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:

Diane Buyer
Eileen Clodfelder
Anita Gaillard
Judy Ganser
Ray Guest
Richard Martin
Hannah Maxey
James Miller
Ed Rosenbaum
Sarah Sparks
Beth Summers
Angela Swatts
Sara Viernes

WELCOME

Dr. Miller opened the meeting, welcomed all in attendance, and said he was especially pleased to welcome and introduce the Chair of the newly formed Indiana Oral Health Coalition. The following introduction of Dr. Buyer was read into the minutes:

Dr. Buyer is the state Chair of the Indiana Dental Association’s (IDA) program Drinks Destroy Teeth. The IDA House of Delegates in June of 2010 endorsed the education program with time, effort, and money. The program stemmed from Dr. Buyer’s article “Are You Drinking Your Teeth Away?” How Soda and Sports Drinks Dissolve Enamel” in the summer issue of the Journal of the Indiana Dental Association in 2009.

Professionally, Dr. Buyer is an active member of the Indianapolis District Dental Society, the Indiana Dental Association, the American Dental Association and the American Association of Women Dentists. Dr. Buyer is a contributing author to the Journal Indiana Dental Association and past editor. Dr. Buyer was inducted into the American College of Dentists in 1992 and is Past Chair of the Indiana Section, as well as, Past Editor of the News and Views, newsletter of the Indiana Section. While editor, the publications received several awards from the International College of Dentists and the American College of Dentists including the Golden Pencil and Golden Scroll Award.

Diane M. Buyer, D.D.S. is a third generation Indiana dentist. Dr. Diane Buyer maintains a private general dentistry practice in Nora, which is east of 86th and Meridian (Indianapolis, IN).
At this time, it gave Dr. Miller great pleasure in turning the first meeting of the Indiana Oral Health Coalition over to its first Chair, Dr. Diane Buyer. Dr. Buyer began the meeting by having the attendees briefly introduce themselves. Then Dr. Buyer proceeded to the review of the minutes from the December meeting of the Oral Health Task Force, its last meeting. All attendees received a notebook with past minutes, bylaws and members.

REVIEW MINUTES

Dr. Buyer asked if there were any corrections to the minutes; there were none. Dr. Buyer asked for a motion and second to approve the minutes. A motion and second were offered and the Oral Health Task Force Meeting minutes from the December 10, 2010 meeting were approved as submitted by a unanimous voice vote.

OVERVIEW

Dr. Buyer proceeded directly to announcements.

ANNOUNCEMENTS

Dr. Miller mentioned that the Oral Health Program at the ISDH did not receive funding based on its recent grant application to the ADA Foundation. He said he was not discouraged and that the Oral Health Program would keep trying to obtain funds to support its mission.

Dr. Miller also reminded everyone in attendance that the next meeting of the IOHC would be in June during the IDA Annual Session at French Lick, IN.

SPEAKERS

Wellness:

Dr. Diane Buyer referred to the U.S. Surgeon General Regina Benjamin’s report on “The Surgeon General’s Vision for a Healthy and Fit Nation” in January 2010 that reads it is imperative that we develop community coalitions that focus on wellness. The report states that “the most effective coalitions include representation from all sectors- businesses, clinicians, schools, academia, government, and the faith community.”

The Indiana Oral Health Coalition is one such coalition. After reading the Indiana Strategic Oral Health Initiative 2009 project report and the Bylaw’s of the Indiana Oral Health Coalition, the one unwritten and unstated goal is wellness. Wellness concentrates on choosing healthy life styles to promote healthy behaviors and ultimately enjoy successful existence. One of the greatest impacts of public health is to make people aware they can improve their health through adopting healthy lifestyle behaviors. The first four facets of wellness, the esthetic, physical, emotional and social dimensions directly involve the mouth, the teeth and oral health. Oral health is not separate from overall health, it is essential to total health and well-being.

Wellness is why Dr. Buyer felt tobacco awareness and cessation should be the focus of her first meeting as chairman. Oral cancer kills. The morbidity for oral and pharyngeal cancer has not improved in thirty years. A coalition like IOHC can help disseminate information to the communities we serve. Awareness of health choices promotes actions and ultimately produces an advantage, an opportunity to live a full and healthy life.
Indiana Tobacco Prevention and Cessation:

Anita Gaillard is the director of Community Programs with the Indiana Tobacco Prevention and Cessation agency (ITPC). ITPC came into being around 2000 as a result of the Master Settlement Agreement between the tobacco industries and the state. ITPC fund grants that hire staff in communities and then form a community coalition or sometimes a minority coalition. Then they develop a work plan and through personal motivation and counseling reinforce healthy choices and ultimately improve wellness.

