

Iowa Department of Public Health
Bureau of Oral Health
Iowa Dental Summit 2002
Summary

Iowa Dental Summit 2002, sponsored by the Iowa Department of Public Health (IDPH), Bureau of Oral Health was held on Thursday, April 11, at the Newton DMACC Conference Center.

Registration began at 7:30 a.m., with a large influx of stakeholders arriving about 8:00 a.m. The attendees were given a preprinted nametag, if they had pre-registered, and a conference packet. The packet included a brochure with the day's agenda, bio's of speakers and panelists, speaker/panelist presentation notes, Oral Health Fact sheets, update of Healthy Iowans 2010 Oral Health objectives, Summit evaluation form, note paper, and an IDPH pen. The lobby of the Conference Center had four display tables featuring Delta Dental, Iowa Health Solutions, IDPH-Bureau of Oral Health, and Iowa School Based Dental Sealant Program.

The Summit began promptly at 8:30 a.m. with opening remarks by Julie McMahon, the director of Division of Community Health, IDPH. Dr. Hayley Harvey, Dental Director, Bureau of Oral Health, IDPH, followed Julie with a special welcome to all attendees and a challenge to use this day as a new beginning for oral health initiatives in Iowa. The morning session was to be used as a learning tool from which any knowledge gained could be used during the afternoon session of brainstorming. Summit facilitator, Patti Walden Allen, acted as moderator for the morning session.

The first keynote speaker was Dr John Rossetti, from the U.S. Department of Health and Human Services, Washington, D.C. Dr. Rossetti spoke for forty minutes on the subject of oral health from the national perspective. His main message indicated that solving oral health problems must start on the state or local level with fiscal and/or policy support from the federal level. The second

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Keynote speaker was Dr. Lawrence Walker, also from U.S. Dept. of Health and Human Services, Region VII consultant. Dr. Walker reiterated what Dr. Rossetti had discussed and elaborated that public health, private practice dentists and other healthcare providers need to be informed and educated about the oral healthcare crisis. One of the biggest barriers to service is the lack of dental providers for low income and Medicaid patients. Helping all providers see how they could make a difference, through state education initiatives, would be a beginning. Both Dr. Rossetti and Dr. Walker answered questions from the audience that centered on their thoughts concerning specific ideas that would encourage dentists to become involved. Both doctors suggested the audience use the afternoon roundtable session as a means to develop ideas, program initiatives, and possible policy changes.

The morning session concluded with short presentations by selected panelists on relevant issues affecting oral health in Iowa. The panelists and their topics were:

- Ted Boesen Jr., Director of Iowa/Nebraska Primary Care Association, State safety net status
- Doreen Chamberlain, IDPH, Director of Bureau of Health Care Access, Dental health professional shortage areas (HPSA's)
- Julie McMahon, IDPH, Director of Division of Community Health, Policy and legislative issues
- Jennie Krebs, RN, Health Coordinator, Woodbury County Head Start, State task force perspective
- Dr. David Johnsen, Dean, College of Dentistry, University of Iowa, Professional and training institutions perspective
- Dr. Rhys Jones, Director, St. Luke's Dental Health Center, Public health provider viewpoint

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- Patricia Crosley, Family Advocate & Foster Parent, consumer viewpoint

Each of these panelists brought a unique perspective to the oral health needs in Iowa. Ms. Walden Allen helped the panelists stay on task and kept the morning session stay relatively on time.

The afternoon roundtable discussions consisted of eleven tables of eight or nine stakeholders. Each table was given a specific task to accomplish regarding oral health in Iowa. Patti Walden Allen quickly explained the generalities of what each table was to accomplish and the time limit involved. Each table presented ideas for solving their particular oral health problem to the group. Ms. Walden Allen acted as facilitator for this exercise. Attached is a matrix of the table topics, the questions to be addressed, and the discussion outcomes of each roundtable discussion. It should be noted that the Robert Wood Johnson Organization has recently offered grant monies available for innovative oral health initiatives. Many of the suggestions from the roundtable discussion could be used to apply for this grant money. With both state and federal budgets in crisis, this could be a way of funding new programs and/or initiating policy changes.

The Summit evaluation tool was completed by forty-five of the conference attendees. They were given a chance to score each of the Summit's objectives, each speaker, panelists, the facilitator, the roundtable format, and conference center facilities. Each evaluation also had ample room for each stakeholder to write specific comments. The frequency distribution shows that over two-thirds of those answering the survey were very satisfied with all aspects of the Summit. There were also specific comments written by over fifty percent of the stakeholders. The Bureau of Oral Health, to customize their next conference, can use the survey answers and the specific comments. Attached is a copy of the frequency distribution.

