

Welcome and Opening Remarks

The history, progress, mission and goals of the Coalition were presented by Hugh Silk (University of Massachusetts Medical School), Stewart Landers (Massachusetts Department of Public Health) and Katie Millett (Massachusetts Department of Elementary and Secondary Education), all members of the Interim Design Advisory Committee ('IDAC'), a group that has been meeting to plan and guide Coalition activities. The mission and goals of the Coalition worked on by the IDAC were presented, then later proposed and accepted by all.

Mission

The Better Oral Health for Massachusetts Coalition aims to improve oral health for all residents of the Commonwealth.

Goals

With a focus on improving access to care for all, reducing disparities and promoting equity in Massachusetts' oral health, the Coalition will work to:

- **Increase access to oral health services and prevention.**
- **Promote positive policy, advocacy and public awareness concerning oral health.**
- **Strengthen, diversify and expand Massachusetts' oral health workforce.**
- **Promote and support ongoing statewide assessment and surveillance systems.**
- **Form a clear oral health action plan that incorporates at least all of these elements.**

Tom Wolff, PhD, an experienced Coalition consultant, in charge of facilitating the Coalition for the year, led the rest of the meeting, starting with individual introductions from everybody in the room. He acknowledged the diversity in interests and expertise in the room. (See appendix for attendees.)

Ground rules proposed and used by the IDAC in their interactions were offered to the group and unanimously accepted as the ground rules for Coalition gatherings.

Ground Rules

- Be respectful
- Openness and transparency of all decision making
- Remember why we are here
- Put aside personal agendas
- Focus on our common goal
- Cell phones off (or on vibrate)
- Agree to disagree
- Plan meetings in advance and receive minutes in a timely fashion
- Allow time to hear from everyone
- Shared responsibility and speaking space

What Makes a Coalition Successful?

Tom spent 10 minutes sharing suggested best practices for the Coalition and the plan-writing process, to ensure success. He reviewed the Coalition's focus on disparities, referencing the plan from the Mayor of Boston's Mayor's Taskforce on eliminating racial and ethnic disparities in health. (See appendix for PowerPoint slides with details.)

Creating a Vision for our Coalition's Future

A highly interactive visioning exercise followed. Attendees broke into 9 groups to discuss their visions for a future article that detailed the successes of the Coalition in improving Massachusetts' oral health. Each group arrived at bold and positive headlines for their articles (see below) and supporting bullet points that reflected the jointly felt need for change in particular areas: water fluoridation for all communities, >90% of dentists as MassHealth providers, integration of oral health into healthcare reform and overall health, collaborations for success in the oral health community, oral health prevention and education programs in schools and communities, and increase in access to care and preventive practices.

Headlines from the Visioning Exercise

'Better Oral Health for All: No longer beyond reach'

'Obama uses Massachusetts Model to Eliminate Oral Health Disparities in Nation'

'Statewide Coalition Gives Residents a Reason to Smile@'

'Better Oral Health: Once a goal – today a reality'

'Massachusetts Dental Disease Rates Lowest in US: Oral Health Coalition Invited to White House'

'Transcending Barriers, Coalition Succeeds in Blueprint for Better Oral Health in Massachusetts'

'Massachusetts is Smiling@!'

'Revolutionary Coalition gives Massachusetts Something to Smile about'

'Dental Services within reach of 50% more Commonwealth Residents: babies to grandparents!'

Coalition Structure

After a 15 minute break, the group discussed the proposed structure, operating principles and a timeline that detailed how we hope to create an oral health plan in 2009. The mission, goals and operating principles were accepted with the agreement that these will be reviewed periodically to make changes as dictated by evaluation and new information.

The IDAC (see attached PowerPoint for full list) was formally presented to the group. The membership of the committee was accepted as the guiding committee for the Coalition (the Design Advisory Committee).

Discussions on the workgroups follow, with the group agreeing on the four listed below. Each workgroup was charged with addressing all relevant goals and strategies that will improve oral health within their scope, with an

understanding that there will be overlaps. Overriding themes for all workgroups are to be *creating access to care for all, reducing oral health disparities and promoting oral health equity in Massachusetts.*

Workgroup Sessions and Reports

After a break for lunch, workgroups met for an hour and 15 minutes. At the end of the group session, they reported on their draft goals, action steps, leadership and plans for subsequent meetings.

Assessment & Surveillance

Draft Goals

- Conduct environmental scan of oral health data sets
- To make sure the plan includes a way to assess community & individual risk and protective factors for oral health
- To make sure the plan includes a surveillance system of the dental workforce

'SMART' Objective Example

For goal 1:

- 'By end of 2009, BOHMAC will collect and categorize existing oral health data for Massachusetts'
- 'By end of 2009, BOHMAC will determine gaps in the data sets available'
- 'By early 2010, BOHMAC will promulgate recommendations related to actions needed to address gaps in oral health data'

Who is missing?

DPH representative from their surveillance team (Janice Healey to contact appropriate person to join)

Action steps?

