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Oral Health Florida

Sealant Action Team Minutes

Wednesday, September 24, 2014, 12-1PM

Agenda and Action Items:

I.	<u>Welcome and Introductions:</u> <ul style="list-style-type: none">a) Elizabeth Orr welcomed all members to the call.b) Existing Members on Call: Elizabeth Orr, Kim Herremans, Patty Caroscio, Kelli Johnson, Jo Ann Weatherwax, Kim Poon, Kimberlee McCarren, Janice Siegel, Denise Marini, Alex Korostishevski, Carla Garcia, Donna Solovan-Gleason, Christina Vracar, Michelle Graham, Karen Hodgec) Guests on Call: CDC Fellow Abby Holicky, Florida Department of Health
II.	<u>Old Business:</u> <ul style="list-style-type: none">a) OHF Meeting (Elizabeth Orr and Kim Herremans):<ul style="list-style-type: none">1) The roadmap will be adopted as it was presented at the OHF Conference with some slight editorial changes.2) The Sealant Action teams will remain as is for now.b) 10 Steps to Advocacy for Dental Sealants/Dental Sealant Programs and Prevention (Kim Herremans):<ul style="list-style-type: none">1) Don't be a stranger to your elected officials and their staff members. Know them by name, invite them to see the program, and show photos of the program in action.2) Introduce yourself at every opportunity. Business cards with Sealant Program information are helpful.3) Always say "thank you" before you say "please".4) A well-written, brief thank you note is always appreciated. Elected officials get 25 complaints for every compliment.5) The hometown connection is essential for elected officials to listen with both ears. This is true for both School Board Members and City Commissioners.6) Always be concise and to the point.7) Engage the media (or schmooze the newsies!!) share coverage links with your supporters and community opinion leaders. The media can misconstrue statements... writing is better.8) Write letters to the editor.9) Advocacy requires the art of compromise... never expect it all.10) While there's strength in diversity, there's power in unity. "Never

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	<p>doubt that a small group of committed citizens can change the world. Indeed it's the only thing that ever has." –Anthropologist Margaret Mead</p>
III.	<p><u>New Business:</u></p> <ul style="list-style-type: none">a) SEALS Program for Data Collection (Donna Solovan-Gleason and Christina Vracar):<ul style="list-style-type: none">1) We are promoting the use of SEALS state-wide for Sealant Program Data collection across agencies.2) This child-level and event-level data will be gathered at the Public Health Dental Program (PDHP) using SEALS_Admin software.3) Any kinks will be worked out over this pilot year. We will have more information on the back end of multiple program data submission into SEALS_Admin by June 2015.b) Survey Monkey for Sealant Programs (Donna Solovan-Gleason and Christina Vracar):<ul style="list-style-type: none">1) In order to assess the current need for SEALS software training, it will be important that all programs complete a Survey Monkey questionnaire on their comfort level with the software and what type of training they would like from the PHDP.2) Dr. Orr will send out the link to complete the survey. There are 7 questions.3) Responses are due by Friday, October 10, 2014.
IV.	<p><u>Open Discussion:</u></p> <ul style="list-style-type: none">a) Data Collection/use of SEALS Program (all members):<ul style="list-style-type: none">1) Other methods of sealant data collection are out there and should be researched before implementing SEALS software. Wisconsin has developed an updated version of SEALS which can be used via "the cloud" for real time data collection.2) Wisconsin is in their pilot year now and has not released their updated software for use outside of their state. "The cloud" is a method of data collection/storage which cannot be used at the Florida Department of Health.3) Multiple programs are already utilizing SEALS and have years of data and baselines established.4) Agreed by the team that the CDC SEALS Software will be promoted for statewide adoption across all agencies which currently operate a Sealant Program.

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	<p>b) Referring Children to Dentists (Jo Ann Weatherwax and Elizabeth Orr):</p> <ol style="list-style-type: none">1) Marking that all children will be referred to a dentist in SEALS is misleading and skews the data. Yes, sealant programs always refer children to a dentist/dental home but we need to mark in SEALS that the child is being referred only if there is an urgent need/early need/restorative need.... OR if they do not currently have a dental home. If the child has a dental home, purposed to team that we do not mark they were referred in SEALS child level data forms.2) Agreed by the team and will mark that a child was referred only of they have an urgent need/early need/restorative need/dental home need.
V.	<p><u>Schedule for future conference calls:</u></p> <ol style="list-style-type: none">a) Plans for 2014 Conference Calls: Thursday, November 20, 2014 12pm-1pm; Proposing Wednesday, November 19, 2014, 12-1PM due to scheduling conflicts.b) Plans for 2015 Conference Calls: To be discussed on the November call
VI.	<p><u>Adjournment:</u> Elizabeth Orr and Kim Herremans adjourned the call at 1:00pm.</p>