

Key Strategies Developed at the Utah Oral Health Summit, October 2000	Policy and Funding Workgroup Activity and Recommendations
<p style="text-align: center;"><b>Policy and Funding</b></p> <p>Create access to the Utah State Legislature</p> <p>Develop and implement community water fluoridation strategies</p> <p>Advocate for an increase in funding for the State Primary Care Grant – especially to increase funds allocated to oral health</p> <p>Expand the State Rural Medical Financial Aid Program to include dentists and dental hygienists</p> <p>Expand dental benefits covered by public and private insurance programs</p> <p>Increase the number of qualified CHIP providers</p> <p>Improve CHIP administrative process</p> <p>Advocate for a “Dental Only” CHIP component</p>	<p>Addressed by P&amp;F Workgroup. See P&amp;F Workgroup Summary, <i>Access to the Legislature</i>.</p> <p>Would support legislation allowing county governments other than those of the first and second class as well as city governments to place fluoridation before the voters. See P&amp;F Workgroup Summary, <i>Community Water Fluoridation</i>.</p> <p>Addressed by P&amp;F Workgroup. See P&amp;F Workgroup Summary, <i>State Primary Care Grant</i>.</p> <p>Actively seeking inclusion of dentists. See P&amp;F Workgroup Summary, <i>Loan Repayment</i>.</p> <p>Supporting State Dental Director’s efforts to expand CHIP scope of benefits. See P&amp;F Workgroup Summary, <i>CHIP/PEHP</i></p> <p>See P&amp;F Workgroup Summary, <i>CHIP/PEHP</i></p> <p>See P&amp;F Workgroup Summary, <i>CHIP/PEHP</i></p> <p>See P&amp;F Workgroup Summary, <i>CHIP/PEHP</i></p> <p><b>For additional Workgroup activities, See P&amp;F Workgroup Summary.</b></p>

Key Strategies Developed at the Utah Oral Health Summit, October 2000	Prevention and Education Workgroup Activity and Recommendations
<p style="text-align: center;"><b>Prevention and Education</b></p> <p>Organize a group to develop, coordinate and disseminate educational materials statewide</p> <p>Provide oral health education to teachers in schools throughout the state</p> <p>Provide education opportunities for parents of infants and preschool children</p> <p>Implement a broad oral health improvement and education campaign</p> <p>Work with long-term care facilities to provide oral health education</p> <p>Encourage dental offices/clinics to adopt local “at risk” schools; provide intensive prevention and education for students and families</p> <p>Incorporate oral health education for staff and beneficiaries of publicly funded programs such as WIC. Recognize the compounding effect of socio-economic factors on oral health.</p> <p>Address cost issues and feasibility of implementing community water fluoridation</p> <p>Expand ability to fluoridate beyond first and second class communities</p> <p>Provide communities pursuing fluoridation with technical assistance</p>	<p>Addressed by P&amp;E Workgroup. See P&amp;E Workgroup Summary, <i>Educate/Train Caregivers and Teachers of Children</i> (1), (2).</p> <p>Addressed by P&amp;E Workgroup. See P&amp;E Workgroup Summary, <i>Educate/Train Caregivers and Teachers of Children</i> (1), (4).</p> <p>Addressed by P&amp;E Workgroup. See P&amp;E Workgroup Summary, <i>Educate/Train Caregivers and Teachers of Children</i> (2).</p> <p>Addressed by P&amp;E Workgroup. See P&amp;E Workgroup Summary, <i>Educate/Train Medical and Dental Providers</i> (1), (2), (3)</p> <p>Addressed by P&amp;E Workgroup. See P&amp;E Workgroup Summary, <i>Educate Caretakers and Providers of People with Special Needs and Dentists</i> (1), (2), (3), (4)</p> <p>Recommend studying model already in place in Salt Lake County</p> <p>Addressed by P&amp;E Workgroup. See P&amp;E Workgroup Summary, <i>Educate/Train Caregivers and Teachers of Children</i> (2)</p> <p>See Policy and Funding Workgroup Summary, <i>Community Water Fluoridation</i></p> <p><b>For additional Workgroup activities, see P &amp; E Workgroup Summary.</b></p>

