

North Dakota Oral Health Coalition
September 11, 2009 9 am to 11 am
4th Floor Gold Seal Center

Coalition Members present:

Sue Burns	Dr Brent Holman	Fred Larson	Linda Rorman
Joe Cichy	Jodi Hulm	Katie Luther	Kim Senn
Colleen Ebach	Marlene Hulm	Kathleen Mangskau	Cameo Skager
Shelly Gunsch	Janelle Johnson	Sue Matteson	Robyn Stearns
Hollie Harrington	Kathy Keiser	Kathy Moum	Kimberlie Yineman
Tim Hathaway	Carla Kelly	Dr Richard Rathge	Dave Zentner

Coalition members present via phone:

Sharon Ericson	Tracey Haugenoe	Bev Marsh
----------------	-----------------	-----------

Guests: Dr. Terry Dwelle, State Health Officer

Call to Order:

Joe Cichy called the meeting to order and welcomed everyone to the Oral Health Coalition meeting. Joe outlined a few basic ground rules and asked that everyone please respect them throughout the meeting. Introductions were done by everyone attending and by those on the conference call.

Introductions of the Oral Health Coalition Board members were also given. President, Joe Cichy; Vice President, Sue Matteson; Secretary, Hollie Harrington and Treasure, Janelle Johnson. Directors-at-large are Carla Kelly, JoAnne Brager and Dave Zentner with Dr Mike Goebel as Public Health Dentist.

Dr Dwelle, State Health Officer was introduced. Dr Dwelle thanked the efforts of both Kimberlie Yineman and Robyn Stearns for the great service they provide to the ND Department of Health, Oral Health Program and for their work on the coalition. The passion of these two individuals was shown in the impact of legislation in the 2009 session regarding oral health. I encourage them to continue these great efforts and infect others with the passion in their respective health issues and cast away the attitude of fatalism. At the same time, I encourage coalition members to continue assisting with these great successes. Dr Dwelle also gave a short update on H1N1 information advising that adults may only need one dose of the vaccine in order to be effective. He also suggested that people have the regular flu shot now and get the H1N1 in October when available.

Minutes:

Minutes for the meeting on May 8, 2009 were reviewed. Janelle Johnson moved to approve the minutes with the correct spelling of Dave Zentner's name, seconded by Sue Burns. Motion carried

Committee Reports:

Data Advisory and Evaluation:

Kathy Moum reported that the group had met the previous week and that many activities happening with this group.

1. Noting first, that the committee name has been changed to include "and Evaluation".
2. Working with Kimberlie, the Workforce surveys, approximately 1,700 will be going out to all North Dakota dentists, dental hygienists and dental assistants. This survey does have a good response rate, approximately 87 percent during the last collection.

3. Kathy and Alice have been working with Robyn and Kimberlie on the Basic Screening Survey that surveys approximately 1,500 third-grade students across the state. The oral health consultants and MCH nutritionists will be going to the schools to complete this screening opportunity.
4. Other programs that have data needs are the fluoride varnish and fluoride mouth rinse programs. The mouth rinse program was reviewed this time and a reduction of schools that will have fluoride provided was completed. Based on the number of rural water systems that add fluoride in their facilities, it was determined that an overlap of services was being done. Budget concerns were considered and the reduction of schools assisted with this concern as well.
5. Dr Richard Rathge has prepared a report of the survey given to all the Oral Health Coalition members; copies will be available on the website. Dr Rathge explained his handout so that we would understand the responses and see where the coalition perceives its good points and also where there are needs for improvement.
6. A review of the work plan was conducted and showed that more exposure via the web would benefit oral health area.

Policy Committee: Fred Larson reported for Karen Larson.

1. The committee met the previous week to discuss what the focus will be as the group moves forward. A work plan had been drafted and was discussed. It was determined that this group will need to meet monthly for at least two hours to finalize the work plan and the efforts that will be focused on. This group also determined that it would be timelier to meet after the coalition meetings so that any directives brought from the coalition would better assist the committee move their goals forward.

Prevention Committee: Sue Matteson reported.

1. The committee is continuing to work on the fluoride varnish and sealant programs with the oral health program staff.
2. Working with the city of Leeds to re-instate the water fluoridation system for the city. Since the city did discontinue the program, the school has decided to join the fluoride mouth rinse program offered by the ND Department of Health.
3. The committee will be meeting after the coalition meeting to further work on their agenda items.