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TOPIC	QUESTIONS	DISCUSSION OUTCOME
Preventive Services	List at least 3 ways to increase availability and demand for preventive dental services.	<ol style="list-style-type: none"> 1. Promote oral health programs in settings that serve vulnerable populations (e.g., CH, MCH, schools, early Head Start.) 2. Increase Medicaid reimbursement for preventive services. 3. Expand scope of practice for dental health and non-dental health.
Demonstration Projects- Innovative Solutions	List at least 3 innovative projects that could improve access to dental care and identify ways to implement them.	<ol style="list-style-type: none"> 1. Educate the public regarding the concept of lifespan oral health through IDPH curriculum, WIC, immunization, etc. 2. Increase the number of public health dentists and hygienists, and benefits like health insurance or health care for staff and providers. 3. Establish community health coordinators at the local level.
Learning Institutions- Curriculum	List at least 3 ideas that dental schools and auxiliary training programs can implement within their curriculums that will improve access to care for underserved Iowans.	<ol style="list-style-type: none"> 1. Provide more education on public health at the state level. 2. Provide more training on geriatric care in nursing homes. 3. Require annual CE on CSHCN, senior population, public health, competency, and advocacy for public policy. 4. Recruit dental students of various cultures to stay in Iowa. 5. Offer an executive masters program in pediatrics, senior care, and surgery.
Safety Net Systems - Alternative Medicaid Provider	Identify at least 3 safety net systems that provide care to low-income families, and describe the policies that are needed to address these issues.	<ol style="list-style-type: none"> 1. Adopt a school. 2. Social marketing regarding prevention. 3. Promote a policy for annual dental exams. 4. Hygienists can bring preventive services to schools. 5. The best long-term solution is preventive education. 6. Create another level of care similar to physician's assistant. 7. Expand the role of hygienists. 8. Assign dentists in managed care settings. 9. Utilize mobile clinics or rent space from offices for volunteer dentists. 10. Approach foundations for funding. 11. Encourage communities to sponsor dental education with the understanding that students will return to the communities to practice. 12. Approach members of a dental class and offer them a tuition exchange for agreeing to go to a HPSA.
Eliminating Oral Health Disparities	Develop at least 3 strategies to eliminate oral health disparities for these populations. Identify possible barriers and methods to overcome them.	<ol style="list-style-type: none"> 1. Encourage communities to educate at-risk families about bottled water. Promote community water fluoridation and fluoride toothpaste. 2. Educate agencies and health centers on how to utilize existing resources. Encourage hygienists to screen and promote preventive services in underserved areas. 3. Eliminate the distribution and marketing of pop in schools. Educate parents and families why this is being done. 4. Continue support of state programs that pay for or volunteer dentists for transportation and care of patients—no more cuts!

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TOPIC	QUESTIONS	DISCUSSION OUTCOME
Special Needs Populations	List at least 3 ideas to improve dental access for these at-risk populations. Who are potential partners to improve dental access for these populations?	<ol style="list-style-type: none"> 1. Add dental benefits to the prescription drug package program. 2. Make state/federal regulations for special needs patients health. 3. Increase loan repayment/forgiveness programs for underserved areas. 4. Expand the functions for dental auxiliaries. 5. Expand community health centers with mobile dental units. 6. Encourage retired dentists, DHs, and DAs to volunteer. 7. Increase training and CE for special care patients. 8. Partner with CHSC, dental education programs (IA, MN, WI, IL, etc.), organizations, Family/parent organizations, organizations like the VA, AARP, and retirement associations; state agencies, and Dept. of Education; the legislature and Governor's office.
Manpower	Identify at least 3 additional ideas that may be used to keep dentists in Iowa and /or encourage them to practice in underserved areas.	<ol style="list-style-type: none"> 1. Pair a dentist with a public health dental hygienist and a dental assistant. 2. Pay a subsidy to dental providers who see a certain percentage of underserved clients. 3. Offer relocation payments to practitioners who return to Iowa. 4. Offer higher reimbursement rates for practitioners who re-locate to underserved areas. 5. Encourage communities or business to sponsor a dentist. 6. Recruit at high schools and offer college assistance. 7. Match new graduates with a retiring dentist.

