

Indiana Oral Health Coalition (IOHC) Minutes
Friday, March 9, 2012
Hosted by the
Indiana State Department of Health (ISDH)

Mission: The IOHC is a collective voice of individuals, groups, organizations, and businesses working together to promote, protect and provide for the oral health of the residents of Indiana.

PRESENT:

*Annika Ahlquist	Patrick Higgs	Armando Soto-Rojas
Louise Anderson	Joan Kowolik	Sarah Sparks
Brandi Appleget	Carolyn Lyme	Beth Summers
Eugene Boone	E. Angeles Martinez-Mier	Heather Taylor
Ashley Bozell	Henri Maurice	*Maija Talvitie
Diana Buyer	James Miller	Marsha Thomas
Tina Elliott	Patty Morris	Brenda Valliere
Anita Gaillard	Pamela Rettig	Roger Valliere
Brittany Gross	Pamella Shaw	

Dr. Buyer, Chair IOHC opened the meeting at 10:00 a.m. welcoming everyone and thanking them for coming.

She introduced Dr. Jim Miller, Vice Chair. Then she allowed everyone to introduce themselves and who they represented. *A special welcome was made for two nursing students from Finland.

REVIEW MINUTES

Dr. Buyer asked if there was a motion to accept the minutes from the last meeting. A motion and second were offered and the Indiana Oral Health Coalition minutes for the December 9, 2011, meeting were approved as submitted by a unanimous voice vote.

Topic – Indiana Oral Health Plan 2012

Dr. Miller explained that the proposed Indiana Oral Health Plan (IOHP) will be submitted to Dr. Larkin, the State Health Commissioner for review and approval, likely by the end of 2012.

Dr. Miller shared information on the background, priorities, and the plan for the IOHP. The goals of the IOHP will reflect the priorities of the various stakeholders in Indiana. He explained that there are priorities from several organizations to combine into one plan: the Indiana Oral Health Coalition (IOHC), the Indiana State Department of Health (ISDH), the Division of Health and Human Services (HHS) at the ISDH, and the Oral Health Program at the ISDH. Dr. Miller went over the five prioritized goals established by the IOHC. He reviewed the priorities of ISDH and HHS. He also reviewed the Vision/Mission statement of the Oral Health Program at the ISDH.

He explained the proposed format of the IOHP, its proposed content and the proposed timeline for completing the draft of this document. The format will be similar to other state plans, with consideration given to the ISDH's guidelines. The content will include goals for the following

five years, also with consideration given to the ISDH's guidelines. He hopes to have the first draft ready for review and comment by the IOHC at the June 2012 IOHC meeting, with the final draft ready by the December 2012 IOHC meeting, for final review and comment.

Dr. Miller welcomes input from individuals and organizations concerning the content of the IOHP. The Oral Health Program, through the IOHC, will email a request to individuals and organizations on the IOHC's mailing list to contribute in their areas of expertise to the IOHP.

Topic – Report of States Oral Health Needs Assessments

Dr. Buyer thanked the IOHC members for their research on other state's coalition existence, funding sources, and oral health needs assessments. She went over their results.

The population of Indiana is estimated to be 6,516,922. That makes Indiana the 15th most populated state in the United States.

The oral health needs assessments conducted in other states vary in size, sophistication, and population. This review plainly demonstrates that all state oral health surveys are not comparable. The most common population surveyed was school children in third grade, Head Start enrollee's (4-5 years old), and school children in the sixth grade. Arizona had a survey of the Native American population, two other states surveyed persons above the age of 65, and another survey was conducted on special needs children.

The type and method of the survey also varied. Some states conducted a survey with only a questionnaire, while others analyzed only available data. The majority of states conducted a *basic screening survey* (a term used by the Association of State and Territorial Dental Directors), which includes an actual screening examination of children's dentition.

The intervals between oral needs assessments also varied. Many states did not report the interval for an oral health survey.

Resources for conducting even a basic screening survey are very scarce, not only here in Indiana but across the United States. Potential sources for funds for public health projects include five different funding sources: 1.) state budgets and grants, 2.) federal grants, 3.) non-governmental organizations, 4.) charitable foundations and faith based organizations, and 5.) professional organizations. Resources are usually combined. In fact, it was rare if there was only one source of funding.

