

**Report Card Meeting**  
**December 13, 2017 | Richmond Memorial Health Foundation**

Attendees: Tonya Adiches, Brenda Ayala, Marica Cowart, Justin Crow, Julie Duregger, Patrick Finnerty, Thomas Fonseca, Kristen Gilliam, Lisette Johnson, Kelly Lackey, Valerie Liggins, Pooja Mehta, Shilpa Naaval, Robert Noriega, Natalie Pennywell, Tara Quinn, Rachel Rees, Kimberly Richbourg, April Shuck, Ally Singer Wright, JoAnn Wells, Freda Williams, Kathryn Zapach

Staff: Lauren Gray, Sarah Holland, Samantha Dorr, Matt Jones

Action Items:

- Let Lauren know if you have additional suggestions to maximize the value of the Report Card Workgroup. Suggestions so far include:
  - Continue receiving updates from state-level partners on ongoing and new data collection related to oral health, workforce, and health equity.
  - Provide an update on what activities are going on around the state to impact our C+ Report Card grade within each graded area (e.g., coverage, collaboration, health status, utilization)
  - Produce lessons learned about what strategies have worked and what has not worked for initiatives that multiple stakeholders are working on (e.g., consent forms for school-based care, data collection efforts)
  - Make the biannual Report Card meetings slightly longer to allow for more discussion time.
- To learn more about the South Hampton Roads kick-off, view materials [here](http://www.vaoralhealth.org/WHATWEDO/Workgroups/RegionalReportCardWorkgroups.aspx) (<http://www.vaoralhealth.org/WHATWEDO/Workgroups/RegionalReportCardWorkgroups.aspx>)
- Contact your representatives regarding CHIP reauthorization. You can find FAQs and links to contact your Congressional representatives [here](http://www.vaoralhealth.org/WHOWEARE/News/TabId/96/ArtMID/838/ArticleID/99/CHIP-Funding-Still-in-Limbo.aspx) (<http://www.vaoralhealth.org/WHOWEARE/News/TabId/96/ArtMID/838/ArticleID/99/CHIP-Funding-Still-in-Limbo.aspx>).
- Julie Duregger, please share Smart Beginning's Virginia Peninsula early dental survey results with VaOHC to disseminate to group when available.
- Invite your colleagues and partners to participate in our upcoming advocacy events (see below)!

Upcoming Events:

**Virginia Oral Health Coalition Legislative Webinar**

*This will include specific information about the Governor's budget and VaOHC's legislative priorities.*

Tuesday, Dec. 19, 2017 | 3:00 pm – 4:30 pm

- Log into the meeting website: <https://bluejeans.com/572307256>
- Meeting ID: 572 307 256
- Dial In: 1.408.740.7256

**Legislative Advocacy Training**

*This training will discuss how policy decisions are made in Virginia and how policy change can be a lever to improve oral health in the commonwealth. Attendees will also receive oral health-specific messages to guide policy.*

Thursday, January 4, 2018 | 10:00 a.m. – 2:00 p.m. | Richmond, VA

Register online at: <http://bit.ly/AdvocacyJan4>

Discussion:

### **Introductions**

**VDH Dental Health Program Presentation, “Oral Health Data YOU Can Use” by Tonya Adiches**

[Presentation slides](#)

[Handout of VDH dental data contacts](#)

