

**PROFESSIONAL SERVICES TO SUPPORT THE DELAWARE ORAL HEALTH COALITION  
ACTION GROUPS**

**FINAL REPORT ON PROJECT ACTIVITIES**

**Center for Disabilities Studies  
University of Delaware**

**BACKGROUND**

The Delaware Oral Health Coalition (DOHC) identified four goals to address, and organized four Action Groups to develop strategies and activities and to promote their implementation. The specific goals are:

1. Improve access to oral health care and disease prevention for aging adults and persons with disabilities.
2. Improve access to oral health care and disease prevention for children.
3. Increase the oral health literacy of all Delaware residents.
4. Increase partnerships and collaborations to build and maintain a coordinated advocacy initiated to improve oral health systems in DE.

The Center for Disabilities Studies (CDS) at the University of Delaware was contracted to provide services with regard to the management support for the DOHC that included support and coordination of the Action Groups; coordination with the DOHC Board, the Bureau of Oral Health and Dental Services (BOHDS), and external organizations; and coordination of implementation strategies.

This activity period was from September 1, 2015 to May 6, 2016.

This report addresses our project activity focused on:

1. **Assist each of the four Action Groups with defining goals, outcomes, timelines and responsibilities** needed to achieve the identified goals of the DOHC.
2. **Provide leadership and facilitation to assist the volunteer Action Groups** with the development and adoption of Action Plans that are aligned with the Oral Health 2014 Plan Goals.
3. **Provide expertise and technical assistance on dental public health issues** to guide Action Groups regarding evidence-based and successful oral health strategies and recommendations.
4. **Serve as liaison** between Action Groups and BOHDS and the DOHC Board of Directors.

**PROJECT GOAL**

Provide management support for the DOHC.

**PROJECT ACTIVITY**

Summary: The CDS staff supported and facilitated a total of twelve action group meetings during the contract period. The CDS staff attended four Board Meetings, four meetings with BOHDS/Central Operations Group (COG), and the State Innovation Model Delaware Center for Health Innovation meetings. The CDS staff assisted the four Action Groups in developing their Action Plan. Over the eight month contract period, the CDS staff regularly updated the plans with regards to completed activities. They also reviewed the goals of the plans against the 2014 Delaware Oral Health Plan Goals.

Furthermore, the CDS staff provided technical assistance including a one-page summary of Dental Care under the Affordable Care Act.

### **1. Assist each of the four Action Groups with defining goals, outcomes, timelines and responsibilities**

The Action Group Plans, including goals, outcomes, strategies/activities, timelines and responsibilities needed to achieve the identified goals, were developed and are included in Appendices 1 and 4. The plans were written with input from various stakeholders: the DOHC membership at the 2015 annual meeting, the regular Action Group members at the planning meetings, the BOHDS and the DOHC Board of Directors. The final report of DOHC's 2015 annual meeting is included in Appendix 2.

Highlights of the annual meeting report which guided the work of the four Action Plans include:

#### **a. Oral health for children beginning at age one.**

##### ***Summary:***

- Integrate oral health into primary care
  - Training of primary care providers on oral health evaluations, anticipatory guidance, and preventive care
  - Promotion of referrals from primary care to dentists
  - Unified information campaign for parents

##### ***Board Recommendations to Consider:***

- Promote the integration of oral health into primary care practices.
- Support modifications to the Medicaid reimbursement policy that would allow for physicians and dentists to apply two applications of fluoride varnish annually by the dentist and the physician.
- Support payment to Federally Qualified Health Centers (FQHCs) for the application of fluoride varnish that is equivalent to payment to private physicians.
- Promote the use of the Delaware First Smile messages and grassroots network for children.

#### **b. Oral health care coverage available to all Delawareans on Medicaid**

##### ***Summary:***

- Stakeholder engagement and education
- Policy changes to include oral health in Medicaid coverage for eligible adults through State Innovation Model/Delaware Center for Health Innovation (SIM/DCHI) framework

##### ***Board Recommendations to Consider:***

- Promote the coverage issue to DCHI Board for its consideration to develop a comprehensive review of the cost and financing of dental care for adults who do not have dental insurance.
- Educate stakeholders about the importance of oral health for general health.

