



Oral Health Florida Leadership Council Meeting

University of Florida, Department of Community Dentistry and Behavioral Sciences
Gainesville, Florida
Friday, May 30, 2014

Welcome and Introductions-Chair, Dr. Frank Catalanatto

Facilitator: Kristi Ganey

In Attendance

Leadership Council - Voting Members

Frank Catalanatto, OHF Chair, University of Florida College of Dentistry
Tami Miller, OHF Vice Chair, Florida Dental Hygiene Association
Donna Solovan-Gleason, Department of Health Public Health Dental Program
Andy Behrman, Florida Association of Community Health Centers
Bill D'Aiuto, Florida Dental Association
Roderick King, Florida Public Health Institute
Nancy Zinser, Palm Beach County Oral Health Coalition
Lilli Copp, Head Start State Collaboration Office
Elizabeth Orr, Healthcare Network of SW Florida
Ann Papadelias, Escambia Community Clinic

Leadership Council Consultant – Non Voting Members

Cathy Cabanzon, Florida Board of Dentistry

Additional Participants

Ben Browning, Florida Association of Community Health Centers
Sean Isaac, Fluoridation Action Team Chair
Christine Kovach Hom, Florida Public Health Institute

Meeting Results

By the end of the meeting participants will:

- Affirm Florida's Oral Health Roadmap
- Determine OHF's role in the statewide effort to achieve oral health and well-being
- Determine revisions necessary to the OHF Operating Principles
- Understand next steps in OHF sustainability

Review Draft Document: Florida's Oral Health Roadmap

- **Via e-mail dated 4-16-2014, Co-Chair Tami Miller provided LC Members with the draft Oral Health Roadmap to review in preparation for the May 30th face to face meeting of the OHF Leadership Council.**
 - Co-Chair Tami Miller presented the Oral Health Florida Historical Time-line 1997-2014 document. During the LC review of the Time Line-Suggestion by Nancy Zinser to add bullet under January 11, 2013 block; at that meeting the LC reviewed a comparison of all three existing Florida Oral Health Plans and agreed to consolidate /merge them into one document for OHF; in essence, each plan was the next step of the ongoing efforts which initially began in 1997.

- Editorial adjustments, suggestions and discussion of LC review of the draft document, Florida’s Oral Health Roadmap
 - Infused **Acknowledgements** to Slide 6
 - Under heading **The Problem**: delete the last sentence except leave....the state of Florida is experiencing an oral health emergency.
 - Under heading, **The Plan**:
 - Insert the word “optimal” in the last sentence of the first paragraph for consistency; “All people in Florida have oral health and well-being”.....
 - In reference to the two areas of focus:
 1. Add the word “**Utilization**” to read; **Access and Utilization to Quality Oral Health Care**; access to care does not necessary mean that it is utilized
 2. Add the word “**Access**” to **Increased Community Water Fluoridation** so that the focus is not on water systems-will make editorial change throughout document
 - Add measures
 - Under heading **The Process**:
 - LC suggested revisions to this section (in particular the first 4 paragraphs) for overall accuracy;
 - Use “**stakeholders**” instead of “**state leaders**”
 - Change “**Surgeon General**” to “**Florida DOH**”
 - After “Palm Beach State College” delete “School of Health Sciences”
 - Sealant programs to add SEALS program- captures racial, child level and program level data
 - Pg. 30: Added partners; Tribal Councils; National Dental Association, National Hispanic Association, Urban League, Other minority groups, Better understanding of the Health Equity Status of the Plan
 - List only one group of partners rather than have a separate list in each area
 - Lilli Copp suggested inserting Health Equity Status language: under factors that restrict the data; pg. 16 as well to Prioritized (unanimous consensus)
 - Language from DentaQuest Foundation’s Oral Health For All 2020 initiative: By **Health Equity Lens** we mean developing, implementing, monitoring, and evaluation your work using the definition of health equity described as “the opportunity for everyone to attain her/his full health potential. No one is disadvantaged from achieving this potential because of his or her social position or socially assigned circumstance.” (From Boston Public Health Commission)
- Question raised by Dr. D’Aiuto: Once the revisions were made per discussion and the LC approved, how is the Florida’s Oral Health Roadmap document going to be rolled out and how is it to be presented?
 - Andy Berman raised the concern of approving Florida’s Oral Health Roadmap document prior to being fully vetted.
 - LC members agreed.
 - Chair indicated that editorial changes would be made. It was agreed that LC members should submit suggested revisions to The Process section. Another draft document would be provided to LC to review.



- If questions/concerns then there will be a phone call of the Leadership Council prior to the Annual OHF Conference.
- The goal is for the LC to approve Florida's Oral Health Roadmap document during the face to face meeting of the LC at the conference.

Oral Health Florida-PowerPoint- Facilitator, Kristi Ganey

- Determine OHF's role in the statewide effort to achieve oral health and well-being
- Determine revisions necessary to the OHF Operating Principles
 - Think about the type of players and who they are so that you are not always tweaking your plan to fit the players because in that regard lose focus of the plan and/or it's meaning
- Advocacy....public support for or recommendation of a particular cause of policy
- Defining
 - What is Oral Health Florida's Role in Statewide Effort
 - align with road map
 - Define and Narrow-what can you be known as the experts for?
- Review of OHF structure
 - Leadership Council: Define responsibility-important to define before you invite and/or bring other partners/members
 - Actions Teams-currently have six teams
 - Who is part of these teams?

