

Indiana Oral Health Coalition (IOHC) Minutes
Friday, September 6, 2013
Hosted by the
Indiana State Department of Health

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:

Leila Alter
Diane Buyer
Anita Gaillard
Richard Jackson
Hannah Maxey
James Miller
Patty Morris
Charles Poland

Ed Popcheff
Karyl Rickard
Armando Soto-Rojas
Tonya Stewart
Brenda Valliere
Roger Valliere
Amanda Witt

WELCOME:

Dr. Buyer, Chair IOHC opened the meeting at 10:10 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.

REVIEW MINUTES

Dr. Buyer reported an error was found in the IOHC minutes for May 17, 2013, after the members were sent a review copy. The error was found in the report given by Ed Popcheff in the *Announcement's* section of the meeting regarding Medicaid. Mr. Popcheff corrected the minutes to read that *Medicaid is not expanding at this point in time*. A motion and second were offered and the Indiana Oral Health Coalition approved the amended minutes as submitted by a unanimous voice vote.

ANNOUNCEMENTS

- Mr. Ed Popcheff spoke on the Legislative summer hearings. The Health Finance Commission is a standing statutory committee that is comprised of the members of the Indiana House, some health committees, and financial committees. They have been predominantly discussing oral health policies as well as health policies this summer. The big issue has been expansion or creation of exchanges. It has been decided that Indiana will have an Anthem PPO product as

their actual benchmark package. He discussed the different vendors who may or may not be a part of the exchange. The pediatric dental benefit is not mandatory for families to purchase. The Health Care Exchange products will be unveiled October 1st.

Mr. Popcheff reported that the CHIP program will continue to be funded until 2019 and children eligible for this program will continue to have dental care benefits included. Medicaid will not be expanded and the CHIP program will take care of any former Medicaid children.

No change is expected in coverage for the Healthier Indiana Plan (HIP). The HIP program is what the administration would like to have as their expansion product but it won't make the standards for the benchmark program. The HIP plan will exist until December 31, 2014, and then be renegotiated to make sure that they have an expanded program in lieu of Medicaid. The HIP plan offers vision coverage, dental coverage, and preventive screenings.

Mr. Popcheff reported that the last meeting of the Health Finance Commission will include a study of the way dental services are delivered in corporate sites.

- Mr. Popcheff announced that the IDA Council on Dental Public Health is having their first annual Safety Net Clinic Dental Director Symposium. It is being held on March 19, 2014, at the Dental Association offices located at 1319 E. Stop 10 Road located on the south side of Indianapolis.
- Dr. Jim Miller, State Oral Health Director at the Indiana State Department of Health (ISDH), updated the members on OHP activities. He welcomes Patty Morris, a recently retired state employee, back as a part-time contractor. His team includes three part-time contractors, Patty Morris, Linda Hillers and Mary Jane Mesmer, LDH. Each of these individuals has a wealth of knowledge and experience, and the OHP is fortunate to have such a good team.

The OHP is in the midst of the *Survey of the Oral Health and BMI Status of 3rd Grade Children in Indiana*. The data being collected will be analyzed and presented in a report.

The OHP is also working with the Indiana Society of Pediatric Dentistry to complete Phase 2 of a pilot project to collect surveillance data on the oral health status of 8 and 9 year old children in local communities. Dr. Miller explained that this may prove to be a reasonable alternative to a survey, which can be time-consuming, expensive and difficult to conduct.

PRESENTATIONS

TOPIC 1 – Changing Paradigms in Oral Health: Where's the Leadership? – Dr. Charles Poland

Dr. Poland explained paradigms shifts occur when there are economic benefits, when there is new knowledge, and when the value of oral health might change. He shared the Surgeon General's message

that *“What amounts to silent epidemic of dental and oral diseases affecting some populations, the burden of disease restricts activities at school, work, home and often significantly diminishes the quality of life.”* The term oral health and general health should not be interpreted as separate entities. Oral health is an integral part of general health. However, the standard medical insurance doesn't include oral health. Neither Medicaid nor the Affordable Care Act includes dental care for adults. There are no dental insurance opportunities for low-income parents. Few hospital's emergency rooms have dentists on staff. MD's and Nurse Practitioner's continue to be poorly trained in oral health issues.