Key Strategies Developed at the Utah Oral Health Summit, October 2000	Access Workgroup Activity and Recommendations
<p style="text-align: center;"><b>Access</b></p> <p>Implement case management and educational strategies in partnership with Medicaid recipients and the Medicaid program with the primary goals of decreasing the rate of broken appointments</p> <p>Increase the number of eligibility workers and their knowledge of what public programs are available</p> <p>Increase the number of CHIP providers; Encourage PEHP to be more responsive to CHIP providers</p> <p>Increase the number of dentists willing to provide services to Medicaid insured persons: Advocate for increased reimbursement for dentists</p> <p>Work with UDA to expand the range of volunteer opportunities available and contact retired dentists to promote opportunities for volunteerism</p> <p>Improve access for special populations - the disabled, elderly, uninsured adults and children, minority populations, HIV positive persons and residents of rural areas</p> <p>Using education activities, connect with diverse populations, for example, WIC clients, Head Start children, school children, Migrant worker families</p>	<p>The Access Workgroup supports Medicaid and the UDA Access Committee in their proposal to increase access to Medicaid, including the implementation of a case management system. See Access Workgroup Summary, <i>Increase access to dental care for Medicaid clients</i> and P&amp;F Workgroup Summary, <i>Medicaid Reimbursement</i></p> <p>Incorporated in Medicaid Case Management Pilot Project</p> <p>See P&amp;F Workgroup Summary, <i>CHIP/PEHP</i>.</p> <p>See Access Workgroup Summary, <i>Increase access to dental care for Medicaid clients</i> and P&amp;F Workgroup Summary, <i>Medicaid Reimbursement</i></p> <p>See Access Workgroup Summary, <i>Increase access to dental care for Medicaid clients</i>.</p> <p>Addressed by the Workgroup. See Access Workgroup Summary, <i>Increase access to dental care by ensuring sufficient dentists to serve in dental health shortage provider areas</i> and P &amp; E Workgroup Summary, <i>Educate caretakers, providers of People with Special Needs and dentists</i>.</p> <p>See P&amp;E Workgroup Summary.</p> <p><b>For additional Workgroup activities, see Access Workgroup Summary.</b></p>

# UTAH ORAL HEALTH FOLLOW-UP SUMMIT PROCEEDINGS

*June 8, 2001 - Salt Lake City, Utah*

***Summit Cosponsored by:***

Health Care Financing Administration (HCFA)  
Health Resources and Services Administration (HRSA)  
Utah Department of Health

***Report prepared by:***

Oral Health Program  
Division of Community and Family Health Services  
Utah Department of Health

June, 2001

***UTAH ORAL HEALTH FOLLOW-UP SUMMIT***

**Friday, June 8, 2001**  
8:00 a.m. - 12:00 Noon

Department of Natural Resources  
1594 West North Temple  
Salt Lake City, Utah

**AGENDA**

8:00 - 8:15 A.M. Steven Steed	Welcome and Introductions	Dr.
8:15 - 8:30 A.M.	Overview of the National Governor's Association Policy Academy	Dr. George Delavan
8:30 - 8:45 A.M.	Review of the October Oral Health Summit Introduction of Workgroup Chairpersons	Dr. Steven Steed
8:45 - 9:30 A.M. Dr. Jerald Boseman	Report/Discussion Policy and Funding Workgroup	
9:30 - 10:15 A.M. Judith Evans, R.D.H.	Report/Discussion Prevention and Education Workgroup	
10:15 - 10:30 A.M.	BREAK	
10:30 - 11:15 A.M. Tanya Kahl	Report/Discussion Access Workgroup	
11:15 - 11:30 A.M. Chad Westover	CHIP Update	
11:30 - 12:00 Noon Steven Steed	Wrap-up/Adjourn	Dr.

*Background*

As part of the Utah Oral Health Initiative (UOHI) implemented by the Utah Department of Health (UDOH) Oral Health Program (OHP) in the summer of 1999, a Summit meeting was convened in Salt Lake City on October 27, 2000. The goal of the Summit was to develop and come to consensus on short-term strategies and

a long-term work plan in order to improve oral health status among Utah residents. The major objectives of the Summit were to: 1) broaden the ownership for oral health improvement in the state and increase awareness of the scope of oral health problems; 2) discuss and develop prevention and access strategies that will improve oral health in Utah; and 3) discuss and develop strategies which enhance the coordination, distribution or replication of successful efforts which improve access to oral health services as well as prevention of oral disease.