- Future goal for each region to create its own report card; will require accessible data
- Example of prior data to show how decay rates were collected
  - 1948 data very detailed showing decay on each tooth it affected; today, the same depth of county-level data collection would cost \$19,000
  - 1953 data, 100% of children had decay experience by age 16
- Current data collection is through the Basic Screen Survey (BSS) to provide state and local data
  - Outline of uses for BSS
  - Collected on about a five-year cycle
  - Not a thorough clinical exam; estimates and not intended to use in research
  - Survey is two-part: 1) open mouth screening and 2) questionnaire completed by parent/guardian/caregiver or participant
  - Survey categories: 3<sup>rd</sup> grade, head start, pregnant women, older adult
  - Hiring more dental evaluators to assist with analyzing and distributing data
  - VDH uses the same core set of indicators and other states, and adds other state-specific questions
  - [ASTDD website](#) has data on their website to other states’ data
  - 3<sup>rd</sup> Grade:
    - Survey collected in schools and schools have been good partners
    - The survey takes about two minutes per child
    - Example of 2014 survey showed about 1,000 kids were found to need urgent dental care because of pain or infection
    - Only tracks *if* child has decay, not how much decay
  - Head Start:
    - 2017 survey in progress; should be completed by the end of January when they have a large enough sample size to produce some regional data
    - ASTDD helps to choose the sample sites
  - WIC Pregnancy:
    - Part of the PIOHQI grant
    - Collecting data in WIC clinics during 2017-2018
    - Women participants are at varying stages of pregnancy (avg. age is 27)
    - Data from 2017 survey (599 women participants) – eg 20% didn’t think it was safe to go to the dentist during pregnancy and about 8% had been to the ER for mouth pain because they couldn’t find a dentist
  - Older Adults:
    - Survey conducted at Area Agency on Aging sites, nursing homes and congregate meal sites (formerly included homebound seniors but too expensive to conduct this type of survey)
    - Minimum age is 65 and older

- 2015 survey results showed 64% had not had a dental visit in the last year and 37% avoided certain foods due to oral problem
- Virginia Youth Survey
  - Data tables available on the VDH website; may be useful for partners
- PRAMS Survey
  - Sent to moms who have recently delivered a baby
  - 2009-2013 available on the website
- BRFSS
  - Largest national survey on adult health and health behaviors
  - About a 20-minute phone survey
  - VDH may add a question every year; added a question regarding dental insurance
  - 2017 data may be available in 2018
- 2014 Adult Oral Health Survey
  - VDH partnered at Center for Survey Research at UVA
  - 2,491 phone interviews
- 2016 Virginia WIC Participant Survey
  - Added two oral health-related questions

**VDH Office of Health Equity Presentation, “Dental Health Workforce Data” by Justin Crow**  
[Presentation slides](#)

- Data sources: Healthcare Workforce Data Center and Licensee Statistics
- Workforce surveys are done concurrently and compiled together to provide capability for cross-discipline analyses
- Dentistry workforce data
  - Can look at FTE data down to the county level
- VDH – Health Professions Shortage Area
  - OHE gathers data and submits to HRSA for designations
  - HPSAs broken out by health field
  - Maps for HPSAs updated quarterly
- Virginia Provider Database, overview of data sources. Not ready for research purposes at this point.
  - Example of us, chart of the number of dental providers who accept Medicaid, prepared for the Report Card project
- Health Opportunity Index (HOI) – health equity tool
  - 13 different indicators
  - Can go to the OHE website and look at which counties in VA have the highest or lowest HOI
  - Predictive of several health outcomes – predictive of life expectancy, hospitalization rates for diabetes, cancer; not predictive for substance abuse hospitalizations
- List of other Virginia-specific data sets

**VaOHC Policy Update**  
[Presentation slides](#)

- Governor McAuliffe intends to expand Medicaid; unsure if dental will be included in an expanded Medicaid

- Potential for a 50-50 split
- VaOHC is ramping up attention to a dental benefit in Medicaid *and* in Medicaid expansion
- VaOHC is going to focus on dental benefits in Medicaid for adults during the 2018 session
- Legislation VaOHC is watching:
  - Hygienists working under remote supervision (passed in 2017)
  - Medicaid expansion (with adult dental benefits)
  - Medicaid dental coverage for adults (non-pregnant)
  - Medicaid waivers
- FAMIS/CHIP Funding
  - DMAS sent letters on Dec. 11 to enrolled families to say they may lose coverage January 31 if Congress doesn't act before then
- Federal tax bill
  - Lots of health care implications with the individual mandate, cost-sharing subsidies, and Medicare/Medicaid cuts

### ***Regional Alliance Updates***

All Regional Alliance materials are available [here](#)

