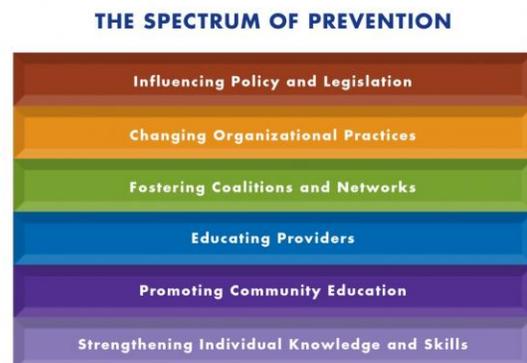


Small Group Discussion #1

- When there is a mobilized group of people, there should be someone who gathers stories from people in the organization and community. Get well-organized organizations asking for change.
- Community education around fluoride water by tapping into policy change and data.
- Make oral health something to report to the state.
- Make marketing innovative and dynamic.
- There are private citizens in Sonoma who are anti fluoride water. There was a test that the fish can survive in fluoride water.
- A strong coalition is sexy to legislators and many people are supportive of the bill. Submit support letters to legislators about how important oral health is.
- We need to find out what are the different surveys out there around oral health and the kind of data being collected.
- To get state movement is to get a state legislator to be a champion.
 - We need to reach out to state legislators in our counties.
 - They can author a bill and ask for funding.
- Maybe we can approach the oral health problem in a consumer perspective or market to the public.
 - Knowing the pattern people function on.
 - Gathering data this way.
 - How do we market the importance of oral health and how it effects overall health?
 - Having legislation may take longer to happen but it is longer lasting and then we can add in the marketing component.
 - The message (via stories) has to come from constituents and grassroots and then send it to legislators to make it happen.
 - Could also use this approach:
[The Spectrum of Prevention](#) –
“The Spectrum of Prevention is a systematic tool that promotes a range of activities for effective prevention” (Prevention Institute).



- In San Mateo, they do focus groups with elderly to find out what their needs are and what their concerns are to build a plan to put in the Prop 56 project. We want to know from their perspective of what they want and we can build on that.
- What do people care about?
 - Values
 - We want dental health to become a value. Make it a social determinant and make it desirable.
 - This can be hard for communities of color who can't afford these kinds of important things that are "desirable".
 - Knowing what is valuable in the communities can help us provide a pathway to get to what they need around dental health.
- Dentists in the private sector limit the amount of people per month that they serve.
- What do we need from the state?
 - Money to actually implement and execute programs; money for capacity building.
 - Opportunities to engage officials
 - There are Public Health professionals who have oral health education and dental professionals who lack public health educations. Integrating both in each other is important.

Small Group Discussion #2

Overall Note – there is an urgency for more detailed information about the oral health funding and opportunities.

Needs and Questions for DHCS and CDPH:

- A comprehensive picture of how all the funding works together. Also county level folks need help to understand the CURRENT regs on billing and in different settings.
- Technical Assistance on financial sustainability of all the dental projects, including how to utilize FFS and federal matching funds to sustain services. There are not examples, best practices or literature reviews on how to apply the rules.
 - For example, since Prop. 56 are state dollars can they be used to enhance or match federal funds for the DTIs?
- Provider education – What do providers need to do to enroll and start drawing down dollars? What can they use the Prop. 56 funding for or NOT? Who do they advocate to do that?
- Counties are at different levels and have different needs. They could use FAQs about the financing in the new environment of Medi-Cal rate increase and the DTI and the Prop. 56
 - Business model for prevention services and how the current funding can be used to help meet a providers' bottom line and increase access/decrease disparities.
 - What is the role of the managed care and LOHPs – how can they help to support fluoride varnish applications in medi-cal offices, etc.
 - For example, Partnership Health Plan – has HEDIS and is in the Medi-Cal program. Is it part of the capitated rate? In letter to the MMC that they are

supposed to track and report. APL

- County data by zip code – how many fluoride varnish is being done in Medi-Cal and Denti-Cal. The County CHDP (child health and disability program) is able to get data of children and families served and use that data to follow up and conduct outreach. But they need additional data about services provided to help address gaps.
- A comprehensive surveillance system to understand overall oral health throughout CA
- For the local oral health assessments for Prop. 56 funding – counties need training in basic survey methods
 - What is the survey tool that and standardizing survey collection methods. State and territorial dentists association (might have a model we could use)

