

**Oral Health Florida (OHF)**  
**Introduction and Application of Results Based Accountability™**  
**Friday, January 11, 2013 8:30 am – 3:00pm**  
**Meeting Notes**

**In Attendance:**

Voting Members:

Andy Behrman, Florida Association of Community Health Centers  
Phillippe Bilger, Palm Beach County Health Department, Dental Program  
Tami Miller, Florida Dental Hygiene Association, OHF Vice-Chair, Data Metrics Action Team Chair  
Marsha “Jan” Horne, Florida Department of Health, Public Health Dental Program  
Richard Stevenson, Florida Dental Association  
Roderick King, Florida Public Health Institute, Literacy Action Team Chair

Members at large representing oral health coalitions:

Nancy Zinser, Palm Beach County Oral Health Coalition

Members at large not representing an oral health coalition:

Frank Catalanotto, University of Florida College of Dentistry, OHF Chair  
Lilli Copp, Florida Head Start State Collaboration Office, Director  
Ann Papadelias, Escambia Dental Cooperative  
Nancy Sawyer, Special Olympics

Members with ex-officio status and no voting rights:

Mary Pelletier, Florida Allied Health Educators

Members serving as consultants with no voting rights:

Catherine Cabanzon, Florida Board of Dentistry

Action Team Chairs:

Sean Isaac, Florida Department of Health, Public Health Dental Program, Water Fluoridation Action Team Chair  
Karen Pesce, More Health (Hillsborough and Pinellas counties), Medical-Dental Action Team Co-Chair  
Robert MacDonald, RMM Consulting, Health Care Consultant, Senior Action Team Co-Chair

Other:

Cristy Hom, Florida Public Health Institute, DentaQuest Project Manager, Recorder  
Deitre Epps, the Results Leadership Group, Faciliator

**Materials used**

PowerPoint Presentation – The Results Leadership Group  
Data Action Team Progress Report  
ASTDD Dental Basic Screening Survey Indicators  
Florida Fluoridation Data Points  
Turn the Curve™ Exercise  
Comparison Chart of the State Oral Health Improvement Plan (SOHIP), State Health Improvement Plan (SHIP),  
DentaQuest OH2014 Grant  
State Oral Health Improvement Plan (SOHIP) Recommendations 1 - 7  
Selecting Strategies Exercise

## **Meeting Agenda**

### **Welcome, Purpose and Introductions**

- Dr. Frank Catalanotto, OHF Chair stated his long term expectations for OHF: For OHF to become an organization that legislators and the public look to for guidance about oral health issues; to increase and diversify membership including consumer representation; to become a more cohesive unit.
- Dr. Roderick King, FPHI Executive Director reviewed purpose of RBA process: to bring leaders together to get measurable results.

### **By the end of the meeting members were able to:**

1. Understand and apply Results-Based Accountability™ to the work of OHF
  - a. affirm desired oral health result(s) for Florida's overall population
  - b. be informed of current and desired indicators for assessing oral health in Florida
  - c. use data-based decision-making to generate strategy ideas for improving Florida's fluoridation status data
2. Review the documents - SOHIP, SHIP and FPHI DentaQuest OH2014 grant
  - a. Decide to streamline and align strategies and action steps for improved oral health in Florida
3. Agree to discuss each OHF partner's role in shared accountability for achieving statewide oral health and well-being
3. Have a clearer understanding of how OHF might work as a group

### **Introduction to Results Based Accountability™ (RBA)**

See PowerPoint. Florida Children and Youth Cabinet, United Way and Miami's Children's Trust use the RBA process.

### **Data report– Tami Miller**

- See Progress Report for Data Action Team recommendations and recent actions. Tami distributed ASTDD-BSS (BSS) screening criteria for BSS indicators.
- Group discussed OHF goal to collect BSS data for preschool, third grade and older adults - rotating annually and the role of the OHF data committee: to obtain "macro" representative samples of oral health data.

### **Existing data:**

- DOH: health departments, Medicaid, FQHC's
- UF: Third grade data from 41 schools; presently collecting first statewide third grade data
- Orange County: Head Start data by 12/2013. Some counties have data.