Access Committee: Kathy Keiser reported. The committee has been meeting monthly all summer long and has made great progress with the Care Mobile project.

1. Clinical Service Providers are a major piece that needs to be finalized but that as well has moved forward. Kathy has visited with the Community Health Association of the Dakotas (CHAD), Karen Larson, and has found that they are interested in joining the movement. Negotiations are in progress.
2. The SD Smile Mobile will be in Lemmon, SD on October 6 and a group from ND will be going to visit with the Smile Mobile staff to see how this whole operation works. The SD Smile Mobile does see some adult patients.
3. RMDC has met with Jim Sorenson from BlueCross/BlueShield, Caring Program as well as Pat Traynor from Dakota Medical Foundation. Each of these entities is willing to join the process and provide some funding as well as help with the marketing of the Care Mobile. DMF may have a cash to give in the spring of the year.
4. Kathy asked who would be willing to attend a meeting with BCBS or provide letters of support.
5. The RMDC business plan needs to be submitted by the end of the year. If approved, the Care Mobile could be running by September 2010! Kathy also noted that the cash upfront is good, but a long-term commitment provides a better baseline for RMDC to sustain the program and services. The business plan does need to be for five years.
 - Clarification was asked about the definition of Clinical Providers – overseer of delivery of services, dental services coordination of scheduling, in-kind items, malpractice insurance. They would not provide any billing or do any fund-raising.
 - Health Care Centers serving low income, with a sliding fee scale and are mandated to provide dental services.

- North Dakota's Care Mobile would be restricted to providing services to only children, different than SD who can provide adult services as well.
- Suggestion was noted that for billing purposes, Local Public Health Units may be able to assist. Kathy should visit with Kirby Kruger or the Immunization program director to see how the immunizations are billed and maybe services for Care Mobile could be added or done in a similar fashion.
- Questions about tribal involvement were asked and it was noted that some of the reservations do have some dental programs that are serving their populations. Individuals that could be approached for tribal input include, Scott Davies, Teresa Snyder, Phyllis Howard, and Senator Marcella. Three Affiliated Tribes is looking for dental service providers as well.

Contractor Progress Reports:

Communications Coordinator – Cameo Skager

1. Cameo reported that she is working on updating brochures, newsletters and other publications for the oral health program.

Public Health Dentist: Dr Mike Goebel

1. Business as usual
2. Suggested that day of coalition be changed occasionally to include others that are not available on Fridays.

Evaluation: Dr Richard Rathge

1. Handout of the results from the survey given to all the oral health coalition survey via Survey Monkey. The survey showed where the coalition has made success as well as where improvement is needed. Remembering that this is a survey of listed coalition members and their perceptions. The survey results will be posted on the website for those not in attendance. The coalition is in the "formative" stage and would eventually want to progress to the "evaluation" stage. The Bush Foundation is available to help with a 2-year initiative to help non-profits find resources. Watch for workshops and trainings in this area. There is also federal money available for dental health.

Federal Legislation update – Kathleen Mangskau

1. Kathleen reported that there are two health care reform proposals before our Senate at this time and they do include dental provisions for children. She encouraged coalition members to contact their senators regarding these proposals. The proposals want enhanced dental MA spending. They also want increased money for dental work force members. Grants would be available for dental schools. The proposals encourage the government to fund the plan, offer universal coverage with no additional cost, and proof that services are cost effective. Discussion was had that we advocate for what we want to see in oral health care with proof of cost effectiveness as well as discussion on properly funding the current programs that are working not just adding more programs. The opportunity to address Senator Conrad should include 3-5 bullet points that the Oral Health Coalition wants covered. Our committee to develop these bullet points will be: Brent Holman, Dave Zentner, Carla Kelly, Kimberlie Yineman, Joe Cichy, and Kathy Mangskau as chair. Joe will send the Coalition's suggestions to Senator Conrad.