The ITPC cessation systems make sure anyone who wants to quit using tobacco products knows what’s available in the state of Indiana. The care provider is encouraged to sign up for the program called “Preferred Provider Network” and will receive a packet of information about the Indiana Tobacco Quit Line. After the care provider talks to their patient about the problems of smoking, and when the patient is ready to quit, the care provider can refer them to the Indiana Tobacco Quit Line “1-800 Quit Now”. This telephone counseling is free and confidential. The coaches are highly trained. They specialize in tobacco cessation. For more information, go to their website at www.QuitNowIndiana.com.

Smokeless Tobacco:

Dr. James Miller reported that the ISDH surveys the youth in Indiana using a phone survey and part of that survey is about smokeless tobacco. In the last five years, the use of smokeless tobacco in Indiana youth under eighteen has gone up dramatically on a percentage basis. Dr. Miller explained that there are three types of prevention: primary, secondly, and tertiary. Smoking is a risk factor and it contributes to many kinds of serious diseases. Intervening has a cost associated with it so you want to know the cost before you develop a program to intervene and try to prevent a disease or disorder. Primary prevention addresses the risk factors before the disease occurs. Secondly prevention addresses the early stage of a disease. Tertiary prevention is treatment that addresses a definitive disease once it has occurred and tries to keep the disease from progressing to a more advanced stage. There is an association between smokeless tobacco and oral disease. He discussed articles about smoking and chewing tobacco and how that leads to oral cancer and other diseases. Dr. Miller gave critical equations used to interpret data and how to evaluate the expenditure of healthcare dollars in relationship to the individuals positively impacted.

COMMITTEES

There are eleven strategic goals and committees. Two committees reported on their activity at today’s meeting.

Dr. Miller reported that the Surveillance Committee is actively pursuing a grant to collect data on eight and nine year old children in the state that will record the presence of dental decay, and measure their height and weight. There are ten public health preparedness districts in the state and each of those districts has about ten counties. Some of those districts have dental hygiene schools. The Committee is trying to partner with the dental hygiene schools to have them help collect data on eight and nine year olds.

The Health Professional Shortage Committee reported that they have been working on increasing the number of designations for the last six months and four counties have been designated: LaGrange, Gibson, and Marion County with two sub-counties.
**NEXT STEPS**

There was some discussion about why only two committees reported. Attendees were encouraged to sign up for one of the committees of the eleven strategic goals and take the lead and share information at the quarterly meetings. Dr. Miller explained that the Oral Health SharePoint site is a convenient way for people to communicate and post what they have done. The people interested in a specific goal should take the lead in organizing activities for that committee, reporting at quarterly meetings, and submitting reports to post on the Oral Health SharePoint site. It was decided that the coalition should identify the missing players from these committees and do everything they can to engage them in the coalition because without them it is going to be much more difficult and challenging to achieve the strategic goals. Hannah Maxey volunteered to help Dr. Buyer to help identify these players.

There was further discussion about considering choosing only the top five of the eleven strategic goals to work on. Dr. Buyer will notify members that there will be a discussion at the next quarterly meeting about the top five of the eleven strategic goals, what we can do, what are the committees, what is doable, and what we can do to not let go of the Strategic Plan. The Strategic Oral Health Initiative (SOHI) may be updated.

IDA made arrangements to have the next IOHC quarterly meeting during the IDA Annual Session in French Lick, IN on June 10, 2011 at 10:00 a.m., at no cost. A booth is available and information can be distributed about IOHC such as surveys, questionnaires, and handouts to encourage persons to join.

Dr. Buyer encouraged feedback from the new members who attended today’s meeting.

**ADJOURNMENT**

There being no other business, the meeting was adjourned.

**NEXT MEETING**

*June 10, 2011 @ 10:00 a.m. during IDA Annual Session (French Lick, IN)*
*September 9, 2011 @ 10:00 a.m. in 8T1 and 8T2 (8th Floor Training Rooms)*
*December 9, 2011 @ 10:00 a.m. in 8T1and 8T2 (8th Floor Training Rooms)*