

# ***State Oral Health Summits: What they are, What they do and What can be Accomplished***

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## **Summary**

State Oral/Dental Health Summits have become an important component of many states' oral health improvement strategy. The **rationale** for conducting state oral health summits includes building on the national and state momentum to place attention and resources on the problem of lack of access to dental services, particularly for low income and uninsured persons. State Oral Health/Dental Health Summits are **strategic meetings of key partners and constituents** across a state. This audience is concerned about or responsible for the delivery of dental health services and oral health promotion programs. These strategic meetings have desired outcomes that typically include: increasing awareness about oral health and dental access issues; providing a forum for discussion and agreement on what the key issues are; developing enhanced or new strategies to improve access and oral health. To meet these outcomes, a **meeting agenda that includes presentations, facilitated discussion, and strategy development** occurs. **Partners** involved in the planning of a summit typically include the State Department of Health/State Dental Program, the State Dental Association, Dental Hygienists' Association, Head Start Collaborations, state Primary Care Associations, and federal partners including the Health Care Financing Administration (HCFA) and the Health Resources and Services Administration (HRSA). **State Summits to date have an impressive list of accomplishments** that include: developing and disseminating proceedings that help facilitate policy and legislative change; improving relationships among stakeholder groups; securing full time staff for state dental programs; involving broader constituencies in planning and implementing state wide oral health improvement strategies through new or revitalized coalitions.

## **Rationale for State Oral Health Summits**

The Surgeon General's Report on ***Oral Health in America*** ([www.nidcr.nih.gov](http://www.nidcr.nih.gov)), was released in early 2000 with a follow up conference in the Spring of 2000. This report shined a bright light on a persistent problem in the United States: the inadequate dental care and oral health status of poor and underserved children and adults. The Healthy People 2010 Objectives also identify areas for the improvement of oral health for the entire population in America.

Policy makers, dentists and agency representatives at the national, state and local level have long recognized the shared challenges to improving oral health for underserved populations:

- Reimbursement rates for dental services from Medicaid that are below the cost of delivering services in private dental practices.

- Dwindling workforce of dental health professionals (dentists, dental hygienists and dental assistants) to meet the needs of the entire population, particularly the underserved.
- Desire for more involvement of policy makers (legislators, agency staff and others) in addressing dental access and oral health issues. Typically, the perceived challenge to this involvement is lack of understanding about the range and complexity of the dental/oral health issues in a state.
- Lack of adequate access for special populations, including the uninsured, the elderly, the disabled (both adults and children),
- Lack of infrastructure at the local and state level to implement basic oral health promotion and education strategies – including organized water fluoridation strategies, local public health screening programs, and surveillance of oral health status.

The HRSA/HCFA Oral Health Initiative (OHI) is one of several national efforts to place attention on these challenges, and the need for improved oral health and access to dental care, particularly among poor and underserved populations. The Initiative is a collaborative effort of the Health Resources and Services Administration (HRSA) and the Health Care Financing Administration (HCFA). The Oral Health Initiative seeks to strengthen public and private oral health delivery systems, enhance collaboration between government agencies and programs responsible for financing children's oral health and encourage the application of scientific advances to the practice of dentistry to reduce disease burden ([lwww.hrsa.gov/oralhealth](http://www.hrsa.gov/oralhealth)).

The Surgeon General's Report and its follow up conference, as well as specific funding support from the OHI have spurred many states to organize and conduct a statewide oral/dental health summit as part of their strategies to continue placing attention and resources on the problem of poor oral health, and inadequate access to dental services. This policy brief will provide a general description of a state oral health summit, what is done at and accomplished by a summit, and key partners involved in their success. Felix, Burdine and Associates have helped five states to develop and implement an oral health summit; we have served as the facilitators, recorders and strategists both before during and after a summit, and can describe these elements both from our experience, as well as from the experiences of others who have implemented summits since 1999.

## **What is a State Oral Health Summit?**

State Oral Health Summits are most effective when they are a component of a broader state strategy to improve oral health by changing both the policies and practices that prevent access, adequate delivery of services, and oral health promotion for the entire population. State Oral Health/Dental Health Summits are essentially **strategic meetings of key partners and constituents** from across a state. This audience is concerned about or responsible for the delivery of dental health services and oral health promotion programs. The purpose statements crafted for state oral health summits collected to date also reflect “what they are” – state oral health meetings typically have the following as their purpose: increasing awareness about oral health and dental access issues; providing a forum for discussion and agreement on what the key issues are; developing enhanced or new strategies to improve access and oral health.