The expectations as well as the objectives for the Summit were met and in order to be responsive to the significant work which was accomplished at the Summit, the Utah Oral Health Summit Planning Committee and the OHP conducted activities which included:

- Disseminating the Utah Oral Health Summit Proceedings across the state including posting on the UDOH Web Site
- Meeting with UDOH Administration and Division of Health Care Financing Director in order to discuss Summit outcomes/findings particularly in regard to Medicaid and CHIP
- Convening the Summit Planning Committee to develop and facilitate workgroups
- Convening three workgroups to begin discussions regarding strategies to address policy and funding, prevention and education, and access issues
- Establishing a Utah Oral Health Listserv to facilitate ongoing discussion and sharing among stakeholders and interested parties
- Convening a follow-up Summit in June 2001 with workgroup members and other interested parties to assess progress and plan for future activity

The Summit was reported in a Report of Proceedings to all participants, sponsoring agencies and UDOH administration. Meetings were conducted with the Director of the Division of Health Care Financing and the MCH Bureau Director to discuss those strategies specifically related to Medicaid and CHIP. Three workgroups were convened to prioritize strategies and develop recommendations for implementation of strategies in the areas of Policy and Funding, Prevention and Education and Access. The OHP developed a Listserv as well as an Oral Health Program Web Site.

In order to consider and discuss the recommendations of the three workgroups and plan for future activity, a Follow-Up Summit was convened on June 8, 2001. Following is a report of the proceedings of the Follow-Up Summit.

## *NGA Policy Academy Overview*

An overview of the National Governors' Association Center for Best Practices Policy Academy, *Improving Oral Health Care for Children*, was given by Dr. George Delavan, Director of the Division of Community and Family Health Services. Dr. Delavan noted that eight of the fourteen-member Utah Project Team attended the Academy held in Nashville Tennessee, May 9 -11, 2001. The objectives of the Policy Academy were threefold: 1) to help state policy makers develop an action plan that can be realistically implemented to improve oral health care for children; 2) to create and reinforce relationships between the Governors' offices, State legislators, key program administrators, and stakeholders from the private sector; and 3) to assist State officials in identifying issues or areas of concern which might result in a formal request for technical

assistance. Dr. Delavan also presented the Utah Oral Health Vision Statement and the State Action Plan developed by the Project Team in Nashville.

### Vision Statement

*We envision an oral health system of care in which:*

- *Families, patients and providers are knowledgeable about, and involved in improving oral health for children, including children with special needs;*
- *Treatment is accessible, timely, affordable of the highest quality and integrated into the overall health and well being of the child;*
- *The needs of the families, patients and providers are met;*
- *Prevention is emphasized.*

### Action Plan

- Increase Medicaid dental reimbursement rates.
- Develop a case management pilot using existing resources and with a goal that it will operate statewide within two years.
- Reduce debt burden for new dentists by including dentists in the Rural Medical Financial Assistance Program or create a separate rural dental loan repayment program.
- Provide education to parents, dentists and physicians to promote prevention of caries and referral for early intervention.
- Support statewide fluoridation efforts.

Dr. Delavan noted the timeliness and importance of the NGA Policy Academy and the work of the Utah Project Team in regard to the activities of the three oral health workgroups established subsequent to the October 2001 Summit.

## *October Oral Health Summit Review*

In reviewing the October Summit, Dr. Steven Steed, State Dental Director and UDOH Oral Health Program Manager, explained how the three workgroups were formed and what they were asked to accomplish between January and June of 2001. He noted that the workgroups had accomplished the tasks of prioritizing the strategies put forth at the October Summit and preparing recommendations as to how the strategies might be implemented. He commended the chairpersons for the excellent accomplishments.

## *Workgroup Recommendations/Group Discussion*

### **Policy and Funding Workgroup, Dr. Jerald Boseman, Chair**

*Prioritized Strategies:*

- Gain access to the State legislature
- Support increased annual funding of the State Primary Care Grant
- Support increased funding for the State Special Populations Program
- Advocate for expansion of the State Rural Medical Financial Assistance Program to include dentists
- Advocate for increased Medicaid reimbursement for oral health services
- Advocate for improved CHIP benefits and increase CHIP provider panel

(Activities related to these strategies are noted in the attached Policy and Funding Workgroup Report, Appendix I)

Discussion included:

- The need to have informed and committed individuals ready to advocate for these issues as they come before the legislature
- The lack of a dentist in the Montezuma Creek Medical Center dental clinic and the Tri-County Medicaid Family Dental Clinic

- The UDA Access Committee proposal for increased Medicaid reimbursement and provider participation

## **Prevention and Education Workgroup, Judith Evans, R.D.H., Chair**

### *Prioritized Strategies:*

- Educate/train medical and dental providers regarding early identification of oral health problems in young children and appropriate intervention and referral
- Educate caretakers and providers of people with special needs regarding the importance of good oral health
- Educate/train caregivers and teachers of children regarding a wide range of prevention and early intervention measures