Other Needs Identified:

- Increase the number of RDHAPs – if the push back is that dentists don't have time they could take on these prevention methods. Including varnish.
- More info about the dental teams and dental settings

Opportunities Identified:

- Could promotoras be trained to do varnish?
- Perhaps current providers could help outreach and enroll providers into the program?
- Can FQHCs use 340B pharmacy discounts to buy fluoride varnish at discounted rates?
- At the federal level, HRSA is prioritizing oral health. Keep HRSA in the loop to leverage existing grant \$. They have a dental director, Rene Jasco (rep is Valerie Gallo). They want to know best practices and what is working, which could help extend funds (they don't have funds to give).
 - HRSA also has an oral health task force.
- Can HRSA work to expand the primary prevention and nutrition services at WIC settings to provide funding for oral health outreach/ prevention services?

Small Group Discussion #3

Roots – Lorena, Renzo

- Clinic for adults and pediatric. Targeting east Oakland. Connecting families with dental homes. Partner with Alameda social services, helping with enrollment in CalFresh and Medi-Cal. Have clinics in Berkeley City College and Laney City College. Also in South Bay and San Jose.
- Soap factory – giving formerly incarcerated people job experience
- Sugar freedom project

First 5 – Doris, Lapamela, Tolo

- Coordinate care for families. Find families who have Medi-Cal and connect kids 0-20 to a dentist. We schedule appointments, do oral health risk assessment, and look at other social determinants of health – what other barriers are they facing to provide dental care to these families.
- Through HTHC program we're finding out why people don't go to the dentist.

- Healthy Teeth Healthy Community Program – includes Lifelong, Roots, First 5. Four-year grant. Focus on continuity of care. Will follow up with families every 6 months. All over Alameda county.
- Do a lot of prevention, teaching parents around oral health, what's covered. Working in schools etc. What to empower families to know what to ask for when they see a dentist.
- Do not have pediatric dentists. Have general dentists willing to see children. Get a bit of training but they are not pediatric dentists!

City of Berkeley Dept. of Public Health – Joanne

- Have had a partnership to sealants for kids in BUSD. Prop 56 funding feels very new to us still. We want to do needs assessment to understand where we are at, how we can engage, how we can engage promotores. We are at the very beginning. Even though we've done 17 years of screenings.
- New Mayor – has been focused on homeless populations. Want to look more around need with pregnant women.
- We're lucky that we've always had the school piece. But Prop 56 gives us the bigger picture opportunity
- Looking for more support on media campaigns. Have had success on sugar sweetened beverage campaign. Had pics of local community members who saw their faces on media and were happy.
- Don't have an oral health dental director –
- Priorities – filling positions, outreach, campaign, needs assessment in order to hear what are the real gaps, what do we need to shape.

Hugo Ramirez – Vision y Compromiso

- Pediatric dentist (pedo-dentist) – they are better trained to see kids. They know how to be with kids, they know when certain services are not necessary.
- However, families want to go to the closest dentist and that might not be a
- Transportation is a concern. Have to have a doctor's note to use Medi-Cal transportation benefit. Or don't even know about the transportation benefit. In some areas this is easier can call an uber or lyft and Medi-Cal covers. But in Alameda it is buses and its hard to access. A lot of barriers (CPEHN should look into this – follow up with Carolina).
- Asked about presentations to communities
- First 5 provides oral health education. How to get a cavity, how do they form, how long to brush your teeth, understanding that breads are all sugar, or sharing spoons. Prevention education

What can we do locally to support state efforts?

