2012 Georgia Oral Health Summit

Oral Health Access: Collaborating to Bridge the Gap

Final Report of Meeting Proceedings

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Executive Summary

The Health Resources and Services Administration (HRSA) sponsored the Georgia Oral Health Summit that was convened by the Georgia Oral Health Summit Planning Committee on Monday, August 13, 2012 in Macon, Georgia. The theme for the Summit was “Oral Health Access: Collaborating to Bridge the Gap.” The Summit brought together government, public health, academic, and professional organizations with private industry and healthcare providers to address oral health issues across Georgia.

The goal of the Summit was to create a forum to encourage dialog among Federal, State and public and private organizations to improve access to and the delivery of oral health services in Georgia. The objectives for the Summit were to disseminate information on oral health resources available across the state; learn about innovative public-private partnerships and practices; and develop key partnerships and specific action steps that address the priorities identified in the recently developed draft Georgia Oral Health Plan.

The meeting was structured as an action-oriented, interactive meeting to encourage dialogue among leaders. To address oral health issues at the local and regional level, participants were divided into Regional Coordinators Networks (RCNs). A Georgia oral health asset map was unveiled at the Summit to portray current oral health resources in the State and to assist attendees with identifying possible areas of collaboration. In addition, the Georgia Oral Health Plan focus areas served as the framework to target collaborative efforts in the areas of prevention; public education and health promotion; surveillance and data; and access to care.

Presentations provided both a national and state perspective on the burden of oral health. Prominent reports on oral health and their recommendations were also highlighted. Issues and challenges that affect the delivery of oral health care such as workforce distribution of private dental providers, Medicaid reimbursement, recruiting and retaining safety net providers and expanding dental externships and residency programs in Georgia were discussed. Participants had the opportunity to consider innovative practices for implementation in their communities. These innovative practices included oral health literacy as a means to improve access in a dental clinic or office and to curtail the use of the emergency room. Another issue addressed was that of broken appointments; the reasons why and best practices for reducing them. Lastly, three examples were provided on collaborative efforts between public and private agencies to increase access and workforce development.

The Summit was successful in meeting its objectives and forming RCNs dedicated to improving oral health for Georgia’s safety-net populations. At the end of the Summit, the RCNs selected at least one oral health priority for their area. Priorities included promoting oral health literacy, making oral health a priority for their region and the state; educating law and policy makers on the importance of oral health to overall health, access to treatment by specific sectors of the population such as adults and HIV clients, increasing workforce capacity through cross training, providing inter-professional education courses, and improving surveillance and data. At the end of the Summit, the level of commitment to improving access to oral health was high.
Background

**National:** The U.S. Surgeon General reported in 2000 that, while improvements have been made in the oral health of Americans, great challenges still remain. In 2006, only 38 percent of retired individuals had dental coverage; in 2008, 4.6 million children did not obtain needed dental care because their families could not afford it and in 2011, there were approximately 33.3 million underserved individuals living in dental Health Professional Shortage Areas.\(^1\) The report underscored the importance of oral health as an essential and integral component of overall health throughout life and its intimate relation to the health of the rest of the body. Evidence now suggests that untreated oral disease may increase complications in conditions such as diabetes, respiratory disease, HIV/AIDS, and adverse pregnancy outcomes.

**HRSA:** In 2009, the Health Resources and Services Administration (HRSA) asked the Institute of Medicine (IOM) to provide advice on where to focus its efforts in oral health. Two IOM reports were released in response to this request, *Advancing Oral Health in America* (April 2011) and *Improving Access to Oral Health Care for Vulnerable and Underserved Populations* (July 2011). These reports provide the oral health care vision for the Nation and a roadmap to improve access to oral health, reduce oral health disparities and improve the oral health of vulnerable and underserved populations. The integration of oral health care into overall health care, improving dental education and training, reducing financial and administrative barriers and expanding capacity are critical to improving oral health. In particular, one report highlights HHS’s opportunity to provide leadership and direction to improve oral health care nationwide through a high level of accountability and coordination among its agencies. The IOM stresses three key areas needed for successfully maintaining oral health as a priority issue: strong leadership; sustained interest; and the involvement of multiple stakeholders from both the public and private sectors.\(^2\)

In support of the IOM reports on Oral Health and the 2010 HHS Oral Health Initiative, the HRSA Atlanta Regional Office began reaching out to multiple partners and stakeholders in Georgia to ascertain their interest in improving access to oral health services. The HRSA state leaders and other key stakeholders indicated that oral health was a top priority for their organizations and that convening an oral health Summit would be an important next step in building on current oral health efforts and collectively addressing oral health priorities in Georgia.

Access to oral health services is a top priority for the State of Georgia. Individuals and families with low income and lacking health insurance are at greatest risk for oral health disease. Dental caries and periodontal diseases have a huge economic and social cost that can result in serious systemic problems, pain, and suffering. The 2008 Georgia Population Survey revealed that one in four Georgians did not receive dental care in the

\(^1\) *Improving Access to Oral Health Care for Vulnerable and Underserved Populations*, Summary Section, p. S-1

\(^2\) *Advancing Oral Health In America (Report in Brief)*, pp. 2-3.
last year and almost half (41.5%) of those with health insurance did not have dental insurance.Georgia has one of the lowest dental provider-to-population ratios in the country (0.45 per 1000 persons). The difficulty accessing dental care is seen in the high usage of Emergency Rooms (ERs) for problems largely preventable with regular dental care. In 2007, there were approximately 60,000 visits to ERs for non-traumatic dental problems costing Georgians over $23,550,000.