#### **c. Standard and unified messages on Oral Health**

##### ***Summary:***

- Develop a united message for all stakeholders to use.

- All stakeholders understand and deliver unified message.

***Board Recommendations to Consider:***

- Promote the usage of the Oral Health Literacy plan for adults to DOHC stakeholders and partners.
- Create and execute a grassroots campaign to promote oral health for policymakers, stakeholders, and consumers of health care.

**2. Provide leadership and facilitation to assist the volunteer Action Groups**

In order to create the Action Group plans and to work toward achieving the goals, the CDS staff communicated, scheduled, arranged the logistics for Action Group meetings, and also facilitated and documented those meetings. The work also included the following: providing assistance to refine the plans based on input from BOHDS and the Coalition Board as well as external stakeholders; updating BOHDS and the DOHC Board with on-going and completed activities; and identifying realistic timelines and necessary future resources.

**a. Action Group 1: Vulnerable Adults**

- The Vulnerable Adults Action Group organized around expansion of Medicaid oral health coverage for adults as well as increasing access to existing services until all Medicaid enrollees have the dental benefits.

**b. Action Group 2: Children Group**

- The Children Action Group focused efforts on a proposal to coordinate and co-host county-wide education events regarding fluoride varnish and a dental home for children starting at age 1.

**c. Action Group 3: Oral Health Literacy**

- The Oral Health Literacy group's focus was on a wide variety of efforts to disseminate a consistent and effective information campaign. The BOHDS has developed a tool kit and campaign materials; other organizations have developed PowerPoints and education plans (Nemours Children's Hospital and Delaware Technical Community College). This group mostly focused on creative ways to disseminate the messages and education using these tools.

**d. Action Group 4: Community Partnerships**

- The Community Partnerships group focused primarily on supporting the efforts of the Children's and Oral Health Literacy groups' efforts.

An on-line dashboard was created to post Action Plan drafts and meeting minutes and to encourage effective communication within the action groups and across action groups. This work space was underutilized by current members of the coalition. Drafts of the plans and updates of activities were shared at Board meetings for input and approval.

A brief survey of coalition members was conducted electronically to assess preferences for communication methods, project management tools, and meeting logistics. But, the response rate from the coalition members was very low. To determine satisfaction of the Action Group members to assess

our performance and the effectiveness of the on-going DOHC Action Group process, a conversation was facilitated at the most recent meetings. The members were generally satisfied with the progress.

### **3. Provide expertise and technical assistance on dental public health issues**

Expertise and technical assistance were provided as requested. A one-page summary of Dental Care under the Affordable Care Act (see Appendix 3) was written and provided to the Dental Director of Bureau of Oral Health and Dental Services within Delaware Division of Public Health. A comparison of Medicaid coverage in states throughout the country was provided to the Vulnerable Adults Action Group. Information of best practices on reaching out to primary care clinicians and community organizations was provided regularly, including to the Children's and Community Partnerships Action Groups. The CDS staff reached out to the Delaware Division of Medicaid and Medical Assistance personnel regarding Managed Care Organization's fluoride varnish promotions as requested by the Coalition Board.

### **4. Serve as liaison**

Dental workforce issues and concerns were shared through public comment at a SIM/DCHI meeting. Information gathered at the SIM/DCHI and BOHDS meetings was shared with the Action Group participants. Dental professionals will be included in the DCHI workforce capacity analysis and the licensing and credentialing processes review. A recommendation from the BOHDS/COG for the Children Action Group to include dental exam as part of school readiness was shared with the Action Group. County-wide events for the dentists and primary care providers was shared between the Children's and Community Partnerships Action Groups.

## **OBSERVATIONS AND RECOMMENDATIONS**

### **1. Observations**

Scheduling the Action Group meetings, getting strong attendance, and having members with capacity to execute the objectives and implement the strategies continues to be a challenge, though most of the groups had a small but dedicated group of participants. Two of the Action Groups did not have active chairs. Co-chairs of the other Action Groups have significant professional responsibilities in addition to their DOHC commitments. Yearlong meeting calendars were not set up for the Action Groups because of the early (originally scheduled to end on February 28, 2016) to mid-year end date for the contractor as well as the reliance of the groups on the contractor for meeting set-up and facilitation.