- We're already doing all that we can. State should be supporting us.
- We are doing a lot of the coordination and education efforts – HTHC campaign
- Doing local needs assessment

What can the state do to support us?

- Reimbursement for dentists needs to be higher.
- The time it takes for dentists to get the reimbursement is too long. 6 months!
- We see that only new dentists take Medi-Cal patients. After 5 years they stop. They only put up with it while they are trying to building their practice.

- We need dentists that see and specialize in seeing kids.
- From promotores we hear how come there isn't a dental loan forgiveness program. If they serve Medi-Cal patients get loan forgiveness.
- Streamline the transportation benefit – make it clearer, make it work.

What do you need from COHN?

- Continued conversation, maybe even email, maybe online interactive sites
- Trainings on education, laws, incentives
- Toolkits on media, etc. save time and resources by having a repository of posters, materials that we have permission and are vetted

Small Group Discussion #4

What can we do locally to support state efforts to improve access and quality of oral health prevention and treatment policies?

- Speaking up and sharing stories at Hoover hearing
- State needs to hear it from local departments (what are your needs)
- Medical advisory board to seek answers or support
- Get to know the community more
- Getting people to ask for stakeholder meetings
- Local dental projects continuation of increasing access to oral health
- Creating pitch to encourage dentist to accept Denti-Cal
- Incentives for private practice dentists
- Healthy smiles, healthy teeth healthy kids example of incentives for dentists
- Addressing the lack of access
- Getting as innovative as you can with the dollars we get
- Example counties opting out from proposition 56
- We have to be stronger in advocating
- Addressing the elderly needs

What do you need from California Oral Health Network and the state policy/program initiatives to elevate or strengthen your work?

- Increase in advocacy for the elderly
- (Data) Enough dentists visits in nursing homes
- A calendar/framework of meetings for individuals of agencies to attend and represent
- Who can we connect with?
- How do we know what opportunities are out there?

(Data) California map of DTI's

Small Group Discussion #5

1. What can we do locally to support state efforts to improve access and quality of oral health prevention and treatment policies?
 - What we've started in Santa Cruz
 - Create joint Strategic Plan
 - See where we can leverage funding like Prop. 63 funds
 - Bring people together
 - Finding the win/win to provide supplies to dental service providers and ensuring the dental providers are reimbursed.

- Use funding to incorporate fluoride varnish into curriculum so that emerging medical assistants are familiar. So that we can keep up as people come and go.
 - Can providers replicate the training? But it would be great if they come out of the training already trained.
 - Interprofessional training to medical providers.
 - Training them in school may avoid mental barriers and making it mandatory.
- Learning about state efforts and priorities. Is there an easy way for the state to convey all the workgroups and what is happening. Much of the county work is not accessible to what is happening at the state level.
- All the little communities are reinventing the wheel.
- Alameda county—had small scale projects
 - Healthy smiles project—give providers funding to treat uninsured children. With Medi-Cal provided to children, if they get new children and get them on Medi-Cal the county was able to incentivize providers taking them on.
 - Healthy teeth project—give \$25 to providers to reimburse providers
 - Community Project—under DTI to recruit more denti-cal providers to provide TA to dental providers.
 - With Prop. 56 are now working on a communications plan because now the program need to integrate the efforts.
 - Alameda County—is hiring for a Dental health director. And there are two other leadership vacancies
 - The question is really about integration—how do we integrate this? It is very time limited. Looking for workgroups to participate in.
- Seminars to potential denti-cal providers
 - Make reimbursement easier
 - DTI is challenging and frustrating as a process
 - Increasing the fees is okay, but we need to educate them
 - Education to denti-cal providers
 - Streamline reimbursement process
 - **would have been helpful to have a DHCS representative here**
 - There are a lot of quality improvement possibilities
- There is an ongoing effort to have events to kick off the state oral health plan
 - Adapt the Emerging Learning framework to fit the needs and facilitate locally to inform the state.
- The needs assessment shows that there are more than enough dental providers but they don't want to take denti-cal patients.
 - The state needs to provide folks with effective talking points
 - We don't have surveillance data because we don't have a state dental director
- We need to support mutually beneficial aims
- Improve the administrative burdens and make the processes more streamlined

- Support and education
 - March 22nd Little Hoover hearing in Sacramento
- Santa Cruz did a great needs assessment!