Children, in particular, are adversely affected. The most current survey on third grade children in Georgia (2011) revealed that fifty two percent (52%) have caries experience; nineteen percent (19%) have untreated dental decay, and thirty seven percent (37%) have dental sealants. Georgia met the Healthy People 2010 objectives for untreated tooth decay and utilization of the oral health system (dental visits within the last year); however, the percent of 3rd grade children in Georgia with caries experience and dental sealants did not meet Healthy People 2010 objectives. Disparities are significant among low income, Hispanics, and Blacks. Low-income, Hispanic, and rural children were more likely to have a history of tooth decay. Fewer low-income black children have dental sealants. Compared to the previous survey (2005), tooth decay and untreated tooth decay has declined; protective sealants remain unchanged. The number of children with no dental treatment has increased.

Twenty three percent (23%) of seniors 65 and older reported losing all of their teeth and 49 percent reported losing six or more teeth. Forty four percent of adults had a permanent tooth extracted. Seventy percent visited the dentist or dental clinic within the past year for any reason.

Georgia’s workforce includes 5,382 licensed dentists and 6,427 licensed dental hygienists. In spite of these numbers, 24 out of 159 counties are without a dentist. This means that 211,479 Georgians lack access to a dentist in their community. A total of 249,887 in twenty two counties in the state are without an enrolled Medicaid dentist.

The Georgia Oral Health Summit Planning Committee was formed in November 2011 to address the critical and growing problem of access to oral health care in the State of Georgia, primarily by low-income families, children, special populations, and the elderly. The goal of the Committee was to improve access to oral health care for families and children in Georgia with the assistance of safety net providers such as HRSA-supported health centers, public health departments, rural clinics, and charitable organizations. The Committee is composed of health and dental professionals; representatives from the Georgia Department of Public Health; HRSA funded health centers and charitable organizations providing dental care to Georgia’s vulnerable populations; and representatives from local chapters of national organizations.

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3 The Burden of Oral Disease in Adults Policy Brief, Georgia Health Policy Center, September 2011
4 Shining the Light on the State’s Dental Education Needs, Georgia Dental Task Force 2008, Appendix E
5 A Costly Dental Destination, The PEW Center on the States, Children’s Dental Campaign, Issue Brief (February 2012)
6 2011 Georgia 3rd Grade Oral Health Survey, September 2011
7 Ibid.
8 The Burden of Oral Disease in Adults Policy Brief, Georgia Health Policy Center, September 2011
9 2009 Synopses of State and Territorial Dental Public Health Programs, Workforce Table
Summit Overview

Goal

The Georgia Oral Health Summit Planning Committee created a forum to encourage the necessary dialog among Federal, State and public and private organizations to improve access to and the delivery of oral health services in Georgia. To be successful, the forum had a regional focus and collaborative process to achieve the strengthening of the oral health safety network. The Committee developed goals and identified three critical outcomes for a successful Summit.

Objectives

The objectives for the meeting were to:

- Disseminate information on oral health resources and services available through state and Federal agencies, academic institutions, advocacy groups, and public and private organizations.
- Learn about initiatives and successful community-based practices that have improved access to oral health services.
- Develop key partnerships and specific action steps that address the goals and strategies identified in the Georgia Oral Health Plan.

The desired outcomes for the meeting was for participants to gain knowledge of Georgia’s current oral health landscape and learn about innovative practices that have improved oral health services. The information presented at the Summit was at the beginning of an informed dialogue with current and prospective partners to consider the capacity for improving oral health access in distinct geographical areas. At the end of the day, the newly formed Regional Coordinating Networks (RCNs) left in action around an oral health priority that will improve oral health at the local and state levels.
Partners

The Georgia Oral Health Summit Planning Committee’s core membership included staff from the HRSA Atlanta Regional Office, as well as State-level leadership from the Georgia Association for Primary Health Care, Maternal and Child Health, Title V Program; Ryan White, Part B Program, State Office of Rural Health and Primary Care Office and the statewide Area Health Education Centers (see Appendix A). These leaders reached out to other key stakeholders to join the Planning Committee to better address the oral health needs of the state. Other key leaders that joined and actively participated in the planning of the Summit included representatives from DentaQuest, the Georgia Dental Association, the Georgia Dental Hygienists’ Association, Georgia Department of Public Health, Georgia Health Policy Center, Georgia Health Sciences University, College of Dental Medicine, and the Georgia Oral Health Coalition (Appendix A).

Intended Audience

A wide range of participants were invited to the GOHS, with an emphasis on government, public and private stakeholders with an interest in improving oral health access in the State of Georgia. The invitee list included charitable organizations, community Health Centers (CEOs and dental providers), public health district dental and medical directors, HIV clinics, critical access hospitals, dental hygiene education providers, Georgia Dental Association districts presidents, Georgia Voices for Children, Head Start; Healthy Mothers, Healthy Babies, Hispanic Health Coalition, school of superintendents, private family and dental practices, and advocates for children with special health care needs.

Meeting Design

The meeting was structured as an action-oriented, interactive meeting to foster dialogue among leaders and the formation of Regional Coordinating Networks (RCN). The RCNs were formed by grouping Georgia counties into seven geographical areas to better address specific oral health challenges in each region (refer to Appendix D).