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Participant Survey

***Please answer the following and leave at the registration desk:
Please provide specific feedback in the comment section.***

Your job title, degree, or employer is: _____

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Topic for next Conference
1. The objective to provide state stakeholders with an overview of current challenges and areas of improvement regarding the oral health status of Iowans was met.	5	4	3	2	1	<input type="checkbox"/>
2. The objective for all state stakeholders and attendees to become familiar with the Oral health chapter of Healthy Iowans 2010 was met.	5	4	3	2	1	<input type="checkbox"/>
3. The objective to provide an opportunity for all state stakeholders to participate in developing a state oral health policy agenda was met.	5	4	3	2	1	<input type="checkbox"/>
4. The objective to build partnerships to improve children's access to Medicaid Oral Health services was met.	5	4	3	2	1	<input type="checkbox"/>
5. The objective to cultivate working relationships with potential partners, local coalitions, businesses, and consumer groups was met.	5	4	3	2	1	<input type="checkbox"/>
6. Dr. Rossetti provided valuable information regarding the nationwide oral health status	5	4	3	2	1	<input type="checkbox"/>
7. Dr. Walker provided valuable information regarding the regional oral health state.	5	4	3	2	1	<input type="checkbox"/>
8. Ted Boesen Jr. provided valuable information about the states safety net system.	5	4	3	2	1	<input type="checkbox"/>
9. Doreen Chamberlain provided valuable information about Iowa's dental health professional shortage areas (HPSA's).	5	4	3	2	1	<input type="checkbox"/>
10. Lynh Patterson provided valuable information about policy and legislative issues						

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regarding oral health in Iowa.	5	4	3	2	1	<input type="checkbox"/>
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Topic for next Conference
11. Jennie Krebs provided valuable information about the state's task forces as they relate to oral health in Iowa.	5	4	3	2	1	<input type="checkbox"/>
12. Dr Johnsen provided valuable information about professional and training institutions regarding oral health in Iowa.	5	4	3	2	1	<input type="checkbox"/>
13. Dr. Jones provided valuable information about a hospital provider's perspective regarding oral health in Iowa.	5	4	3	2	1	<input type="checkbox"/>
14. The consumer provided valuable information regarding oral health in Iowa from the perspective of a consumer	5	4	3	2	1	<input type="checkbox"/>
15. The round table format gave me an effective opportunity to participate and voice my opinion/s.	5	4	3	2	1	<input type="checkbox"/>
16. The facilitated round table discussions were well organized.	5	4	3	2	1	<input type="checkbox"/>
17. The facilitator summarized and provided valid conclusions to the conference.	5	4	3	2	1	<input type="checkbox"/>
18. I gained knowledge I can use regarding Iowa's oral health status.	5	4	3	2	1	<input type="checkbox"/>
19. The accommodations and food were satisfactory.	5	4	3	2	1	<input type="checkbox"/>
20. What action steps do you feel you can take from here? _____						

Additional comments or concerns:

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Thank-you,
IOWA DEPT. OF PUBLIC HEALTH
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Iowa Post-Dental Summit: A Collaborative Approach to Improving Oral Health
Iowa Department of Public Health
DMACC Newton Conference Center
April 11, 2002

Purpose: *To provide a collaborative planning opportunity for key stakeholders, partners (current and potential) and consumers to develop strategies for short and long term oral health improvement efforts.*

Summit Goals:

- 1. Provide all state stakeholders with an overview of current challenges and areas of improvement regarding the oral health status of Iowans.*
- 2. Familiarize all state stakeholders and attendees with the Oral Health Chapter of Healthy Iowans 2010.*
- 3. Provide an opportunity for all state stakeholders to participate in developing a state oral health policy agenda*
- 4. Build partnerships to improve Children's Access to Medicaid Oral Health Services.*
- 5. Cultivate working relationships with potential partners, local coalitions, businesses, and consumer groups.*

Preliminary Agenda

8:00-8:30 Continental Breakfast & Registration
8:30-9:15 Welcome
Dr. Stephen Gleason, Director, Iowa Department of Public Health

Overview
Dr. Hayley L. Harvey, State Dental Director, Iowa Department of Public Health

9:15-10:15 National and Regional Perspective
HRSA/MCH Bureau –John Rossetti (not-confirmed)
HRSA Field Office/Regional- Lawrence W. Walker (not-confirmed)

10:15-12:30 Panel (State of the State)
The Status of States Safety Net System (FQHC'S):
Dental Health Professional Shortage Areas
Policy & Legislative Perspective
Voices of State Task Force (Muscatine, Head Start, and other)
Professional & Training Institutions Perspectives
Provider Perspective
Consumer Perspective

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12:30-1:30 Lunch
1:30-2:30 Facilitated Round Table Discussion: Reaction to the Panel
2:30-2:45 Break
2:45-3:30 Round Table Wrap Up
3:30-4:00 The Next Step
4:00- Adjournment