### **Data Development Agenda**

#### **Outstanding (needed) data:**

- Statewide data collection system
- Central state data depository
- Private practice dentistry data
- Senior oral health data

## **Decisions**

**Result:** All people in Florida have optimal oral health and well-being

**Data discussion points:**

- Clarify data to be obtained (public vs. private; preschool, third grade, older adults vs. school entrance; raw data vs. statistical sample)
- Identify available DOH and BSS data
- Compile county data first then state data
- Identify existing data
- Focus on data results in addition to existing data
- Most Florida data is performance data. There is indicator data in Florida CHARTS.
- RBA requires a paradigm shift to separate population and performance data.
- Population level = Florida. Current data is mostly at client level.
- Possible data sources: DOH public health service, SEALS program

**Candidate Headline Indicators for OHF:**

1. Dental Visits/Access
2. Untreated Decay
3. Fluoridation Status

**Next date:** January 21, 2013; 12 pm – Data Action Team meeting. Tami invited all interested parties to attend.

**RBA and Shared Accountability for Improved Indicators****Turning the Curve™ on Fluoridation Status**

Members used fluoridation data to select strategy ideas for improving fluoridation.

**Water Fluoridation Team Report – Sean Isaac**

- Sean Issac (DOH) gave an overview of Florida's fluoridation program. Since 2000, resistance to city water fluoridation has increased. It is determined by citizen vote or by city government decision. No mandate exists in Florida. (12 US states have a mandatory law). Florida ranks 25<sup>th</sup>.
- DOH can educate the public but does not make the decision to fluoridate
- Healthy People 2020 goals include 76.9% fluoridation
- In the 2010 Pew report, water fluoridation was one of two policy areas where Florida received a good grade. Pew data does not measure same thing every year.
- Members addressed the following questions:
  - What are the 3 most important factors to address to improve the fluoridation status? Choose 3-5 indicators of focus using the best available data.
  - What strategies would have the most impact? Develop community-wide strategies. Are these the right strategies to turn the curve and make things better? Start measuring strategies, asking are they effective? To what extent?
  - Each indicator will have several strategies.
  - What is the role of OHF in these strategies? OHF is the perfect vehicle to promote fluoridation and raise awareness about its safety and benefits.
  - What did you notice about the RBA process for making strategy decisions?

**Candidate Indicators (choose 3-5)**

For this activity, each group member represented their organization/interest and that of one other stakeholder. Stakeholders included (but not limited to): city government, physicians, local dental society,

Children's Services Councils, FDA, FDHA, philanthropic foundations, state legislators. Group activity responses are below:

### **What is making it better?**

#### 1. Funding has been in place:

- Brings resources
- New expenses exist
- New start-up costs
- Equipment needed

#### 2. Some coalitions exist

- Increase community involvement
- Increase community knowledge of need
- Those who live in community understand impact
- Communities differ

#### 3. Lack of positive publicity

- Internet provides anti-fluoridation information (misinformation)
- First 25-50 hits are anti-fluoridation
- Anti-fluoridation advocates pay more for search engine
- Anti-fluoridation efforts are better organized than pro-fluoridation/oral health efforts
- Anti-fluoridation advocate organizations are focused on one issue only
- There is a belief that government should not tell people what to do with their lives
  - People may feel there is conspiracy
  - Fear of communism/1950s
  - US history teaches us to trust government only to a point – healthy distrust of government

Discussion point: In 1949 when the government said fluoridation is okay, people accepted it. Now people caution against government controlling interests (part of the story).

### **Identify the main/prioritized factors that need to be addressed to make things better.**

1. Lack of cost support
2. Lack of awareness regarding safety of fluoridation: misinformation
3. Lack of state policy (Note: This was a new factor and was not included in the original analysis).

### **Group discussion points:**

- Put everything on the list because it is possibility. The group was cautioned against saying fluoridation will never be state policy because it is a possibility and policymakers need to know it is a possibility.
- We have not put overall health on the table.
- Key is to mobilize coalitions (strategy to address lack).

### **Who are the main partners to target these factors, those playing a role in turning the curve?**

- Federal government
- State government
- City/county government
- School board

- Medical community
- Private dentists
- Foundations
- Educational community
- IT web experts

### **What works – choosing strategies**

- Is there a research agenda – to what works in other counties and states?
- Consider strategies we know work, including different strategies for different communities

### **Strategies to improve fluoridation status**

1. Promote the use of the CDC toolkit to decision makers
2. Mobilize grass roots activists to raise awareness and bring the people of the community to advocate for fluoridation for their community
3. Address cost by providing grant information to decision makers so they can allocate; include how to write grants

Deitre gave an overview of collective impact and its elements of common agenda, shared measurement systems, mutually reinforcing activities, continuous communication, and backbone support organization.