The focus of many of the Action Group meetings was on creating the action plans, talking through strategies to support the work of the plan, and discussing progress on the action items. The Excel spreadsheet document titled "Master Action Group Strategies and Priorities\_2016 June" is included in Appendix 4. Priorities and the status of activities for each Action Group is itemized.

An additional challenge was the recruiting of community partners; Partnership Action Group currently has the smallest participation. In the ever more challenging healthcare and non-profit environment, many community organizations are expected to contribute to and participate in numerous coalitions, partnerships and initiatives. Some of these over-committed community partners may have been less likely to commit to the coalition Action Group meetings because of the lack of a long-term structure.

While our attendance at DOHC Board meetings, Action Group meetings, and other COG meetings facilitated communication of ideas and priorities, there was lack of formal and effective process for getting priorities sent from the Board and COG to the Action Groups. There were a couple of initiatives that were recommended by the Board and COG. However, those did not end up in the Action Group activities because of timing and the lack of a formal process.

The affiliation of DOHC with Delaware Division of Public Health does not permit the DOHC and some Action Group members to actively advocate for legislation on the expansion of Medicaid dental coverage for adults. The structure of the DOHC served as a significant barrier to addressing the Adult Action Group's primary goal of expanding Medicaid oral health coverage for adults.

## **2. Recommendations**

### **a. General**

- At the end of each calendar year, a regular meeting time should be designated for each Action Group whether quarterly or every other month, and an annual meeting calendar should be created and disseminated. Our recommendation is that a long-term meeting calendar be set for each group as early as possible so that Action Group members can plan around the meeting times and make the commitment. This will also give them confidence that there is a long-term commitment to accomplishing the tasks.
- We recommend that a designated individual—either state employee or contractor—need to facilitate the Action Groups in order to make significant progress in executing the goals of the coalition and the Action Groups. Asking co-chairs, who are professionals volunteering their time, to perform support activities for their Action Group, is not realistic. Ideally, the designated person should be already familiar with the current efforts.
- The groups/facilitator would need to decide at what point to focus on executing the strategies and activities in order to accomplish more of the strategies and tasks of the plans. We recommend that the Action Groups focus on the implementation of the plans and related strategies after a couple of initial planning meetings. This would also likely increase member participation.
- We recommend that DOHC create a structured and efficient process for getting direction and recommendations from the Coalition Board and COG into the work of the Action Groups.

### **b. Action Group**

- **Action Group 1: Vulnerable Adults**
  - A top priority from the 2015 DOHC annual meeting was to expand Medicaid coverage to include oral health care for all Delawareans, including adults. We recommend that the DOHC Board and COG review what structure or organization of DOHC would be best to advocate for expansion of the Medicaid coverage and create an alternative structure for these activities, if necessary, because of conflict of interest limitations to make significant progress on this priority.

- Additional funding should be sought to achieve the objective of developing oral health surveillance system for a more complete system of care.
- **Action Group 2: Children**
  - This Action Group focused on efforts to coordinate and co-host county-wide education events to improve fluoride varnish and a dental home for children beginning at age 1. A designated facilitator/organizer could significantly impact the success of the efforts.
  - School readiness/kindergarten registration to include a dental check-up should be also explored. Adding a strong recommendation for school readiness/kindergarten registration to include a dental check-up was part of a recommendation from the coalition Board/BOHDS.
- **Action Group 3: Oral Health Literacy**
  - Because of various oral health literacy activities throughout the state, on-going and effective communications, whether through DOHC Action Group meetings or other means, should be highlighted to share and coordinate these efforts.
- **Action Group 4: Partnership**
  - This Action Group can review with current and potential community partners their own health priorities for the year and discuss which Action Group best complements their annual goals. The Partnership Action Group would then invite them to participate in one of the other three Action Groups so that community partners could integrate their priorities in executing specific strategies. This could encourage effective action and address the low level of engagement of community partners.

## **APPENDIX**

Appendix 1: Action Group Plans

Appendix 2: Final report of DOHC 2015 Annual Meeting

Appendix 3: Dental Care under the Affordable Care Act

Appendix 4: Master Action Group Strategies and Priorities\_2016 June