Dr. Poland asked how many times a child goes to a pediatrician before age three and yet does not see a dentist until a dental problem occurs. He reported there are 10,000 school children in Indiana recently who were examined and 52% of them had untreated caries. Early childhood caries are five times more prevalent than childhood Asthma and 50% of children have cavities by the age of five. Lastly, children are thirty-two times more likely to have more cavities when risk factors are present. Young children with cavities have a higher risk of more cavities as they become teenagers and adults. The cost of treatment is incredible. Over 130 million dollars was spent last year fixing children's teeth and less than half of Medicaid kids are being seen.

He further explained that drinks destroy teeth. The acidic, sugary drinks are worse than candy or cookies and demineralize the tooth area weakening it and forming a cavity. According to the American Academy of Pediatrics, parents should only offer white milk and water at meals and maybe 4-6 ounces 100% juice can be offered at one meal. Do not put the baby to bed with a bottle of milk, nor allow a child to carry around a “Sippy” cup with acidic juice in between meals.

Of all the most important things to protect children's teeth is to educate their parents. A dental home is recommended for all children. Children with a higher risk of dental caries need to see a dentist at six months old or when their first tooth erupts, but no later than twelve months.

Dr. Poland reported there is a need for affordable dental health insurance for everyone because poor oral health represents the greatest unmet health care need in the United States.

Accompanying Presentation – Oral Health for Your Infant and Toddler – Dr. Karyl Rickard

Dr. Rickard is Professor Emeritus of Nutrition and Dietetics at the medical school and the head of the Pediatrics Nutrition Program at Riley Hospital.

She played a PowerPoint presentation designed by one of her graduate students, for their research project. The presentation educates parents of infant and toddlers about nutrition and oral health care.

TOPIC 2 – Dental Study for Babies and Their Parents – Dr. Richard Jackson

Dr. Jackson is involved in a multi-site study along with Duke University and the University of Ohio. This study is conducted in pediatricians' offices to screen infant and toddlers to see if they are a high-risk for the development of caries. Currently, they need 600 volunteers from Indianapolis enrolled by the end of the year and are specifically looking for non-Medicaid parents and/or Hispanic parents with

infants or toddlers ages 9-15 months to participate. The purpose of this study is to figure out a way that children can be screened in a Pediatrician's office for early signs of the development of caries. The parents will answer a risk assessment questionnaire with both medical and dental questions on it and by their answers the pediatrician will be able to determine if the patient is at a higher risk for the development of caries. At that point the parents would be advised to take their child to appropriate sources for preventive care such as a dentist, dental clinics, etc. Follow up questionnaires will be given to the parents over the next three years to update the study.

BUSINESS MEETING

Old Business:

The members decided that the IOHC meeting will no longer have a meeting scheduled at the IDA spring meeting. All of the IOHC meeting dates for 2014 were also changed to the *second Friday* in March, June, September, and December and will be hosted by the Indiana State Department of Health (ISDH).

New Business:

Mr. Popcheff recommended that the members re-establish the Dental Advisory Panel (DAP). DAP was a very valuable meeting in explaining changes and updates to the Medicaid policy. The members discussed this recommendation and decided that Leila Alter will look into re-establishing the Dental Advisory Panel.

ADJOURN

The meeting adjourned at 12:22 p.m.

Next IOHC Meetings

December 6, 2013 @ 10:00 a.m. in 5T Conference Room, ISDH (*cancelled*)

March 14, 2014 @ 10:00 a.m. in 5T Conference Room, ISDH

FUTURE IOHC MEETINGS

June 13, 2014, @ 10:00 a.m. in 5T Conference Room, ISDH

September 12, 2014 @ 10:00 a.m. in 5T Conference Room, ISDH

December 12, 2014 @ 10:00 a.m. in 5T Conference Room, ISDH