The Georgia Oral Health Summit Planning Committee (GOHSPC) members provided the data and developed a state oral health asset map. The purpose of the map was to serve as an educational and planning tool to inform attendees about what oral health services were available throughout the state and which Federal, State, and local organizations support the safety net in Georgia (Federally Qualified Health Centers, public health districts, charitable organizations, and both dental and dental hygienists' schools). In addition, it helped identify existing gaps and opportunities for collaboration to increase access and strengthened the delivery of oral health services.

2012 Georgia Oral Health Summit Attendees-at-a-Glance

There were 141 participants representing:

- County Health Departments
- Federal and State Government Agencies
- Professional Organizations
- Advocacy Groups
- Charitable Organizations
- Universities
- Technical Colleges
The presentations and breakout sessions included voices from across the spectrum of support and services to Georgians in need of oral health services, including representatives from primary care, the public and private sectors, academia, professional organizations, advocates, educators, and administrators (Appendix B).

**Structure of the Sessions**

The audience was assigned to a RCN to have the opportunity at the onset of the meeting to know other potential partners and maximize interaction.

The morning was designed to provide an overview of the status of oral health for the Nation and information on the current oral health landscape in Georgia. The presentation, *Oral Health from a National Perspective*, emphasized that oral health is integral to overall health and provided participants with an overview of the burden of oral disease, national or health initiatives/resources, and recommendations for addressing oral health needs (to access presentation refer to Appendix H).

The draft *Georgia Oral Health Plan Highlights* outlined the efforts by the Georgia Oral Coalition to develop a new state oral health plan that addresses the needs in the state. The focus areas of the plan and strategies were shared with the audience. The burden of oral health disease in children and adults were highlighted throughout the presentation. The key message was that most oral disease in children and adults is preventable and that we need to move toward a prevention-oriented system to achieve major strides toward ending untreated oral disease. Another key message was that to succeed in improving oral health in Georgia we need to push for collaboration. Given that the spotlight has been on oral health for the past year, the audience was charged to seize the moment and make access to oral health services a reality for all Georgians.

After each presentation, participants were given one to three questions to foster interaction and discussion about the presentations. The discussions focused on how the information was relevant to oral health issues in their region, and they begin to articulate oral health priorities relevant for their RCN. In addition, each RCN member considered what their role would be in an action plan.

The audience had the opportunity to learn about the Georgia oral health landscape through the Georgia Oral Health Asset Map and eight learning stations. The asset map depicted oral health access points available through safety net providers in Georgia. Currently, there are 119 access points in Georgia. Forty two out of 229 county health departments have a dental clinic. Fourteen out of 18 health districts have at least one dental clinic; 14 mobile units are located in 11 districts and all 18 health districts have school-based prevention programs. The Federally Qualified Health Centers have 20 sites offering dental services; 15 dental clinics provide services through the dental hygiene colleges and university programs. HIV clients can access services through public and private practices (51), and charitable organizations (25) also provide services.

Participants visited six out of eight stations in 10-minute rotations to both learn and pose questions about oral health programs and services provided by each organization. A
program fact sheet was available describing the program, number of delivery sites and scope of services, program eligibility, and contact information (Appendix C).

The early afternoon session targeted workforce issues impacting the delivery of oral health services. The Georgia Dental Association (GDA) presented on the workforce and their current efforts to assess the distribution of those private dental providers through a workforce study. GDA estimates the report will be finalized and shared by the end of the year or in January 2013. The presentation on Medicaid Reimbursement highlighted the services provided by Medicaid for children under 20 years of age and for pregnant women and adults, as well as, the challenges associated with providing care for their target populations. In addition, a brief history of fee reductions by Georgia’s care management organizations and the impact of broken appointments were briefly discussed. Georgia Statewide Area Health Education Centers Network briefed the audience on what their efforts are to recruit and retain net providers; emphasizing the need to expand residency programs and exposing residents to practicing in underserved areas. The Georgia Health Sciences University College of Dental Medicine presented an overview on their efforts and success in providing oral health services to vulnerable populations through community outreach efforts such as Dentists for Della and teledentistry. It also highlighted the impact of loan repayment programs in the placement of dentists in communities.

The mid-afternoon session showcased innovative practices that have improved access to oral health services in Georgia or other states with similar issues and demographics. One of the presentations, Oral Health Literacy, emphasized the importance of healthy literacy as a means to improve poor health, decrease the use of preventive procedures and curtail the use of costly emergency department services for care that is better provided in a dental office. The importance of oral health literacy was validated by highlighting its prominence in foundational oral health reports issued from 2000-2011. Successful oral health literacy models were highlighted. Other activities and resources were shared along with recommendations to advance oral health literacy.

DentaQuest in its presentation, Sustainable Practices in Dental Public Health, addressed the issue of broken dental appointments by providing information on the common reasons for broken appointments and best practices for reducing broken appointments. Tips to assist patients to remember and keep dental appointments were provided along with patient and dental provider outreach initiatives to reduce broken appointments.

The Appalachian Regional Commission provided an overview of their organization, highlights of the 2012 Oral Health Study conducted by of University Mississippi Medical Center, Mississippi State University, PDA Inc., and the University of North Carolina (UNC)-Chapel Hill. Information on the 2012 Cost and Access Disparities in Appalachia Study by PDA, Inc. and UNC-Chapel Hill was also provided. Four successful models were shared and discussed with participants. The Promotoras de Salud involved a multi-county partnership of health care and social service agencies. Other successful collaborations in Southwest Virginia, Kentucky, and West Virginia were discussed. Collaborative approaches included having a hospital serve as an FQHC dental clinic providing immediate treatment of dental services; developing 13 community-based oral health coalitions, providing incentives that appeal to teenager’s vanity; and to include yearlong rotations in the rural DMD curriculum.
After these sessions, the RCNs discussed which of the options presented might work in their region, current assets available related to that option, and what new partnership may be necessary to make it work.

