

<u>Location:</u>	Springfield Technical Community College, Springfield
<u>Time and Date:</u>	12:30pm to 2pm, September 16, 2009
<u>Coalition Members Present:</u>	Frank Robinson, Joan Lowbridge (leads); Marlene Barnett; Tracy Chase; Kathleen Atkinson; Barry Major; Nancy Johnson and other Coalition members active in Springfield.
<u>Community Attendees:</u>	Members of the Springfield Oral Health Initiative: participants in the BEST program, representatives from local Head start programs, UMASS nursing, STCC dental hygiene program, Tufts dental, schools, dental centers and community organizations active in Hamden County.

Issues Discussed

- Prevention (early care, fluoride varnishes and community water fluoridation)
 - Many pediatricians still do not carry out fluoride varnishes: according to them, it is too much work and it is too difficult to figure out eligibility. Need professional development. Trainings are available online, or the OOH will train in office.
 - Children should be seen by age 1, not 3 as on posters from the MDA. Need to get the information out there.
 - For community fluoridation, the widespread use of bottled water is a major concern.
- Access to dental care. Major barriers:
 - Shortage of dentists in the area, especially for the immigrant population and low income patients.
 - Gaps in care also exist for people with disabilities, rural, homeless, elderly, teenagers & young adults, and the underemployed, with little or no insurance.
 - Waiting periods are very long in some cases. In the Berkshires, the wait for an appointment is about 4 months. Many dentists don't accept some insurance plans. Limited choice and availability
 - Dentists complain that MassHealth and other government insurance programs are extra work and reimburse poorly.
 - For MassHealth patients, more patient accountability would encourage providers to enroll. No-shows affect business. Increased accountability would both help enrollment as well as enhance patient results
- The usefulness of oral health data in improving oral health in Massachusetts
 - Data collected should be purposeful.
 - The data collected can be used to secure funds and inform providers as to where to plug gaps in need.
 - Use data to send to insurance companies, connect to problem areas.
 - The data collected should be through standardized data collection methods. Tracking and translating, so that legislators and insurance companies have the information.
 - Know what you want prior to collecting data, so you ask the right questions, and the information collected should be oriented towards producing an outcome.
 - Interesting to connect types of insurance, lack of insurance, and their impact on oral health.
- National health care debate has not included oral health. Why is it that not all publicly funded insurance options include oral health?
- Dental emergencies significant: average 15 emergencies per day in a stated location, 80% related to sports injuries.
- How do we get more providers interested in the public health model, taking care of populations as well as individuals?
- A severe need to educate the public, dental providers, non-dental providers, parents, schools on the issues surrounding dental care exists.

- The need to streamline medical and dental care.

What is Working?

- The BEST oral health program in centers to educate, screen and treat children. Staff have benefited from training and are more conscientious to note children nursing dental pain and tell administrators or parents. Parents pay more attention when told by educators. The program could improve by educating parents.
- “Neighbor” day care with an ‘oral health day’, where they provide education to parents, no questions asked.
- Communication and training for MassHealth providers is working. Working to increase access by enrolling dental providers. Talking to dentists and office staff, training them on how to make MassHealth work and make it efficient.
- Sealant programs in the schools, Head Start programs with a good dental conscience, and pediatricians are receiving training on how to apply fluoride varnishes.
- DEEC regulations in 2010 will include licensed family day care in tooth brushing regulations.

Suggested Solutions

- Education (Very Important!!)
 - Targeted communication on the importance of safety during sports to coaches.
 - Use of social media: Facebook, Twitter etc, to disseminate information, invite to meetings, educate, with intent to appealing to younger people.
 - Increase education for parents through media, children’s programs etc
 - Improve and expand programs that already work.
 - Educate pediatric health providers about sending kids to the dentist by age 1
 - Education for prenatal mothers around taking care of their own teeth.
- Push to include other non-dental professionals in the oral health workforce, in general.
 - Medical history forms should include dental history
 - The use of the big pharmacies (CVS/Walgreens) and their pharmacists to spread oral health education, provide possible ancillary services.
 - Public health dental hygienist model in some states.
 - Get representation for nurses in the Coalition. SPS nurses are actively working on a plan to implement screenings in schools. BEST has provided professional development.
 - Both nursing schools and physician training should be training students in oral health.
 - Update practicing physicians and other health providers on oral health issues and current changes.
 - Get WIC offices and their personnel involved in oral health.
 - Explore other ways of providing services. What can physicians, nurses, etc. do to monitor oral health?
- Policy and advocacy
 - Push for legislation to enforce the use of mouth guards for sports.
 - Possibility of requiring a dental exam to start school, statewide.
 - Is it possible to advocate for policies in regards to dental insurance in Massachusetts: can all the different insurances be streamlined to make it easier for providers?