A clear purpose statement is one of several features of successful state oral health summits. Other features include:

- An agenda designed to meet the purpose statement
- A planning committee of people who have developed the purpose and the agenda, who represent key stakeholder groups. This committee is responsible for designing the agenda, developing materials required (such as letters of invitation, handouts), inviting Summit participants and securing their participation through personal or other follow-up.
- The presentation of relevant, timely and interesting data on the oral health status of the entire population, and special populations
- Facilitated discussion and interaction among attendees to improve buy in and understanding of the problem
- Time for strategy development through focused conversation and facilitated discussion
- Involvement of the media (newspapers, radio, television) both prior to, during and following the summit

## **What is done at a State Oral Health Summit?**

A state oral health summit may be thought of as a process with planning, the meeting event, and follow-up phases. The purpose statement set for a state oral health summit drives the agenda – the “what” of an oral health summit. It is important to treat a summit as a gathering that is about more than “the usual discussion among the usual cast of characters.” This should be reflected in how the meeting is prepared for and how the meeting is handled. What it does *not* mean is that an expensive hotel setting or a fancy lunch is required. Rather, setting the tone for a different kind of experience, and carrying out activities with that spirit is one key to the success of a Summit.

### *What is done before a Summit*

The work done prior to a Summit is equally or more important than the actual Summit itself. Our rule of thumb is that you can *never* do too much preparation and planning – all of the tasks contained in those processes facilitate ownership from key stakeholders if they are involved. Typically, at least monthly or bi weekly conference calls with members of the planning committee are necessary to sort out the purpose of the Summit, determine key features of the agenda, develop the invitation process and invitation strategy, and secure the participation of key leaders and community members around the state. Similarly, discussions with leadership of different agencies, organizations and advocacy groups about what will be done at the Summit, what they feel is important, and how they might be prepared to contribute after the Summit is also critical. To the extent possible, legislators and their staffs should be briefed about the purpose and importance of the Summit, the positive impact that their visibility and participation will have on the event, and what potential legislative or policy decisions might need to be addressed post-Summit.

These preparations suggest that the group, individuals, or coalition that will be responsible for managing the follow up from a Summit – not necessarily implement or be responsible for doing the follow up – needs to be decided, discussed and negotiated before a Summit. There can never be too much interaction among the key players to resolve this issue. It is another way to build buy-in.

The media is an important partner in the Summit process – and to the extent that media in a state have not been informed about or engaged in oral health as an issue, Summits present an opportunity to educate the media and the public before and after a Summit. The media involvement process, like the meeting planning, *must* be managed. Interviews with key leaders in oral health in the state, as well as with practitioners, feature stories that highlight the scope of the problem, coverage of the Summit event and editorial or other follow up from the Summit are all fuel for media support for a state oral health improvement strategy. Meeting with the editorial board of newspapers several months before the Summit can help lay the groundwork for continuous, accurate and educational coverage that helps (not hurts) the Summit process.

### *What is done **at** a Summit*

In general, attendees at a state oral health Summit could typically expect to do the following, usually in this order:

- listen to presentations by state and national experts on dental and oral health
- contribute to a facilitated discussion in both large groups and small groups
- help to develop strategies to address issues identified as barriers to access or oral health in the state
- comment on information brought forward by other Summit participants

- suggest next steps in follow up to the Summit meeting for implementation by state or local groups
- agree to be the member of a coalition or work group that will further investigate ideas or possibilities raised at the Oral Health Summit.

There are subtleties in what is done at an oral health Summit that should not be underestimated. For example, “buy in” from policy makers, dentists, or other key stakeholders is often described as a desired outcome for a Summit, or as a “missing component” in a state oral health strategy. In our observation, this “buy-in” can happen at a Summit by giving these key persons time to both listen and talk – to each other, and to other participants. Time for facilitated discussion and group discussion needs to be part of the agenda, and must be balanced with the desire, time and skill needed to produce a list of strategies that are actionable items.

Many states have been working on improving oral health and in addressing policies related to reimbursement and access for many years, through coalitions, planning groups and other task forces. Planning committee members are often in that group who has worked so hard for years to make headway in oral and dental health and it is tempting to suggest that “the scope of the problem is fully defined – we don’t need to spend a lot of time on that.” No matter how much previous work has been accomplished, it is guaranteed that there will be some or many in the audience of a Summit – some of whom are critical to resource allocation or policy decisions – who do not know about this work, or understand why it is important. For that reason, it is important to err on the side of time for discussion and reflection at a Summit meeting rather than just strategy development. The latter cannot be accomplished without the former.

Presenting useful and useable information that Summit participants can actually work with is a challenge. The best combination of information for a Summit whose purpose is to get to “strategies” are data on the oral health of the state and for important sub-populations, and a summary of what is already happening to address challenges and issues. Participants can then build on this to suggest new or enhanced approaches to problems. Summits that have as their purpose to define the scope of the problem, or educate a broader audience about the problems of oral health and access to dental care would have presentations by national and state experts, as well as by others who are working to address the issues to complete the picture. Regardless of what is presented, time is needed to help Summit participants to sort through and understand what they have been presented – so they can most effectively contribute to the strategies they are being asked to help develop.

“A clear plan for moving forward” is also a desired outcome from a Summit. What is “done” at a Summit is usually one step short of that – both by design and through the reality of what can be accomplished in what is typically a one day meeting. In our

experience, a clear plan can be mapped out with a group of individuals or organizations who would like to take responsibility for implementation and monitoring progress *post* an oral health Summit. The information, reactions, suggestions and strategies that come from a Summit serve as the boundaries and guidelines for that map. Preparing the group that will eventually take responsibility, and setting them up for the “meeting after the meeting” is equally as important as the Summit. What this allows people to hear at the Summit is that there is some *body* that will take responsibility for doing something with their input – not a common experience at many meetings.