The most successful coalitions draw from education, business, government, professional organizations, foundations and the faith community. The IOHC not only needs to draw from within their membership but include other stakeholders. Current evidence suggests that good oral health is associated with good systemic health, and that poor oral health is associated with poor systemic health. Oral health is essential to total health and wellness. The IOHC needs to identify

health and wellness stakeholders who will join our efforts to improve the oral health of Indiana residents.

Not all states have an oral health coalition. Most oral health coalition programs originate within the state's oral health department. Others have secured nonprofit status and funding.

The missions, goals, and size of coalitions vary. Some coalitions have specific goals; some have broad goals and aspirations. The IOHC fits the broad aspiration category because their mission states that they, "work together to promote, protect and provide for the oral health of the residents of Indiana."

Dr. Buyer explained that in June 2011 the IOHC prioritized their top five goals (for the next few years). The number one priority was to create a mechanism of periodically collecting data on the oral health status of the residents of Indiana (such as through a periodic survey of oral health status and/or an oral health surveillance system). She looked at other state programs and examined their size, funding, general support and sustainability. She found that collaboration is an absolute necessity to develop a sustainable model whereby Indiana can evaluate the oral health status of children (and/or other residents) on a regular basis. The IOHC is laying the ground work, which will result in a sustainable model.

In order to pursue funding by combining resources from various organizations, Dr. Buyer suggested that we need five teams to examine in-depth the possibilities in each of five types of organizations:

Brown Team: Indiana State Department of Health/Agency Partners (Dr. Miller volunteered)

Yellow Team: Federal Governmental Partners

Blue Team: Non-Governmental Partners

Green Team: Foundation and Charitable Partners

Red Team: Professional Partners (Dr. Roger Valliere from IDA volunteered)

It is the Team's purpose to identify and include partners in Indiana's quest to improve Hoosiers' oral health.

There was a question and answer session.

BUSINESS MEETING

Dr. Miller reported that the Oral Health Program was awarded a small grant from the Delta Dental Foundation to do a pilot project collecting data on the oral health status of children from 1-3 counties in Indiana. He plans to work with Dr. Joan Kowolik at the IUSD on this project.

Dr. Miller announced that the Covering Kids and Families Organization requested that someone with knowledge of oral health help them with their annual conference in Indianapolis this summer. Dr. Miller will email contact information for their Director, Dr. David Roos, if anyone is interested in helping.

Tina Elliott announced the Indiana Rural Health Association 15th Annual Conference is June 14th and 15th at the J.W. Marriott. They plan to have several dental speakers. The program includes presentations about *Water Fluoridation, Ground Water Testing for Fluoride, Fluoride Varnish, Cavity Free at Three, School-based Dental Sealant Programs, Access Initiatives for Oral Health, and Tobacco Use and the Affects on Oral Health*. Mrs. Elliott explained that they are also giving scholarships for dental students who attend.

A representative of the HIV/STD division at ISDH reported that there are dental providers refusing to treat patients affected with HIV. This started a discussion and it was suggested that she talk to the providers first about the potential legal ramifications of this policy, and, if it continues, then she should report the issue to the State Board of Dentistry.

The need for the IOHC to have an independent website was discussed. Dr. Miller explained that the IDA has recently upgraded their website and suggested that the IOHC might ask the IDA for a page on their website. However, several members felt that it would still be important for the IOHC to have an independent website. A small grant for oral health education might be able to fund the associated cost. Each member could have a link to this website placed on their business website. Dr. Buyer will do some preliminary work on this matter and report at the next meeting. She will also look into what it takes for the IOHC to become a non-profit organization, which was also discussed.

ADJOURNMENT

There were no other updates and so the meeting was adjourned at 11:45 a.m.

NEXT MEETING

June 8, 2012 @ 2:00 p.m., at the Indiana Dental Association (IDA) Annual Session, "Theory" Room, Downtown Indianapolis Hyatt.

Future IOHC Meetings

September 7, 2012 @ 10:00AM 8T1, 8T2 (8th Floor Training Rooms, ISDH)

December 7, 2012 @ 10:00AM 8T1, 8T2 (8th Floor Training Rooms, ISDH)