The late afternoon session was the culmination of the work done by the RCNs throughout the day. A template—Putting It All Together, was filled out by each RCN delineating the first action steps to be taken to improve oral health access in their region. A leader from each RCN shared with all participants their action plan to elicit increased access to oral health services in their network (Appendix D).

Presentations and fact sheets referenced in this section are available until August 13, 2013, by visiting the Summit’s website at http://www.blsmeetings.net/GAOralHealth/meetingMaterials.cfm.

**Summit Outcomes and Next Steps**

**Outcomes**

The new Georgia Oral Health Plan’s focus areas served as the framework to discuss oral health priority areas for the RCNs and identify the first steps of an action plan. These areas are: (1) Prevention; (2) Public Education and Health Promotion; (3) Data and Surveillance, and (4) Access to Care (Appendix E).

**Oral Health Asset Maps**

The GOHSPC members provided the data for and developed a state oral health asset map. The map was a key reference for the RCNs’ discussions about which priority areas to devote future efforts to bridge the gap in oral health access in Georgia. The map is now available to the RCNs and the public in general at the Georgia Oral Health Coalition website.

**Regional Coordinating Networks Summary of Report Outs**

The majority of the RCNs (86%) elected to focus their efforts on public education and health promotion primarily through oral health literacy. The targeted audience includes legislators, medical and dental providers and their patients, school and public health nurses, parents and children. To achieve this objective many will reach out to partners in their region to assist in the education of lawmakers and consumers to raise awareness of the importance of oral health to overall health.

Five out of seven RCNs (71%) will target access to care as one of their priorities. Some intend to increase access to specific sectors of the population such as adults and HIV clients. Others will address access by increasing workforce capacity through cross
training, determining vacant spaces for field training rotations, and engaging Medicaid providers.

Prevention efforts in three RCNs include building relationships with community-based organizations, working through Medicaid to educate patients, and utilizing the recently released Ad Council campaign to educate parents, caregivers and children about the importance of oral health. For more information on the Ad Council campaign visit http://www.2min2x.org/. Two RCNs propose to improve surveillance and data by requiring a state-mandate intake survey to improve the quality of data and working with policy makers to increase accuracy on the reported number of Medicaid providers delivering dental care.

Summary of Meeting Evaluation

A total of one hundred forty six individuals registered with one hundred forty one in attendance. Sixty three individuals (45%) completed the evaluation (Appendix F).

The response to the Summit was overwhelmingly positive. The objectives for the Summit were successfully met. Ninety five percent of participants agreed that the Summit raised their awareness of the oral health landscape and innovative practices (90%). Eighty six percent found that the Summit contributed to the development of key partnerships through the formation of RCNs which helped to identify oral health access priorities and action steps for each geographic area. By far the greatest benefit to participants was the opportunity to network, learn from others, and find out about the organizations and the resources available that are working to improve access to oral health care. Others found the current information on the national and state oral health landscape helped raised their awareness on the issues and challenges at hand.

At the end of day, 84 percent of attendees stated to have a strong personal commitment to building a regional collaborative toward improving oral health.

Next Steps

The Summit provided an ideal forum to forge new partnerships and strengthen those already established. The participants will move forward to the next level by formalizing
their RCNs, establishing regular meetings, and continuing to make progress with the action plans initiated at the Summit.

The Georgia Department of Public Health and the Georgia Oral Health Coalition offered to provide leadership and guidance to address and improve oral health in Georgia by:

1. Working with the RCNs on a common project to raise awareness of good oral health through the education of patients accessing oral health care through the emergency departments and emergency department personnel, and

2. Meeting individually with all RCNs from January 2013 through April 2013 to assist with the development and implementation of initial steps on their action plans. The first meeting was held on January 23, 2013 in Dalton, Georgia with the Northwestern Oral Health Regional Coalition. The Central Oral Health Regional Coalition meeting was held on March 8, 2013. In order to maximize efficiency and effectiveness, this group was divided into two subgroups. A second meeting is scheduled with the Central Oral Health Regional Coalition on June 28, 2013. A meeting with the Southwestern Oral Health Regional Coalition is planned for the month of August.

The HRSA Atlanta Office of Regional Operations (ORO), in consultation with HRSA’s Bureaus of Primary Health Care, Clinician Recruitment and Service, and HIV/AIDS, is collaborating with the Georgia Regents University (GRU) and the Georgia Association for Primary Health Care (GAPHC) to expand dental clerkships in Georgia. The ORO met with GAPHC and GRU several times to identify and invite community health center chief executive officers and dental officers to participate in the GA Dental Clerkship Expansion Project. As a result, 12 of 16 dental sites volunteered to participate. GRU reports that it has successfully placed all the students in sites and, in some cases, with two rotations instead of one. Also, GRU staff will contact the balance of National Health Service Corps and CHCs prospective sites to elicit participation in the program. ORO staff made the offer to contact the Office of Rural Health Policy to determine their interest in having rural health clinics to participate in the clerkship.
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Appendix B

Oral Health Summit Agenda
Welcome and Overview
Lisa Mariani
Regional Administrator, Atlanta Regional Office
Health Resources and Services Administration (HRSA)
Carol Smith, RDH, MSHA
Director, Oral Health Prevention Program for Georgia
Maternal and Child Health Program (MCH)
Department of Public Health (DPH)