### **RESULT: All people in Florida have optimal oral health.**

### **Result, Indicators and mutually reinforcing indicators: SOHIP, SHIP, DQ OH2014**

Suggested performance measure/possible indicators:

1. Health access to dental health care 100% poverty
2. Health access 200% (more applicable to FQHC)
3. Percentage of Medicaid enrolled children that received yearly dental visit
4. ER data to indicate urgency of need for dental care

### **The group considered each of the existing plans to determine the role of OHF.**

#### State Oral Health Improvement Plan (SOHIP) – Frank Catalanotto

- OHF focuses on two (SOHIP) recommendations - #3 and #4
- Increase government and public awareness: educate lawmakers and policymakers, public, non-dental
- OHF has developed a surveillance plan to have a rotating cycle of data collection from head start, third graders, and older adults. Dr. Tomar from UF will begin collecting third grade data with DOH funding.

#### State Health Improvement Plan (SHIP) – Jan Horne

- Includes 15 oral health objectives
- Jan Horne reports progress to the Surgeon General quarterly. DOH owns three objectives including fluoridation. Some align with SOHIP, some do not.
- DOH needs baseline data in order to record access to care issues for children and teens.
- Group expressed frustration over SHIP and SHIP's objectives, especially in context of DOH's responsibility.
- OHF may draft a letter to DOH regarding objectives, representing itself as a united group to show DOH the areas in which OHF needs assistance and the tasks that OHF is able to accomplish. This gives DOH the backstory and OHF an opportunity to report accomplishments and needs.

### DentaQuest OH2014 grants – Roderick King

Dr. King gave the background and context for the grant including its three focus areas of oral health metrics, oral health literacy and medical-dental collaboration. They align with SOHIP #3 and #4. Dr. King asked:

- What are best 3-5 strategies to turn the curve on indicators (untreated decay, access, fluoridation)
- How do we reconcile all three plans? What do we need to do? (Ex: letter to surgeon general).
- How do we fund our focus areas?
- Focus on choosing what we want to do such as address dental visits, untreated decay and fluoridation (3 key areas for work).

### **OHF Focus – Target indicators**

1. Access - dental visits
2. Untreated decay
3. Fluoridation status

### **OHF strategies for 2013-2014 based upon SOHIP, SHIP and DentaQuest OH2014**

#### **% Dental Visits (Access)**

Potential Strategy	S	L	V	R	Comments
1. Increase the percentage of children and adolescents who receive sealants their molar teeth	H	H	H	M	SHIP
2. Reimburse health access setting for preventive care provided by dental hygienists without a dentist having to be in attendance	H	H	H	H	
3. Increase the number of physicians providing fluoride varnish and education in their agencies by 25%	H	H	H	H	
4. Develop and implement oral health education and training programs for medical primary care residents and primary care physicians, ARNPs and PAs throughout Florida	H	H	H	H	SOHIP, DQ

#### **% untreated decay**

Potential Strategy	S	L	V	R	Comments
1. Implement surveillance plan utilizing BSS	H	H	H	H	SOHIP,SHIP 9-11, DQ 9
2. Provide support to state for collecting data (resources, funding)	H	H	H	H	

#### **% Fluoridation Status**

Potential Strategy	S	L	V	R	Comments
Obtain funding to increase public and governmental awareness of community water fluoridation	H	H	H	H	SOHIP SHIP
2. Mobilize and educate grassroots advocates and coalitions to promote the positive benefits of water fluoridation	H	H	H	H	

### **Possible role for OHF in these strategies**

- Advocacy and coalition-building
  - OHF can help to get surveillance into the schools. Not all schools allow BSS screening.
- Collecting and analyzing surveillance data is not the right role for OHF but that OHF can support surveillance efforts.
  - Significant funding is needed to conduct surveillance.
- OHF can help to identify resources for local coalitions who want to do it on their own.

### **First Next Steps:**

1. Clarify and solidify selection of 3-5 indicators
2. Identify and develop aligned strategies
3. Establish shared accountability for each indicator
4. Define roles of each partner organization

### **Subsequent Next Steps:**

1. Action teams
  - a. Assign action teams/work groups to develop action plans/work plans
2. Data surveillance
  - a. Require surveillance of all third graders
  - b. Create repository of information on community water fluoridation
3. Coalition building
  - a. Advocate with local coalitions and collaborate
  - b. Increase membership
  - c. Involve the public (consumers) in our work
4. Identify funding
  - a. Advocate for funding for an oral health surveillance plan
  - b. Discuss strategies with fluoridation team around funding
5. Further implement RBA
  - a. Hold another facilitated meeting to finalize strategies
  - b. Develop clear concise strategies – identify who/teams and more state cohesiveness
  - c. Have another meeting to further define work and go further into action plans and assignments
  - d. Lead target strategies, standardization, coalitions
6. Create a web-based share point where communication shared not by email where member roles are clearer regarding objectives - something clearer more concise than email