(Proposed activities related to these strategies are noted in the attached Prevention and Education Workgroup Report, Appendix II)

### Discussion included:

- Curriculum for oral health education - review existing requirements for oral health education in the schools; coordinate with school nurses regarding materials and schedules; involve volunteer presenters; include oral health curriculum in secondary education; coordinate Dental Health Month statewide; and emphasize prevention of Early Childhood Caries.
- The fluoride varnish pilot project in Salt Lake County
- Payment to providers by insurance companies for oral hygiene instruction
- Public education regarding positive effects of fluoridation
- Nutrition education in public schools
- Cultural attitudes regarding the importance of oral health
- Coordination of the professional dental community, all levels of education and community efforts regarding oral health projects and activities
- A public education policy statement addressing oral health

## **Access Workgroup, Tanya Kahl, Chair**

### *Prioritized Strategies:*

- Implement a case management system for Medicaid clients to increase access to dental care
- Utilize volunteer dentists, hygienists, and dental assistants to increase access to dental care
- Recruit dentists to practice in urban and rural dental health provider shortage areas

(Proposed activities related to these strategies are noted in the attached Access Workgroup Report, Appendix III)

### Discussion included:

- Developing a resource or “pool” of volunteers including students from dental hygiene education programs, local health department staff and the military
- Establishing rotations for dental residents from the VA Hospital, PCMC and the U of U HSC in underserved areas
- Encouraging volunteer activity by implementing tax credits; providing appropriate and consistent staff at volunteer sights; providing recognition, in the media for example; and publicizing volunteering opportunities
- Developing a standardized data base and tracking system to link dental professionals with appropriate volunteer opportunities
- Recognizing the importance of establishing a “dental home” for continuity of care

Comment:

## CHIP Update

Dr. Steed reviewed meetings he had held with Public Employees Health Plan (PEHP) as well as with the Children’s Health Insurance Plan (CHIP) administration and the CHIP Advisory Committee regarding expanded CHIP dental benefits and the inclusion of an “any willing provider clause” to broaden the CHIP/dental provider panel. He noted that the meetings had been very productive especially in regard to expanding CHIP benefits.

Chad Westover, UDOH CHIP administration, reported that as of July 1, 2001 surgical extractions and stainless steel crowns would be included as CHIP dental benefits. He

indicated that this was a major accomplishment about which both CHIP administration and PEHP were pleased.

Chad also informed the group that Utah had been awarded a HRSA grant, *Covering Uninsured 2002*, intended to study ways to provide primary care benefits to Utah's uninsured and underinsured populations. Persons interested in attending an open meeting on June 18, 2001 to discuss the HRSA grant and its implications for oral health care, may make a reservation by calling 538-9001.

There were questions addressing the lack of "any willing provider clause." Lack of CHIP dentists is a significant problem in rural areas of the state. Linn Baker, PEHP, is willing to meet with dentists/UDA to discuss "CHIP only" PEHP dental providers. Another question addressed was the possibility of a "dental only" CHIP plan. Chad has discussed this need with the federal government and hopes to learn more.

## *Next Step - The Utah Oral Health Coalition*

The Utah Oral Health Coalition has been established in order to take the next steps in attaining the goal set forth at the October 2000 Utah Oral Health Summit, *to improve the oral health status of Utah residents*, as well as to put into action the plan developed by the Utah NGA Project Team. The Oral Health Coalition is all of us - those who have attended one or both of the Summits, those who are concerned about the oral health of vulnerable Utah residents, and those of us who are helping in many important ways to make things better whether we have a little time or a great deal of time. How does the Utah Oral Health Coalition work? The Coalition works because the members work. Coalition members may participate on one of the three workgroups, Access, Policy and Funding, Prevention and Education. Or, they may be the "doers" - those who "pick up the ball and run with it" as projects and activities are implemented by the Workgroups. They may spread the word that the more participants in the process, the more that will be accomplished. We all have important roles in the process. The entire coalition will be convened annually - most likely in different areas of the state - to reevaluate issues, strategies, priorities, and *progress*.

The Coalition Steering Committee, which coordinates and acts as a resource to the Workgroups, has redefined the responsibilities of the Workgroups. Project implementation is the primary charge. Workgroups will establish implementation goals with specific timelines and outcome objectives. Utah Oral Health Coalition members will be updated periodically on activities of the Workgroups and Steering Committee via the oral health listserv and the UDOH Oral Health Web Site.