Opening Remarks
RADM Clara H. Cobb, MSN, RN, FNP
Regional Health Administrator, Region IV
Department of Health and Human Services (HHS)
CAPT Renée Joskow, DDS, MPH, FAGD
Senior Advisor for Oral Health, HRSA

Getting Connected
Karen Minyard, PhD
Executive Director, Georgia Health Policy Center
Andrew Young School of Policy Studies
Georgia State University

Keynote Address:
Oral Health from a National Perspective
RADM William Bailey, DDS, MPH
Chief, Dental Officer, United States Public Health Service
Acting Director, CDC Division of Oral Health

Reflections on the Keynote
Karen Minyard, PhD

Break

Georgia Oral Health Plan Highlights
Carol Smith, RDH, MSHA

Putting the Plan into Action
Karen Minyard, PhD

Georgia Oral Health Assets Map
Jorge Bernal, MPH
Sealant/Education Consultant, Oral Health Unit
MCH Program, DPH

Georgia Oral Health Programs and Initiatives: Learning Stations
Moderator: Karen Minyard, PhD
1 Georgia Statewide Area Health Education Centers Network
   Denise Kornegay, MSW, Executive Director
2 Georgia Association for Primary Health Care
   Duane Kavka, Executive Director
3 Georgia Dental Association
   Nelda Greene, Associate Executive Director
4 Georgia Dental Hygiene Educators’ Association/ Georgia Dental Hygienists’ Association
   April Catlett, RDH, MDH, Director
5 Georgia Health Sciences University
   Carol Hanes, D.D.S., Associate Dean for Students

Page 19 of 50
Lunch (On Your Own)

**Workforce: Issues and Answers Panel**

- **Workforce distribution of private dental provider**
  - Martha S. Phillips
  - Executive Director, Georgia Dental Association

- **Medicaid Reimbursement**
  - Debra Smith, DMD
  - District Dental Director, South Central Health District, DPH
  - Dwayne L. Turner, DDS, MBA, Director
  - Dental Health Services, DeKalb County Board of Health, DPH

- **Recruiting/Retaining Safety Net Providers**
  - Denise Kornegay, MSW

- **Expanding GA Dental Externships and Residency Programs**
  - Carole M. Hanes, DMD

**Innovative Practices Panel**

- **Oral Health Literacy**
  - Linda S. Orgain, MPH, Health Communications Specialist
  - Division of Oral Health, National Center for Chronic Disease Prevention and Health Promotion, CDC

- **Sustainable Practices in Dental Public Health**
  - Michele Blackwell, Director of Client Services
  - DentaQuest

- **Integration of Oral Health and Primary Care**
  - Eric Stockton, Health Program Manager
  - Appalachian Regional Commission

**Innovative Practices Reflection**

- Karen Minyard, PhD

**Break**

**Technical vs. Adaptive Challenges**

- Karen Minyard, PhD

**Putting It All Together**

- Karen Minyard, PhD

**Report Out**

- Karen Minyard, PhD

**Wrap Up and Closing Remarks**

- Lisa Mariani
  - Carol Smith, RDH, MSHA

**Adjourn**
Appendix C
Georgia Oral Health Asset Maps
Access to Oral Health Care

Charitable Organizations

Regional Coordinating Networks
- Northwestern
- Eastern
- Northern
- Western
- Central
- Southwestern
- Southeastern

Source: GOHS, Planning Committee
Projection: GA State Plane West
Access to Oral Health Care

Regional Coordinating Networks
- Northwestern
- Eastern
- Northern
- Western
- Central
- Southwestern
- Southeastern

FQHC's

Source: GOHS, Planning Committee
Projection: GA State Plane West
Access to Oral Health Care:

GA Dental Public Health Clinics

Regional Coordinating Networks
- Northwestern
- Eastern
- Northern
- Western
- Central
- Southwestern
- Southeastern

Source: GOHS, Planning Committee
Projection: GA State Plane West
Appendix D

Regional Coordinating Networks Reports and Membership

Northern
Barrow, Clayton, Cobb, Dekalb, Fayette, Fulton, Gwinnett, Henry, Morgan, Newton, Rockdale, Walton.

Western
Chattohoochee, Coweta, Harris, Heard, Macon, Meriwether, Muscogee, Schley, Stewart, Sumter, Talbot, Taylor, Troup, Webster.

Southeastern
Appling, Bacon, Brantley, Bryan, Bulloch, Camden, Candler, Charlton, Chatham, Effingham, Emanuel, Evans, Glynn, Jeff Davis, Jenkins, Liberty, Long, McIntosh, Pierce, Screven, Tattnall, Wayne.

Southwestern
Atkinson, Baker, Barrow, Berrien, Brooks, Calhoun, Clay, Clinch, Coffee, Colquitt, Cook, Decatur, Dougherty, Early, Echols, Grady, Irwin, Lanier, Lee, Lowndes, Miller, Mitchell, Quitman, Randolph, Seminole,Terrell, Thomas, Tift, Turner, Ware, Worth.