Facilitator, Kristi Ganey planned for the LC to breakout into 3 pre-assigned Action Team Discussion Groups

1. Data and Senior Oral Health: Tami, Ann, Cathy, Christine, Ben
2. Water Fluoridation and Messaging: Sean, Roderick, Nancy, Lilli
3. Sealant and Medical/Dental : Elizabeth, Frank, Donna, Andy, Bill

The goal for each group was to identify the role of the Action Teams-do we need to realign them, delete some, and add new ones. The assignments of breaking into small groups and discuss the two assigned Action Teams and come back with a recommendation about keeping the Action Team, adjusting its mission or deleting the Action Team or propose a new Action Team. One spokesperson from each group would present their groups recommendations to the LC which would include answers to the following questions:

- Original mission of the Action Team?
- Results?
- Is the team in line with new vision of OHF?
- Should we keep with modifications or drop?

The facilitator provided a handout with a series of 4 questions to guide each group's discussion:

1. What was their (Action Team) original charge?
2. What have they actually done
3. Does their charge fit into the new mission of OHF
4. If not, can their mission be tweaked or should OHF drop them as an Action Team

Dr. King suggested opting out of addressing each of the 4 questions during the breakout sessions: indicated that by doing so the LC was moving backwards. Discussion unfolded regarding concern if we



did not thoroughly review each Action Team as outlined then how could the LC effectively determine next steps, if any, for the Action Teams of which would provide the basis for recommendations for future changes in structure and functions to the Action Teams and/or LC Membership overall. In the essence of time and as a compromise, the group consensus was for each group to address only questions 3 and 4 on the handout. Groups met for about 20 minutes.

Each groups report mirrored the others: A drawings captured the following:

- Leadership Council/Voting directs how to create the story
- Data (from Action Teams) is the information that creates the story
- Advocacy/Messaging tells the story

Further discussion unfolded as to the our role of Advocacy-Example of Oral Health America

- No budget to deliver programs
- Advocacy in communicating messaging/collecting Data
- Center our focus on our 2 main focuses; Access and Utilization to Quality Oral Health Care and Increase Access to Community Water Fluoridation
- Identify potential partners –utilize them for messaging-educational knowledge
 - Example: Bring Developmentally Disabled Community into OHF; No Universal Development data for Children Exists-DD Council received 2 million dollar grant-immunization requirement could include oral screening for children.
 - Other partners were also identified and Dr. Catalanotto encouraged LC members to send him names of additional partners.
 - FDHA
 - FDA
 - FHA
 - FAFP
 - AARP
 - Council on Aging
 - Head Start
 - United Way
 - Children’s Services Council
 - Nurses
 - AHCA
 - DOH
 - Make small modifications (adding partners) at first.
- All messaging should mirror the “Frameworks Messaging” training. Frame our messaging to meet the needs of our stakeholders (Value).

The discussion ended with consensus that the LC is still under the current Operating Principles.

Website Presentation and Discussion

- UF hosting and setting up web site
- Co-Chairs, Frank and Tami will review what needs to be archived etc. from previous web site which was confirmed by FPHI/Forte will be available to them until the last day in June per billing cycle contract.
- Frank confirmed University of Florida’s commitment to support the OHF web site ongoing



Oral Health Florida Conference

- History: DOH received permission to host a meeting of PH Dental Directors
- FPHA will coordinate conference meeting details (meeting space, audiovisual, food functions) and manage registration (online, onsite, and provide name badges)
- DentaQuest Foundation is a potential sponsor for Dr. Larry Hill and for general sponsorship
- Pew Children's Dental Campaign providing sponsorship of Elizabeth Barajas-Roman
- Florida Dental Association covering honorarium for Matt Jacob. OHF will cover travel expenses
- Registration \$99
- Friday only: \$50 includes lunch
- Question: is there a registration fee for speaker – no decision made
- Andy to refer his dental area to attend this conference
- Review of:
 - Schedule
 - Exhibitors-will send exhibitor prospectus packet to everyone electronically
 - Set up Thursday at 9 AM
 - Friday till 1 PM
 - Budget

Oral Health Florida Sustainability

- LC Identified and confirmed by consensus the following as next steps for OHF sustainability
 - State Oral Health Coalition Tool – link provided for LC members to review other state oral health coalitions
 - LC members present voted unanimously for the Florida Public Health Association to become OHF's Fiscal Agent, effective immediately
 - Charge \$500/year, effective immediately
 - Year to year contract ; intake of funds and disbursements of payments
 - Administrative Technical Support will be provided by the University of Florida IT Staff; in addition, John (IT staff) will utilize and supervise interns that will assist with facilitation of Tech support each semester.
 - FPHI secured Forte for maintenance of OHF Web Site ; billed 2 x year, thus FPHI/Forte would keep OHF Web site active until the end of June in order for seamless transition of all information.
 - Discussion identified the need to have the Web Site completely transitioned before the annual ; instruction to use SSR Feeds
 - Chairs asked for LOC Members to keep track of and document their "in-kind" donations
 - Conference Line; Head Start committed to OHF continued utilization of their conference line.
 - Social Media: utilize IT Staff Interns for Twitter/Facebook
 - UF staff will investigate tracking annual conference registration via Face Book
 - Next Steps
 - DOH may have grant funding –Preventive projects-Expanded Work Plan(funds from CDC); flexible as long as it fits 2020; requests to Sean ASAP; target October 1 deadline
 - HRSA Grant-UF
 - LC members to identify potential Grant Funding Sources; ask partners writing grants to add in \$ for OHF sustainability