, because the data is not available and VA OHC Board is working on that
- We will make an infographic for constituents
 - Constituents = communities that need services, underserved, underrepresented
 - In English and Spanish (Aracely will translate)
 - Need to pilot test
 - Focus on how oral health is linked to the rest of the body and other diseases, and what can be done on multiple levels (links to find care, policy/advocacy/how-to-get-involved, community level factors like healthy eating, cut down on sugary beverages)
- This subcommittee will serve as reviewers/advisors for the development of the grassroots advocacy toolkit
 - Infographic will be featured in grassroots toolkit

Action Items:

- Contact graphic designers for infographic
 - 2 people from seminar, invited by Maghboeba, potential contacts
 - VCU marketing, potential contacts
- Bring infographics that you like to next meeting so design can be discussed
- Choose data points

GOAL #2: Advise development of grassroots advocacy toolkit.

Decisions:

- Keep goal the same
- Add how to identify your legislator

- Add how to collect different stories and templates for story collection
 - COMMON STORY TOPICS: access, insurance/lack thereof, copay, cost, language barrier, self-esteem, transportation, pain, disease, lack of knowledge, employment, connection to overall health, inspiring story, safety (ex. Pregnant women), culture, effects/outcomes from lack of care
- Add template for emails and phone script for legislators, to schedule meetings
- Add truths/myths

Action Items:

- Reach out to safety net subcommittee to help advise community on resources

Pregnant Women

Attendees: Stephanie Daniel, Jernice Giles, Shillpa Naavaal, JoAnn Wells, Tiffany Wright

GOAL: Increase dental visits by 10% for pregnant women.

Action Steps:

1. Provide oral health training and education for auxiliary staff.
2. Create toolkit for OB/GYN workflow and providers.
3. Add oral health & pregnancy info to existing required substance abuse training.

Safety Net

In attendance:

- Sarah Holland, VaOHC
- Lisette Johnson, YWCA Richmond
- Paige Philips, VDH
- Sarah Raskin, VCU (notetaker)
- Robert Noriega, Petersburg Public Library Healthy Living & Learning Center
- Kerri Reed, CrossOver Ministries
- Wanda Rixon, Molina Healthcare
- Steve Horan, Community Health Solutions (Guest)

Background:

Richmond has a Patient-centered Medical Home (PCMH) collaborative, which includes:

- Capital Area Health Network
- Daily Planet
- CrossOver Ministries
- Goochland Free Clinic.

Collaborative members want to better understand challenges to optimizing safety net dental services utilization (e.g. high no show rates, empty appointment windows) and, ultimately, change their processes/practices to better serve patients. Steve's group is helping the collaborative write a grant application to Richmond Memorial Health Foundation for a small (low \$; one year) study to examine two things:

- gaps in access to care from being a medical client to being a dental client
- gaps in dental care uptake more broadly, SN client community-wide.

Collaborative members envision collecting data from both patients and providers focused on a variety of topics including cultural, social, background, structural, and financial barriers to dental care, likely using focus group discussions. Results will be used, in the short-term, to identify and address policies, practices, and processes that can be changed to improve dental care utilization, e.g. service structures like hours, scopes of services. Longer-term, the group would like to develop a community outreach strategy and toolkit to help other PCMHs conduct similar assessments. If the grant is awarded VaOHC will be the fiscal agent, which creates a natural synergy with the SN Workgroup.

The collaborative and Steve see "learning how to ask" as its first step, and imagines that the SN workgroup could be thought partners on this endeavor.

Discussion:

The SN workgroup can contribute content and population knowledge toward supporting the collaborative. It emphasized the importance of the collaborative addressing patient recruitment and participation challenges, and suggested a couple of ways to overcome them including using incentives, limiting the length of surveys to prevent respondent exhaustion, and having surveys administered live and in-person, so that low-literacy patients can be included.

Workgroup members observed that the collaborative and we seem to share an interest in accessing knowledge from both the clinical side – that is, patients who are already attending – and the community side, or folks who aren't necessarily attending clinics. The YWCA and Petersburg library may be particularly instrumental in helping the collaborative and Workgroup access folks who aren't already utilizing safety net dental care. Workgroup members may also be able to provide other resources to the collaborative to maximize the grant's limited resources, for example student workers to collect data.

Workgroup members are also interested in establishing independent goals that aren't tied to the proposal, but that contribute to the broader work of improving safety net policies and practices to optimize dental services utilization.

After much discussion about a variety of ideas (e.g. patient survey, environmental scan), the workgroup revised its goal as follows:

Develop a plan to assess and inform research on barriers and facilitators to safety net dental care utilization.