Central

Eastern

Northwestern
Regional Coordinating Networks Reports and Membership

“Putting it All Together”

NORTHERN REGIONAL COORDINATING NETWORK

Regional Partners:

- Stephen Hansard
  Good Samaritan Health Centers
- Lamarna Stinson
  Palmetto Health Council, Inc.
- Sidney Tourial
  Georgia Dental Association
- Kathy Whyte
  Ryan White Part A Program - Fulton
- Brandie ARD
  St. Joseph’s Mercy Care
- Rosemary Donnelly
  Emory University School of Medicine
- Nelda Greene
  Georgia Dental Association
- Serena Weisner
  Atlanta Regional Commission
- Kimberly S. Lewis
  Fulton County Department of Health and Wellness
- Vicky Edwards Morris
  Clayton Board of Health
- Toni Stultz
  AID Gwinnett
- David Resnik, DDS
  Grady Oral Health Center
- Deborah Heaton
  Cobb and Douglas Public Health
- Joseph Alderman
  Georgia Oral Health Coalition
- Susan Milne
  Healthy Mothers, Healthy Babies

The oral health priorities in our region are:
1. Education/outreach/awareness
2. To have oral health be recognized as a health priority for the State of Georgia.

These priorities are in alignment with the Georgia Oral Health Plan in the following areas:

1. Public Education and Health Promotion

The first step we will take together to move ahead on these priorities is:

Let the Department of Public Health know that this group has convened to address the need to make oral health a priority for the entire State. It is of utmost importance that oral health be recognized and prioritized.

The assets we have in our region to build on these priorities are:

1.
2.
3.

New partnerships we will build to make progress on these priorities are:

1. Rural health
2. Schools
3. Dental school

We will take our first step on this priority by: September 4, 2012.
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“Putting it All Together”

NORTHWESTERN REGIONAL COORDINATING NETWORK

Regional Partners: (Please provide the names of the partners and the type of organization)
- County Public Health
- Private Practice
- Charity care
- State Public Health
- School of Dental Hygiene
- School Nurses
- Georgia Dental Association
- Federally Qualified Health Centers
- Ryan White Program

The oral health priorities in our region are:
1. Awareness/Literacy
2. Access to Treatment
3. Affordability

These priorities are in alignment with the Georgia Oral Health Plan in the following areas:
1. Public Education and Health Promotion
2. Access to Care
3. Prevention (thru awareness/health literacy)

The first step we will take together to move ahead on these priorities is:
- Develop clearinghouse (through coalition website)
- Matching resources—Dental Society/professionals/patients/provider sites/public health /education/other partners.
- Outreach: to schools, medical schools, “articulator.”

The assets we have in our region to build on these priorities are:
1. Dental Society
2. Hygiene Schools
3. Dentists

New partnerships we will build to make progress on these priorities are:
1. Social workers (Cobb Co. model)
2. Primary care providers

We will take our first step on this priority by: August 31, 2012.
Article in “Articulator.”
NORTHWESTERN REGIONAL COORDINATING NETWORK

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“Putting it All Together”

WESTERN REGIONAL COORDINATING NETWORK

Regional Partners: (Please provide the names of the partners and the type of organization)

- Voices for Georgia Children
- Georgia Dental Hygienists’ Association
- Dental Hygienist Schools? Or Georgia Health Sciences University College of Dental Medicine
- DPH - Ryan White Program
- Educational Service Agency
- Delta Dental
- DPH - Nursing
- DPH – Cancer State Aid

The oral health priorities in our region are:

1. Education – Health literacy – consumers and legislative
2. Expanding funding to sustain DPH-OH and program that reaches out to all Georgia.
3. Data and surveillance – to support all of the above

These priorities are in alignment with the Georgia Oral Health Plan in the following areas:

1. Public Education/Health Promotion
2. Surveillance and Data
3. Prevention/Access to Care

The first step we will take together to move ahead on these priorities is:

1. Get a State Dental Director
2. Develop a curriculum/marketing plan
3. Implementation of dental/medical home
4. Work with Georgia Voices for Children to educate law makers
5. Work with the Georgia Dental Association about encouraging members/services (Medicaid)
6. Work through Medicaid to educate patients

The assets we have in our region to build on these priorities are:

1. Georgia Dental Association
2. Georgia Voices for Children
3. CMOs – Medicaid at the table
4. Current Medicaid overhaul on hold; but by November it should change
5. Other professionals – nurses, physician assistants, attorneys – (target education)

New partnerships we will build to make progress on these priorities are:

1. Free clinics (Emory, Mercer, GHSU, MPH programs)
2. PTAs
3. Other professionals – nurses, physician assistants, attorneys – (target education)
4. Hospitals
5. Food banks
6. Churches
7. Policy makers – take Medicaid providers off list
8. Rotary Clubs
9. Women
10. Piggy back on Ad Council to share information.

We will take our first step on this priority by: __________________________

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“Putting it All Together”

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- Irene Denmark, First District, Department of Education
- Tara Cooper Jenkins, Department of Education, Jenkins Co.
- Cheryl Lewis, Ryan White SE Health District
- Suzanne, SE Health District, Contractor, Dental Hygienist
- Arkeeleewa Henderson, Clayton County
- Jessica Cole, AID Atlanta
- Darra Balance, Georgia Health Sciences University
- David Glass, State Office of Rural Health
- Dr. Harry Hickson, Coastal Health District
- Jennie Wren Denmark, East Georgia Health Community Center
- Nancy Stanley, free Clinic Director, SE GA
- Susan, Coastal Health District/HIV Patients
- Jackie Woodard, Teledentistry Coordinator
- Kandace Carty, Director, Ryan White Program
- Michelle Nancy, Ryan White, Clayton County
- Marcus Greene, Federally Qualified Health Center, Savannah

The oral health priorities in our region are:

1. HIV
2. Adults with minimal or no insurance
3. Literacy

These priorities are in alignment with the Georgia Oral Health Plan in the following areas:

1. HIV – Access to care
2. Adults – Access to care
3. Literacy – Public education and health promotion

The first step we will take together to move ahead on these priorities is:

Developing public and private partnerships and collaboration

The assets we have in our region to build on these priorities are:

1. Health Departments and programs (i.e., school-based programs)
2. G-Mom Program – Mission of Mercy
3. Health fairs in faith-based communities, women’s clinics, and hygienists schools (broadly all health fairs)

New partnerships we will build to make progress on these priorities are:

1. Public Health Director, Georgia Dental Association Representative
2. Local Chamber of Commerce—Dental Associations
3. County Boards of Health - Department of Health - Dentists
4. State Public Health – private dentists – contract for HIV services

We will take our first step on this priority by: **November 1, 2012** At least one collaboration.
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Regional Partners: (Please provide the names of the partners and the type of organization)

1. GHSU-CDM and Allied Health (Hygiene)
2. Public Health
3. School programs
4. Technical schools
5. Professional Associations (GDA, GDS, FQHC)
6. Private providers
7. HIV programs
8. Indigent health clinics
9. Area Health Education Centers (AHECs)

The oral health priorities in our region are:

1. Students’ education (inter-professional education courses)
2. Access to care (cross training, advocating loan forgiveness; funding for residency slots.
3. Quality data – require intake survey—mandated by state

These priorities are in alignment with the Georgia Oral Health Plan in the following areas:

1. Prevention
2. Education
3. Access
4. Data

The first step we will take together to move ahead on these priorities is:

1. Distance education – education primary care providers across ALL ages of patient (Spanish?)
2. Web based instruction module for school and public nurses (Spanish?)

The assets we have in our region to build on these priorities are:

1. Only dental school in state
2. Multilingual faculty
3. Distance learning technologies

New partnerships we will build to make progress on these priorities are:

1. Department of Education
2. Public Health Association
3. American Academy of Pediatricians
4. IPEC

We will take our first step on this priority by: September 13, 2012

Email listserv established for our group to communicate.
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**EASTERN REGIONAL COORDINATING NETWORK (REGION 5)**
“Putting it All Together”

SOUTHEASTERN REGIONAL COORDINATING NETWORK

Regional Partners: (Please provide the names of the partners and the type of organization)

- Coastal District
- Southeast District
- Dentists

The oral health priorities in our region are:

1. Access to Care
   a. Lack of providers—general and specific populations (Pediatrics- HIV/AIDS)
   b. Provider barriers—laws and regulations, reimbursement, CMO system
   c. Patient Barriers—Transportation, childcare, etc.

2. Education to audiences: legislators, parents, patients, providers, HIV, children; social media, health literacy initiatives

These priorities are in alignment with the Georgia Oral Health Plan in the following areas:

1. Public Education
2. Access to Care

The first step we will take together to move ahead on these priorities is:

Connect with other stakeholders in region – webinar, video conferencing, regional events, use ad campaign

The assets we have in our region to build on these priorities are:

1. Video conferencing capability
2. Contact lists – Medicaid providers – begin conversations
3. Waycross - teledentistry
4. Strong HIV services – coastal and Southeast Health District
5. Strong partnership history; able to ID experts

New partnerships we will build to make progress on these priorities are:

1. Patient engagement understand barriers
2. Providers
3. Connect with existing organization with data analyses that would be beneficial in planning efforts.

We will take our first step on this priority by: (please provide a date)
Southeastern Regional Coordinating Network Membership

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“Putting it All Together”

SOUTHWESTERN REGIONAL COORDINATING NETWORK

Regional Partners:

- Martha Phillips, Georgia Dental Association
- Karyl Patten, Whitefoord Community Programs
- Carole Hanes, DMD, GHSU, CDM
- CAPT Renee Joskow, HRSA

- Theresa Hritz, South Health district, Infectious Disease Program
- Ketarya Dent, Georgia Health Sciences University (GHSU), College of Dental Medicine (CDM)
- Dwayne Turner, State Interim Dental Director
- Judith Corbin, Red Hills Gerontology Sections

The oral health priorities in our region are:

1. Increase student education-community training because future of oral health (access-expand capacity). Build student capacity with rotations in underserved areas (PH/FQHC)
2. Oral Health should be an entity in Public Health

These priorities are in alignment with the Georgia Oral Health Plan in the following areas:

1. Visibility
2. Access to care – increase access in state

The first step we will take together to move ahead on these priorities is:

1. Release the results of the GDA census and other oral health studies about Georgia so all organizations can act beyond the plan.
2. Another meeting of some representatives (subgroups of today’s attendees) after results of the census is released. Group 7 will review GDA population base/payer base to support oral health (dentist).