### Northern Virginia Oral Health Alliance

- Formed in January 2017
- Organized by area of focus, then separated into subgroups: children and adults
  - Spent a lot of time choosing populations of focus
- Worked to identify narrow goals, validation of data, and broader goals
- Looked at resources that were working in the NOVA community – found:
  - Knowledge gap in region
  - Need to quantify need
  - Identify gaps in treatment
- Overarching goal: to bring more grassroots attention to oral health in the community, particularly in regard to educating local government leadership
- Interested in data sources to determine if NOVA has similar issues to other regions, or if they're unique
- Group is stakeholder-led
  - Stakeholders from NOVA who are interested in pursuing the group's goals
- Now looking at how to compile findings and research to disseminate
- Adult group is focusing on older adults, and in particular those over 80
  - Looking at access to care from a financial standpoint, and the logistical aspects to care
  - Looking at older adult population living at home and in long term care facilities
  - More coordinated care has resulted from organizing this group
  - Local legislators have taken information from the group back to Richmond
- Children group is looking at early childhood (under age 5)
  - Group has pooled early Head Start data because dental exam is required for entry
  - Come up with a shared definition of what "early dental home" means to them; will look at activities to improve the number of children with an EDH, particularly using outreach to pediatricians

### Greater Richmond & Petersburg Oral Health Alliance

- Vision for Greater Richmond and Petersburg area to understand the importance of oral health and improve oral health outcomes
- Group has diverse membership
- Workgroups include grassroots advocacy, pregnant women, safety net, school age
- Grassroots Advocacy: infographic to share (English and Spanish), links to policy and community resources
- Pregnant Women workgroup: goal to increase dental visits for pregnant women by 10%
- Safety Net workgroup: patient-centered medical home collaborative, group wants to better understand why there's underutilized of dental services through interviews with participants and providers
- School Age workgroup: increase number of children receiving dental services through schools

#### South Hampton Roads Oral Health Alliance

- Convened for the first time in October 2017
- Includes areas east of the Hampton Roads Bridge Tunnel

#### Newport News/Virginia Peninsula

- Received funding from DentaQuest Foundation to work on a grassroots oral health initiative
- Broke into five subgroups: clinics, schools, ER utilization, public engagement, data
- Due to funding, narrowed focus to Hampton Roads/Newport News
- Using dental navigator program to reduce dental-related emergency room visits
  - Worked with a large hospital system who didn't have a dental-specific navigator
  - Looked at patients who visited the ER on a six-month basis
  - Began the program Thanksgiving week 2017
  - An early barrier may be a lack of safety net referral sites
- Another group looking to increase dental referrals from early childhood providers
  - Looked at increasing consent forms for dental care in three schools who utilize different dental programs, like mobile dental care and VDH dental programs
  - Surveying about 1,300 children
- Link home visitors in the area with dental-related services
  - One home visiting organization in Hampton has embraced oral health integration in home visiting; added to reporting, had a policy change
  - Also implementing this program in Newport News

#### ***Discussion: Regional Alliances – Opportunities & Challenges Going Forward***

##### How can we maximize this workgroup?

- Look at report card indicators by locality
- May be able to create regional report cards using rich local data
- Interim report card grade in between report cards to maintain momentum
  - Eg. 2019 media release with an update on particular measures and regional alliance updates
  - Something you can report out on (like regional alliances) in context of the report card

- VaOHC plans to engage a health writer to help push information about the regional alliances out in a digestible way
- Boil down regional alliance workgroup updates to what worked or what didn't work to share with the other regions; sharing lessons learned in a very concrete way
  - Eg. Consent forms
- Highlight one group (eg. Children, pregnant women) each year to give an update
- Look at which alliance/region is affecting particular data points (look at which alliance is working to affect which report card indicator)

### ***Next Steps***

- At the next meeting:
  - Discuss timeline for next Report Card
  - More data updates (in particular, WIC survey data from Natalie Pennywell)
  - Boil down "what worked and what didn't?" and lessons learned by region
  - Extend the time by one hour to allow more time for alliance updates