Next Meeting: 10am on Monday, March 30 at the Catalyst Institute, 2400 Computer Drive, Westborough, MA 01581.

Chairs

- Judith Foley, Oral Health Foundation
- Janice Healey, Massachusetts Department of Public Health

Policy, Advocacy and Public Awareness

Draft Goals

- Environmental scan of policy-making to create positive environment for oral health, focused on improving oral health, and not on the personal agendas of participating organizations or individuals
- Policies should improve equality/equity and eliminate disparities across the lifespan
- Develop broad-based core of advocates that support policy changes and identify additional partners
- Develop a broad base of oral health champions and community leaders.
- Assess and increase public awareness and support of oral health as part of overall health within the policy/advocacy arena, ensuring that the messaging is appropriate to the audience
- Integrate oral health into all aspects of general health
- Create a political environment that supports improved oral health
- Develop legislative strategies

'SMART' Objective Example

'Increase membership of the oral health legislative caucus from 40 to 60 members by June 1, 2009'

Who is missing?

- Legislative aides
- Dental directors from community health centers
- Rural health representatives
- Perinatal providers
- Links to other Coalitions

Action steps?

Next Meeting: 10am on Thursday, March 26 at the [Oral Health Foundation](#), 465 Medford Street, Boston, MA 02129.

Chairs

- Tracy Chase, Blue Cross Blue Shield of Massachusetts
- Mary Ellen Yankosky, Boston Public Health Commission

Prevention

Draft Goals

- Reduce oral health disparities and generate oral health equity
- Increase access to fluoride modalities
- Increase access to preventive oral services and preventive oral health measures
- Increase public education about oral health
- Increase providers' education about oral health
- Expand and engage non-traditional partners in oral health prevention

'SMART' Objective Example: Template for Disparities

'In ____ (Disparities group: blacks, Hispanics, kids, adults, older Americans, low-income, people with disabilities), reduce the percentage of untreated decay/increase percentage receiving access to care or sealants/increase the number of dental visits from ___% to ___%.'

Who is missing?

- Mary Foley (Forsyth School of Dental Hygiene, Massachusetts College of Pharmacy & Health Sciences)
- Massachusetts Association of Community Health Workers
- Long term care agency representatives (to be contacted by Robert Gallant)
- Elder oral health representatives like Mary Ellen Yankosky (Boston Public Health Commission) and Elizabeth Perry (Norwood Elder Dental Program) (added to the Workgroup list).
- Nurses (to be contacted by Hugh Silk)
- Teachers and other Educators
- Parent Groups/PACs
- Special Needs Groups
- Dental Assistants

Action steps?

Next Meeting: 2pm on Thursday, March 26 at the Catalyst Institute, 2400 Computer Drive, Westborough, MA 01581

Chairs

- Joan Lowbridge, Partners for a Healthier Community
- Kathleen Myers, Tower Solutions
- Giuseppina Romano-Clarke, Massachusetts Chapter of the American Academy of Pediatrics

Workforce

Draft Goals: Focused on

- Collaborations: Promote collaborations among all oral health disciplines
- Funding
- Scope of practice
- Pathways to licensure
- Barriers to practice
- Addressing disparities
- Alternative practice settings
- Measuring the distribution and location of different dental practice settings
- Diversity and cultural competency
- Pipeline programs and incentives

'SMART' Objectives Example

'80% of students attending dental education programs will participate in a Workforce summit/conference focusing on shortages, loan repayment, etc. by January 31, 2010'

Who is missing?

Massachusetts Department of Higher Education

Action steps?

Next Meeting: 3:30pm on Monday, March 30, at the Massachusetts Department of Public Health, 250 Washington Street, Boston, MA 02108.

Chairs

- Lynn Bethel, Office of Oral Health, Massachusetts Department of Public Health
- Deidre Callanan, Massachusetts Head Start Association, Inc.

Wrap Up/Next Steps

Myron Allukian, Jr., consultant for Massachusetts League of Community Health Centers and member of the DAC asked for volunteers from the gathering to join the DAC. The following people responded and were welcomed to the committee.

New Members of the Design Advisory Committee

- Kathleen Atkinson, Massachusetts Board of Registration in Dentistry
- Anthony Boschetti, oral health consultant
- Margaret Howard, Bay State Dental Society, National Dental Association
- Kathy Myers, Tower Solutions

- Jean Pontikas, Division of Health Professions Licensure, Massachusetts Department of Public Health

A Plus/Delta evaluation was performed for the meeting.

Meeting +

- Committee structure and workgroup discussion
- The framework developed for discussion
- Everybody followed ground rules
- Having the PowerPoint as a handout

Meeting Δ

- Get information and documents ahead of time for review and comments
- Need cutlery, healthy snacks and vegetarian food options

The 23rd or 24th of June, 2009 were suggested for the next statewide Coalition gathering, during which the workgroups will report on their progress.

Ralph Fuccillo (Oral Health Foundation) gave closing remarks at 2:55pm, commenting on the high energy and positive progress of the day.