The assets we have in our region to build on these priorities are:

1. Census report from GDA
2. Manpower from student training
3. Vacant spaces – unknown (for field training rotation)
4. Dental equipment
5. Ad Council marketing
6. Social media
7. Oral Health Plan

New partnerships we will build to make progress on these priorities are:

1. Hospital Association
2. Office of Program
3. Emergency Rooms
4. Media

We will take our first step on this priority by: October 2012

(After GDA Census Report; 1st of 2013 when sub-groups can return for discussion)
SOUTHWESTERN REGIONAL COORDINATING NETWORK (REGION 7)

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Appendix E

Georgia Oral Health Plan Highlights
Georgia’s state oral health plan provides a roadmap for accomplishing recommendations developed by the Georgia Oral Health Coalition in collaboration with the Georgia Department of Public Health’s, Maternal and Child Health Section, Oral Health Prevention Program. To promote oral and systemic health and reduce the prevalence of oral diseases in Georgia. Implementation of this strategic plan will be carried out through a collaboration between the Oral Health Coalition, its member organizations, and other Georgia oral health stakeholders. The recommendations are divided into four areas of focus:

Prevention

- Increase the number of healthcare providers that obtain training in infant oral healthcare and application of fluoride varnish and other evidence-based preventive interventions.
- Increase public awareness of the importance of early preventive dental care (children under the age of three).
- Maintain state public health dentistry prevention programs.
- Maintain and expand access to dental sealants for school age children.
- Maintain current community water fluoridation (CWF) systems and increase population served.
- Build relationships with community-based organizations to support implementation of oral health initiatives at the local level.

Public Education and Health Promotion

- Promote the concept of oral health as a part of total health.
- Support implementation of the health (dental and medical) home in Georgia.
- Promote public health as a career for Georgia’s oral health professionals.
- Educate the general public and healthcare providers on the benefits of community water fluoridation.

Surveillance and Data

- Participate in the development of a surveillance burden document to inform use of evidence-based approaches to oral health prevention.
- Utilize ongoing technical assistance from Georgia Oral Health Coalition partners, including the Oral Health Prevention Program, on oral health data and surveillance-related issues.
- Improve collection, reporting, and availability of race and ethnicity data to address oral health disparities.

Access to Care

- Lessen administrative burdens for Medicaid/PeachCare dental providers.
- Support programs that promote diversity in Georgia’s oral healthcare workforce.
- Increase access to oral health services in underserved areas of the state.
- Increase the number of children receiving oral health services.
- Improve availability of oral health services for underserved adults.
- Increase access to oral health services for children and adults with special physical and mental healthcare needs.
- Increase access to oral health services for people who are HIV positive.
- Increase access to oral health services for immigrant populations.

Oral Health Summit August 13, 2012
Appendix F

Meeting Evaluation
Please circle which region you represent:

<table>
<thead>
<tr>
<th>Northern</th>
<th>Western</th>
<th>Southwestern</th>
<th>Central</th>
<th>Northwestern</th>
<th>Eastern</th>
<th>Southeastern</th>
<th>N/A</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree nor Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
</table>

**The Summit increased my awareness of the Georgia oral health landscape.**

| 39 (62%) | 21 (33%) | 7 (1%) | 1 (0.1%) | 1 (0.1%) |

**The Summit increased my awareness of innovative practices in oral health.**

| 16 (25%) | 41 (65%) | 8 (1%) | 0 | 0 |

**The Summit contributed to the formation of regional coordinating networks and identifying next steps to improve oral health in my region/Georgia.**

| 22 (35%) | 32 (51%) | 10 (1.5%) | 1 (.01%) | 0 |

**The oral health resources posted on the Summit webpage are helpful/informative.**

| 16 (25%) | 34 (54%) | 12 (1.9%) | 1 (.01%) | 0 |

1. What was the most significant insight for you today?

2. Why was that the most significant?

3. On a scale from 1-10, what is your personal commitment to building a regional collaborative toward improving oral health? (circle a number)

   **NOT VERY COMMITTED**
   
   1 2 3 4 5 6 7 8 9 10

   **COULDN’T BE MORE COMMITTED!!!**

   Responses: 1 1 0 0 3 1 4 13 21 15

   If applicable, what would help enhance your commitment?

4. What other recommendations/comments do you have for us?
Appendix G

Oral Health Resources /Website Materials
MEETING MATERIALS

(Control +click on document for website access until August 13, 2013)

Attendee List and Presenter Biographies:
- Attendee List
- Presenter Biographies

National and State Reports and Plans:
- Advancing Oral Health in America (Report Brief)
- Improving Access to Oral Health Care for Vulnerable and Underserved Populations (Report Brief)
- Shining the Light on the State's Dental Education Needs (Georgia Dental Task Force 2008)
- Georgia Oral Health Plan (Summit Release)

HRSA Fact Sheets:
- HRSA Overview
- Clinician Recruitment and Service
- Health Professions
- HIV/AIDS
- Maternal and Child Health
- Primary Health Care
- Rural Health

Learning Stations:
- Fact Sheets and Program Overview
- Area Health Education Centers Fact Sheet and Program Overview
- Georgia Association for Primary Health Care Fact Sheet and Program Overview
- Georgia Dental Association Fact Sheet and Program Overview
- Georgia Dental Hygienists' Association Fact Sheet and Program Overview
- Georgia Health Sciences University Fact Sheet and Program Overview
- Maternal and Child Health, Oral Health Unit Fact Sheet and Program Overview
- Ryan White, Part B Program Fact Sheet and Program Overview
- State Office of Rural Health/Primary Care Fact Sheet and Program Overview
- Georgia Dental Hygiene Educators' Association Fact Sheet and Program Overview

On-site Presentations:
- Workforce distribution of private dental providers
- Medicaid Reimbursement
- Recruiting/Retaining Safety Net Providers
- Expanding GA Dental Externships and Residency Programs
- Regional Partnerships for Improving Oral Health
- Oral Health Literacy
- Sustainable Practices in Dental Public Health
- Technical vs. Adaptive Challenges
- Georgia Oral Health Plan Highlights
- Oral Health From a National Perspective