The group established the following action steps, with dates:

1. By the end of our next workgroup meeting on October 30, 2017, complete an advanced draft list of key topics in safety net dental utilization policy, practice, and processes, to understand the characteristics of SN dental care provision in Richmond.
2. By mid-November, 2017, conduct key informant interviews with administrators at each PCMH location, plus Petersburg, to gather data on this lists of topics and identify other important topics.

Throughout the meeting, the workgroup identified some initial topics to populate the list:

- Days/hours of operation
- Appointment booking, for example:
 - o Do you book appointments?
 - o How far out do you book appointments?
 - o How do you handle walk-ins?
 - o How do you handle emergency appointments?
 - o Do your dental patients have to complete a medical appointment before they can be seen on the dental side?
 - o Back-to-back for family members?
- Broken appointment policies, for example:
 - o Charging for missed appointments
 - o Different charges for generalist versus specialist
- Transit issues
 - o E.g. does clinic support/provide transportation, for example bus passes
 - o Do patients use public transit to reach the clinic?
- Patient demographics and specific needs
 - o Languages
 - o Homelessness/transience
 - o literacy
- Communications
 - o Reminder calls/texts
 - o Follow-up calls/texts (for no-shows)
- Funding models
 - o Medicaid/sliding scale side supports free clinic side?

Next steps: Meet on October 30, 2017. Workgroup members are encouraged to think about additional topics for the SN dental care policies, processes, and procedures list above.

Resource needed: Introduction to Petersburg safety net clinic.

School Age Children

Goal: Increase the rate of parental consent forms returned for school-based dental services (1 in Richmond, 1 in Petersburg) by 10% over this school year (2017-2018).

Action Steps:

1. Find a champion in each school – Communities in Schools (CIS).
2. Include mobile dental providers to get full picture of students being served.
3. Link activities to statewide workgroup on school-age oral health.

VDH School-Based Programs

- School nurses work with dental hygienist to get consent forms
- Sharon Logue: 50% or higher free/reduced lunch elementary schools are part of the VDH program – offer students sealants, fluoride varnish, referral for treatment
 - Send parent card with picture of tooth with sealant; it doesn't have a description of varnish
- 9 teams assigned to VDH
 - Districted based on population – Richmond City and Crater Health District
 - Mobile dental program is also in the Richmond schools
 - Have a dentist on the team
 - *Smiles for Children*
 - VDH team works with nurse supervisor
 - Last year in 5 schools
 - Pre-K get fluoride varnish and exp in chair
 - 2nd-3rd grade are key group for sealants
 - Do 1-year retention assessment to ensure sealant is still there
 - Do assessment and recommend referrals if needed
 - Team updates referral list each year
- Smiles for Kids – Provides care on site
 - Dentist, hygienist, dental assistant
 - Not a dental home
 - VDH hygienist can apply sealants with remote supervision
- There is a sealant data base that tracks sealants, retention rate, varnish
- CDC Oral Health grant report to General Assembly yearly with statistics
- Bill Medicaid – use for supplies
- Consent process
 - Parent letter
 - H&P

- Consent forms

Ideas to boost consent

- PTA meetings
- Local events in the summer
- Principals
- Send out info with first day of school packets
- Mobile dental program may send out at the end of school year for next year
- CIS coordinators may be able to help coordinate
- Can we access the dental forms from entry to kindergarten?

We identified the following as problems

1. Parents not filling out the forms and for those who fill them out, given the options for sealants, topical fluoride varnish, parents mostly do not check the box for varnish
 - a. Is this because they are suspicious of the word fluoride?
 - i. Consider using simpler terms for topical fluoride varnish?
 - ii. Add some form of a diagram depicting how great sealants are and its associated cost savings
 - iii. Benefits of sealants and varnish to the kids for instance fewer missed school days due to dental pain etc
3. Identify other ways of getting parental consent besides relying on including forms in the packets kids take home at the beginning of the school year
 - a. Identify a voice in the schools, those who are from the communities who parents are familiar with and trust (besides school nurses) and have them help with the consent.
 - b. Leverage school events such as PTA meetings, other school events and have representatives there explaining the purpose of the consent and why it is important that kids get these preventive services.
 - i. This will help with minimizing any language barriers if that is at all an issue
 - ii. This will require some trainings for the school partners
 - c. Work on getting into schools that are not already receiving preventive services through the VDH, this will increase the number of kids receiving services

Actionable steps

1. Pilot in 2 schools (one in the Richmond city area and one in Petersburg) that are already receiving services to see how consent can be improved since a baseline already exists. Whatever works i.e. best practices can then be applied in other schools

2. Maybe a focus group to help better understand why parents are not checking the box for fluoride varnish/ not filling out consent at all, to see if there are words that can be used in the consent forms that will make parents more comfortable or maybe it's an issue with trust
3. We also talked about how to prevent kids whose parents provided consent from falling through the cracks because they were sick on the day service was provided or for any other reason.