- 2. What do you need from the California Oral Health Network and the State/policy program initiatives to elevate or strengthen your work?
 - Need to better communicate clinical vs public health
 - Elevator speech for how to talk to providers
 - CDA should hold meetings and provide information that there is a 40% increase to reimbursements
 - How to administer in bureaucratic processes. Need help now, not case by case. Long term vacancies need to be a priority.
 - Technical Assistance
 - Oral Health 2020 hired Frameworks to put out consistent messaging on oral health
 - Trying to change the culture around oral health to engrain good oral health especially with looming Federal threats
 - CPEHN to hold all the resources, curriculum, best practices where all stakeholders can access
 - MyWelltopia.com
 - FB page for resources
 - Common language & plain language definitions (from NY)--New York oral health literacy toolkit

Report Back from Small Group Discussions

- Build-in oral health prevention
- Increase role of RDHAPS because they can provide fluoride varnish. Think about Promotores. We need the state provide technical assistance and tools to compare apples to apples.
- What the different oral health funds are and where are they going.
- Data, it is important and useful. There are roadblocks within roads.
- Share stories, success, and impact and know the opportunities and speak up and speak out.
- Create a map of what is happening where so we know who is doing what.
- Make sure there is a future convening.
 - Oral Health network which is part of the 2020 Oral Health network has a repository of information from all parts of the state and know what is happening where.
- Make resources for special communities accessible.

- Needs assessment. Understand that their work needs to be connected with the state.
- The state can provide best practices, evidence, resources, and elevator speeches to collaborate with folks working around oral health. They can also do hosting, sharing survey data collections, and standardized assessments.
- Community engagement
- Work to do oral health education and presentation in schools and other settings
- Helping families find appointments with dentists.
- Opportunity to do needs assessment to know what is needed and address gaps.
- Conversations about reimbursements to providers – sometimes there is a lag in reimbursing providers.
- Transportation is a barrier for families to get to the dentists and finding clarity on how to access that.
- Work force is an important tool.
- Network – have easy to use tool kits and media stuff to share broadly.

Post-it Notes

Media/Outreach

- Pre-made media
- Network/attendees contact information
- Public “needs” from network members in an oral health network email or listserv
- Resources/tools (repository)
- Can CDPH link the LHJs that are conducting and/or designing media campaigns?
- Make a listserv for the coalition

Data and Assessments

- No incentive for staff to work on it (data collection)
- We need data on current fluoride varnish applications by county. How can we expedite this information getting to Public Health programs?
- Making Kinder assessment mandatory SB379 (data collection)
- Kindergarten + oral health assessment; perfect opportunity to partner with local dental community
- Oral Health Assessment – staff from schools are able to collect the data, as long as they see the incentives – money reimbursement going to the health programs, and feedback from the data collections.
- The school staff are great resources to distribute the health literacies. They know the families and students already. Tap into the current resources! How do we get the funding to the school level?
- Does special populations include children and adults with developmental delay?
- Multi-year contract (Health Literacy – timeline)

Needs from COHN and OH Advocacy Needs

- Need teleconferencing and webinars from COHN
- Promotors being able to do fluoride varnish
- Need advocacy updates from COHN
- A map of what is happening where from COHN
- Different campaigns
 - Alignment
 - Health literacy (literacy Advisory Committee)
- Need systems for surveillance plan (how are we praising feedback)
- Need governance of the network from COHN
- DHCS at the table

Provider Reimbursements/Other

- Continuity, local needs assessment, how long it takes to get reimbursements
- TA reg. financial (reimbursements for providers)
- Break down/demystify oral health programs to providers