Dental Practices: Dr Brent Holman

1. The American Academy of Pediatric Dentistry received a national grant of \$10 million for 50 states. Grant monies go for infrastructure and not care. The State Leadership team consists of Kimberlie Yineman, Joe Cichy, Linda Rorman, JoAnne Brager and Dr Brent Holman. The goals of AAPD are to educate staff, parents and communities on the importance of good dental care and to improve the number of children with a dental home. Issues with tribal needs will be addressed as well since some of their needs are different.
2. Kimberlie and Dr Holman have spoken with some of the reservation leaders to determine needs that the tribal areas need to help with dental home concerns.

3. Kimberlie reported that Jan Silverman, the contact for AAPD, stated that North Dakota is farther along in finding dental home for children. Our advantage is the small state and that people know each other meaning less bureaucracy.
4. Dr Holman also reported that new dentists, new from college are carrying about \$200,000 of debt. This translates to being limited to see patients that are able to pay or to receive adequate reimbursement from other programs. Dr Holman indicated that when asked directly most dentists will find a way to assist a patient with their needs. He also indicated that talking directly to the dentist and not the front office personnel will prompt most to help find a solution for a patient.

Safety Net Clinics:

Red River Dental Access Project – Fargo: Michelle Berg

1. The urgent care clinic saw about 70 patients in August and 30 in September.
2. They have applied for two grants and will know more about them in October. They continue to look for other granting opportunities where applicable to their clinic.
3. They have scheduled a fund-raiser for their clinic on November 12.

Northern Dental – Grand Forks: Sharon Ericsson

1. Operating now for 22 months and have seen about 9,059 patients, 52% of the patients are from North Dakota under the age of 16 and of that number 70-75% are Medicaid patients. They are scheduled out three months. They have a goal to complete treatment within a year. Most of them have not seen a dentist in five years.
2. They have seen 39 Head Start children. The cavity rate is about 35 percent in five or more teeth.
3. Rural areas need help finding dental care. Their clinic sees approximately eight emergencies per day. This rate seems to be decreasing since high risk patients have been seen or have moved from the area due to the economy.

Bridging the Dental Gap – Bismarck: Kimberlie Yineman

1. Kimberlie reported that they see approximately 500 patients per month within the 50 mile radius. Patients are booked three to six months out. They have two dentists and two hygienists but are always looking for more volunteers in any capacity.

A “no show” rate remains a problem with all public health dental clinics. They are exploring ways to cut down on this number. There is a need for a possible public health clinic in the Dickinson area but would need community buy-in and support of the city and mayor.

Jodi Hulm reported about the Medicaid call list. The federal regulations require the state maintain quarterly updates. She also report on the CHIP program

Basic Screening Survey – Robyn Stearns

Oral health consultants will be working with the MCH Nutritionists in the local public health departments to administer the basic screening survey to approximately 1,500 third-grade students across the state. The schools are picked randomly by CDC as long as they have five or more students, participate in the free/reduced lunch program. They hope to be doing surveys by the end of October and completed by May 2010. The forms used in the survey have been revised and are now waiting for Internal Review Board (IRB) approval. The inclusion of the MCH nutritionists will help us gather the heights and weights of these school-aged children.

State Plan Update: - Kimberlie

The state plan is updated every two to four years. And since there has been minimal changes there will be written goals and objectives added to the update. When Kimberlie visited with Karen Sicard during ND’s site review, Karen indicated that the plan should be redone including evaluation and data committees. The question of

conducting another "Summit" was brought up and if there would be money to assist with the cost. A grant writer might be helpful in this matter. Another area that needs to be remembered in oral health would be senior citizens. We are presently in year 2 of a 5 year work plan.

New Member Recruitment

The coalition is looking for new members that have some common goals with the oral health coalition. Suggestions should be extended to Long-Term Care Association – Shelly Peterson, Family.net - Neil Charpe (Sue Burns has contact information) Legislative - Elliott Glassheim, Grand Forks and Judy Lee.

Fluoride Varnish Program:

Public Health Unit nurses are sending in data on a monthly basis. Forms are being updated and will be easier and shorter to complete and will be put on the public health list serv. Updated training is available for public health staff that has been trained in fluoride varnish application program. Any health unit can attend the refresher course after one year and will receive one CEU. They are not required to attend to apply varnish. The data will eventually be entered on the THOR system like other public health data.

The next meeting date was changed to Wednesday, November 18 due to conflicts with the 20th.

Meeting was adjourned.

Hollie Harrington, Secretary
Colleen Ebach, Recorder