

North Dakota Oral Health Coalition

**Planning Retreat
Friday, May 11, 2007**

Meeting Summary

Proposed Meeting Goals:

- To receive information about the importance of the work of the coalition;
- To receive updates regarding legislative outcomes, Burden of Disease and Plan for the Future and the Year 5 proposal and planning;
- To review, discuss and revisit the prioritization of the vision statements;
- To identify missing priority elements, if any;
- To discuss and enhance the sub-committee structure, timelines and its role for the future;
- To provide time for sub-committees to meet and establish plans for action; and
- To identify immediate next steps in planning and implementation for the coalition.

Proposed Meeting Products:

- A shared understanding and renewed commitment to the work of the coalition;
- A shared base of knowledge regarding legislative outcomes, Burden of Disease and Plan for the Future and the Year 5 proposal and planning;
- Agreement on the vision priorities;
- Agreement on the missing priority elements, if any;
- Agreement on the sub-committee structure, timelines and role for the future;
- Establishment of sub-committee action plans; and
- An inventory of immediate next steps for planning and implementation.

Meeting Participants: Janelle Johnson, Kim Senn, Joe Cichy, Dave Zentner, Henry Lebak, Kimberlie Yineman, Sue Burns, Linda Rorman, Jen Berger, Katie Luther, Lana Schlect, Doreen Ott, Becky Bailey, Paula Flanders, Devaiah Muccatire, Margaret Lebak, Sharon Schwindt, Cheryle Masset-Martz, Kathleen Mangskau, Carla Kelly, Hollie Harrington, Tim Hathaway and Maija Beyer.

Project Evaluators: Pat Conway and Jennifer Wages

Facilitated by: The Consensus Council, Inc.

Opening Remarks and Educational Presentations: Dr. Terry Dwelle, North Dakota State Health Officer provided opening remarks and a welcome to the coalition. Dr. Dwelle discussed the differences between living in a disease-oriented culture and a prevention-oriented culture. Dr. Dwelle stressed the important work of the coalition and encouraged innovation, creativity and new ideas to teach North Dakotans to change some of their risky behavior.

Participants noted that the “dots are starting to connect” as more oral screenings are done in public schools, on and off the Native American reservations, and on college campuses. Participants also discussed the fluoridation rates in North Dakota water, issues relative to bottled water, marketing fluorides and using appropriate toothpaste amounts according to age.

Dr. Dwelle again thanked the coalition members for their commitment and wished them the best in their future efforts.

Janelle Johnson, Chair of the ND Oral Health Coalition, provided background and historical information about the development of the coalition. Ms. Johnson’s presentation is attached to this meeting summary and is labeled as Attachment A.

Henry Lebak, Consultant to the North Dakota Department of Health (NDDOH), provided a review of the data that supports the burden of disease in North Dakota and compares it regionally and nationally. Mr. Lebak’s presentation is attached to this meeting summary and is labeled as Attachment B.

Kathleen Mangskau, Consultant to the NDDOH provided the participants with a presentation on evidence-based best practices for improving oral health. Ms. Mangskau’s presentation is attached to this summary and is labeled as Attachment C.

Presentations were made relative to legislative updates, overview of the 5-year plan and the integration conference (spring 2008). The presenters were Joe Cichy, Executive Director of the ND Dental Association, Kimberlie Yineman (NDDOH) and Cheryle Masset-Martz (NDDOH), respectively. This presentation is also attached to this meeting summary and is labeled as Attachment D. The North Dakota Dental Association was recognized and thanked for sponsoring a very nice social event for coalition members last evening.

Introductions and Process Review: Coalition members provided self-introductions and reviewed the elements of consensus-based decision-making, agreed to proceed on a consensus basis, approved the proposed agenda and affirmed the proposed ground rules as follows:

1. It’s your show.
2. Everyone is equal.
3. No relevant topic is excluded.
4. No discussion is ended.
5. Respect opinions.
6. Respect the time.
7. Silence is agreement.
8. Non-attribution.
9. Keep the facilitator accurate.
10. Have fun!

Vision Priority Discussion: Coalition members discussed the development of the vision priorities (prior process work), the burden of disease document and the overall structure of the coalition. Participants shared the following:

- The Coalition needs ideas and assistance for distribution of the burden document; contact Colleen
- The coalition needs to develop a brief recruitment document or flyer to hand to someone; it should be concise, well worded and pique their interest in joining
- The coalition should include prevention activities in each of the goal areas
- The website is currently under construction, scheduled to be ready by 7/1/07
- The address will be www.ndhealth.gov/oralhealth and it will contain many tools and documents for use and sharing
- North Dakota is being held up as a best practice state, on a national level
- The sub-committees seem to have lost some members and some direction

Participants agreed to discuss the kinds of activities and ideas that would help to re-energize the coalition and the following comments were made:

- Focus on infrastructure development, infrastructure and system building
- There's too much to do and it's overwhelming
- We need to take care with the use of our time and energy
- Stress the importance of fluoride and sealant
- Focus on prevention of oral diseases
- The legislative sub-committee was successful because they focused on a few key issues
- Focus more on consumer driven goals
- Address the disparities in services, particularly relative to minority populations
- Use cause and effect strategies to educate (nutrition)
- Keep it simple
- Have a big vision but make the strategies workable and achievable
- Preventive care needs to include utilization and access
- Prevention, Intervention and Treatment as a model design
- Do a couple of things really well rather than many things poorly
- Assessment, Assurance and Policy Development as a model design
- Defining the "state plan" versus the "coalition plan"
- Public policy will drive what we can achieve
- Communicate our needs to the leadership
- Allow ourselves to build in some early wins and low hanging fruit
- Define the timeframe, year-by-year and use best practices in everything
- The four key elements appear to be structure, data, prevention and policy

Participants agreed that it would be best to review the vision priorities (now renamed to goals), add two that appear to be missing and re-prioritize them (using a simple dot process) to guide the coalitions work today and into the future. The goals, in priority order, are:

1. Oral and medical health is integrated into overall health. (21 dots)
2. Preventative care exists through utilization and access. (14 dots)
3. Creative solutions exist to improve access to oral health care. (10 dots)
4. Consumers in North Dakota recognize the value of oral health (7 dots – tie)
5. Creative dental coverage programs are available to the public. (7 dots – tie)
6. Oral health infrastructure is fully developed in North Dakota. (6 dots)
7. The Oral Health Coalition is sustainable, diverse and recognized as an advocate in oral health. (5 dots)
8. Education opportunities in the dental field are expanded. (1 dot – tie)
9. All North Dakota residents are aware of the benefits of fluoridation. (1 dot – tie)
10. Communications, education and care are enhanced by the use of effective technology. (0 dots)

Participants agreed to begin a new sub-committee process while honoring the work of many others that came before. It was agreed that the participants would form sub-committees around the top three (3) goals and would work, over time, to establish:

- Objectives
- Activities
- Timeframes
- Responsible Parties/Persons
- Success Indicators
- Projected Costs of Implementation

TEAM 21: Oral and medical health is integrated into overall health.

Leadership: Cheryle Masset-Martz

Meeting Dates: June 8

Missing Data: Will begin collecting to see what is missing

Missing Stakeholders: Are working to identify

Other: The sub-committee plans to start with a survey, and to work toward finding the right niche for integration and incorporation with medical practice

THE 14ERS: Preventative care exists through utilization and access.

Leadership: Undecided

Meeting Dates: Sometime in June

Missing Data: Undecided

Missing Stakeholders: Undecided

Other: Members have shared their contact information and will begin communication via an electronic list serve

THE 10 SPOTS: Creative solutions exist to improve access to oral health care.

Leadership: Janelle Johnson (at least for the initial meeting)

Meeting Dates: To be determined

Missing Data: Data specific to Native Americans

Missing Stakeholders: Tribal representation

Other: Jen will conduct some recruitment calls, including a dentist, Margaret will work on gathering the data pieces and the sub-committee hopes to increase the scope of the hygienist practice and to further study the varnish issue with a possible pilot program at Ft. Totten

Participants also agreed to the following, relative to the sub-committees work:

- Each sub-committee should try to include a legislator
- Each sub-committee should try to include a dentist, dental hygienist and dental assistant
- Each sub-committee should try to include the Native American perspective
- Lana will share the information from this meeting at the June 8 meeting of the North Dakota Dental Association Board of Directors
- NDDOH Staff (Kimberlie and Cheryle) will attend all sub-committee meetings and provide support for conference calls and/or modest meeting materials

Closing Remarks: Dr. Michael Goebel, Pediatric Dentist, provided the coalition with closing remarks. Dr. Goebel stated that progress in the area of oral health has been slow and he has seen few changes in the past 20 years of practice. He believes that improvements could be seen with greater use of the “caries risk assessment” and providing more education to parents, even moms in the pre-natal stage. It is also important for children to have a dental home for consistent, quality care.

Dr. Goebel echoed the concerns of the coalition regarding inadequate access to care for those from a low socioeconomic group and/or minority population. There is a severe shortage of dental practitioners who are willing to treat patients receiving Medicaid. This has been a long-standing problem and is not getting better. One of the major issues is that there are large percentages of no-shows for appointments in this population and new, creative ways need to be developed to turn that problem around.

Dr. Goebel thanked the group for their efforts and encouraged the coalition to develop great plans and grand schemes for the future of oral health but to not be afraid to take baby steps to achieve them.

Summary Comments: Coalition members were asked to provide a brief summary comment regarding today’s meeting and these comments are as follows:

- I appreciate everyone being here today.
- TEAM: together everyone achieves more.
- I am encouraged.
- This was an educational experience.
- I think we are re-focused.

- Children first.
- Respect for ideas.
- Learning is empowerment.
- Great collaboration.
- We are already prepared for the 2009 legislative session.
- Emphasis on prevention.
- Energized.
- Emphasis on education.
- What a day!
- Good discussion.
- I am informed.

Coalition members were thanked for their attendance and participation and the meeting was adjourned by consensus of the group.