### **Who is involved?**

There are several critical partners to involve in the *planning* of a Summit. Typically, a committee with the following members works together for three to four months to plan a Summit:

- State Department of Health/State Dental Program
- State Primary Care Office
- State Medicaid Program
- State CHIP Program
- State Dental Association
- Dental Hygienists’ Association
- State Head Start Collaborations
- State Primary Care Association
- Women, Infants and Children’s (WIC) Program
- Universities and Colleges with Dental, Dental Hygiene and Dental Assisting Programs
- Philanthropies and foundations supporting dental care and health care
- Health Care Financing Administration (HCFA)
- Health Resources and Services Administration (HRSA).

These stakeholders as well as others comprise the audience of a Summit. Legislators, advocates, representatives from community and state based programs, public and private sector practitioners, insurance companies, and many others are usually invited as well.

Cheri Seed, Dental Health Consultant, Montana Department of Public Health and Human Services, offered the following “dos and don’ts” after her experience with a state oral health Summit in November 1999. The following is a list of considerations for who to involve in a state dental Summit based on her experience, which is also validated by our work with several states:

- Include the state dental association in your planning efforts to get -- their buy-in from the beginning.
- Work hard to find a day and time (typically Fridays) that makes it possible for dentists, dental hygienists and other direct providers of services to participate.

- Include the state Primary Care Association (representing the Community Health Centers with Dental clinics), Dental Hygiene Association, Dental Assistants Association in helping with planning and promoting. Also include representatives from dental schools and school-based health clinics if you have them in your state.
- Get linked with legislators from the beginning.
- Involve the media involved early on and with follow-up stories and articles.
- Involve advocates and programs within the Department of Health such as those for the elderly, children with special needs and the disabled involved in the meeting proceedings including upper management.

### **What can be accomplished?**

There are some immediate outcomes that can be achieved through an oral/dental health Summit. These include:

- Securing a more prominent role for oral health within overall health – and putting oral health on the front burner of issues to be addressed.
- Establishing oral health as a state wide initiative.
- Educating and informing a broader constituency about the issues and challenges in oral health and access to dental care.
- Developing a thorough list of existing strategies around oral health in a state.
- Developing and disseminating proceedings that help facilitate policy and legislative change.
- Improving relationships among stakeholder groups.
- Securing full time staff for state dental programs.
- Involving broader constituencies in planning and implementing state wide oral health improvement strategies through new or revitalized coalitions.

One immediate accomplishment from a Summit is the development of proceedings and the dissemination of those proceedings to attendees and other constituents. Typically, the Planning Committee and Summit facilitators work together to develop a document that communicates the most important aspects of the Summit meeting. Follow up letters with an executive summary or the full proceedings are one way to disseminate the proceedings. Websites are also a popular (and cheap) method to disseminate proceedings. For examples of proceedings from some of the Oral/Dental Health Summits conducted in 1999-2000 visit the following sites:

<p><b>Montana</b>  <a href="http://leg.state.mt.us/Interim_Committees/Children_and_Families/dental_summit/dental.htm">http://leg.state.mt.us/Interim_Committees/Children_and_Families/dental_summit/dental.htm</a></p> <p><b>North Dakota</b>  <a href="http://www.health.state.nd.us/ndhd/pubs/index.htm#MCH">http://www.health.state.nd.us/ndhd/pubs/index.htm#MCH</a></p> <p><b>Maryland</b>  <a href="http://mdpublichealth.org/oralhealth/">http://mdpublichealth.org/oralhealth/</a></p>
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Depending on the purpose of the Summit, these meetings can also lay the groundwork for other strategies in the state that might include:

- *Build a new or enhance an existing State Oral Health Coalition.* Some states have organized Coalitions for oral health improvement; others build Coalitions as the result of a Summit. In the latter model, the Planning Committee for a Summit could become the guiding members of a new coalition. Strategies that result from a summit provide the rationale for organizing work groups of a Coalition. For existing Coalitions, a summit can provide a source of strategic ideas for the future, and new people who commit to being involved.
- *Hold legislative briefings.* Policy change to improve oral health or access to dental services often requires legislative change. Special sessions with legislators and key legislative committees can be held for the purpose of communicating challenges to oral health, and legislative action necessary to support strategies that will improve oral health. Summit proceedings can be a good source of supportive information for these meetings.
- *Conduct state wide community meetings to inform people about the results of the summit and get additional input on strategies that can be put in place.* Multiple meetings around a state to gather input on the current scope of oral health/access to dental care challenges, as well as to gather feedback on either the strategies proposed by a Coalition or other state group to improve oral health could be implemented in follow up to a summit. These meetings keep momentum and help build the constituency necessary to support legislation or other policy measures that might be proposed.