

Indiana Oral Health Coalition (IOHC) Minutes
Friday, December 9, 2016
Hosted by the
Indiana State Department of Health

Mission: The IOHC is a collective voice of individuals, groups, organizations, and businesses working together to promote, protect and provide for the oral health of the residents of Indiana.

PRESENT:

Steven Barefoot
Becky Bolon
Laura Brown
Doug Bush
Candice Ervin
Garrett Fiorenza
Anita Gaillard

Julia Tipton Hogan
Elizabeth McClure
James Miller
Patty Morris
Amy Nolan
Beth Parks
Liz Ramos

Jeff Rector
Ed Rosenbaum
Holli Seabury
Armando Soto-Rojas
Beth Wrobel
Isaac Zeckel

WELCOME

Dr. Alter, Chair of the IOHC and Dr. Tonya Stewart, Co-Chair of the IOHC were unable to attend this meeting. Dr. Alter requested Dr. James Miller, the State Oral Health Director lead this meeting.

Dr. Miller welcome everyone and began the meeting at 10:00 a.m. New attendees were recognized and everyone was allowed to introduce themselves and the organization they represented.

REVIEW MINUTES

Dr. Miller asked if there were any corrections to the minutes from the last meeting; there were none. Dr. Miller asked for a motion and second to approve the minutes. A motion and second were offered and the Indiana Oral Health Coalition minutes from the September 9, 2016, meeting were approved as submitted by a unanimous voice vote.

PRESENTATIONS:

- a. **Efforts to Integrate Oral Health in FQHCs in Northwest Indiana** by Ms. Beth Wrobel, CEO of HealthLinc, Inc. and Dr. Isaac Zeckel, Dental Director of HealthLinc, Inc.

Ms. Wrobel's Presentation:

Ms. Wrobel explained that applying to the Health Resources and Services Administration (HRSA) to become a Federal Qualified Health Center (FQHC) is a very competitive process. There are 19 program requirements and 128 elements to meet. Your clinic must be a not-for-profit organization and serve in a medically underserved area. A comprehensive scope of services that includes medical, dental, and behavioral health must be offered internally or contracted out. Also, fifty-one percent of the FQHC's Board of Directors must be patients of the clinic.

She explained that HealthLinc started as a free clinic in 1996 and became a FQHC “look-alike” clinic in 2003. For more information about the HRSA Health Center “look-alike” program, go to: <https://bphc.hrsa.gov/programopportunities/lookalike/index.html>.

Ms. Wrobel presented an overview of HealthLinc and its eight clinics. They provide services for medical, integrated behavioral health, dental, and optometry. They utilize the 340B Federal Drug Pricing Program at some HealthLinc sites either having a local pharmacy or an agreement with Walgreens so their patients get reduced cost medications. HealthLinc also provides all-inclusive transportation, translation, labs, case management, and referrals to specialty care. HealthLinc treats all eligible patients, regardless of their ability to pay, using a sliding fee scale on all of their services.

She reported on the work that HealthLinc’s mobile van is doing in underserved areas.

HealthLinc is currently using a grant from HRSA to look into Teledentistry for dental hygienist’s cleanings and screenings in rural underserved areas.

HealthLinc works with the Indiana University South Bend (IUSB) Hygiene Clinic and now shares their clinic and health and wellness center.

HealthLinc has also assisted HRSA with other issues such as a lead smelter issue in East Chicago responsible for lead being found in the drinking water.

Dr. Zeckel’s Presentation:

HealthLinc provides medical, dental, behavioral health, and optometry services.

They recently received a new access point grant to provide an integration of service for their patients. An integration of service program would encourage interprofessional team-based care and the integration of oral health and primary care. HealthLinc will use this grant to: 1.) Adopt a compatible electronic medical and dental record with automatic notifications that will alert the health professional that a patient needs another health service provided and, if possible, schedule the service during the same appointment; 2.) Provide oral health service by age one and apply topical fluoride varnish during the child’s well-check appointments; and 3.) Implement a flu shot program during dental appointments.

At the end of the presentation, the presenters contact information was given out. It is as follows:

Beth Wrobel

bwrobel@healthlincchc.org

Isaac Zeckel

izeckel@healthlincchc.org

There was a group question/answer discussion for both presentations.

b. Efforts to Educate Moms-Overview of Indiana Perinatal Network by Julia Tipton Hogan, Executive Director of the Indiana Perinatal Network

The mission of the Indiana Perinatal Network is to lead Indiana to improve the health of all mothers and babies. They envision the day when every mother in our state has a healthy pregnancy and every baby is born healthy and into a nurturing home.

They bring about change by educating providers, raising awareness among consumers and spearheading public policy initiatives.

They share the latest health information about the perinatal period (before and after birth) such as postpartum depression, breast feeding, dental care for mom and baby, pre-term birth, how infections in pregnant women are connected with a preterm birth; how chemical components effect breastmilk and the importance for the parent to take care of their own teeth to prevent transfer of bacteria to their child through kissing or sharing spoons.

Ms. Hogan explained that in Indiana, Medicaid insures care for pregnant women, infants, and children (under eighteen years of age). She reported there are around 80,000 births a year in Indiana and 40,000 of these are Medicaid births.

Ms. Hogan also explained a recent issue being talked about at conferences all of the country, which is a breast feeding mechanism issue caused by a condition present at birth that restricts the tongue's range of motion called Tongue-tie (ankyloglossia). It can cause nipple pain, uneven breast drainage, slow weight gain, and low milk supply. Tongue-tie can also affect the way a child eats, speaks and swallows, as well as interfere with breast-feeding. If necessary, tongue-tie can be treated with a surgical cut called Frenotomy to release the Frenulum.

For more information about the Indiana Perinatal Network, go to: www.indianaperinatal.org or you can reach Ms. Hogan at 317.924.0825 or at jthogan@indianaperinatal.org

There was a group question/answer discussion.

OLD BUSINESS:

a. Indiana State Oral Health Director Report – Dr. James Miller, State Oral Health Director

Recent activities of the Oral Health Program (OHP) are covered in the OHP Newsletter that is published quarterly and is available on the OHP Website at <http://www.in.gov/isdh/18695.htm> under the menu item *Newsletters*.

On the OHP website, under the menu item *Professionals*, and sub-menu item *Continuing Education (CE) Courses*, is a list of how to access two recent courses the OHP has released via the IN-TRAIN system.

In 2017, the OHP will start looking at data to see if the WIC oral health initiative might have had any influence on visits to the dentist by children.

The nomination and election of the Chair and Vice-Chair of the IOHC will occur early next year. The OHP will help with this process as outlined in the bylaws of the IOHC.

There was a group question/answer discussion.

b. IUSD/IPHCA Oral Health Summit Follow UP

Mr. Jeff Rector reported that the conference went well and he thanked all the different groups who helped. It was called *Multidisciplinary Approach to Managing Oral Health by Age One* that was held on October 15, 2016, at the dental school.

c. IDA/IPHCA Oral Health Grant Update

Mr. Doug Bush said there was nothing new to add, at this time.

d. Medicaid Update

Ms. Wrobel reported a problem with the portal delay on the new provider's portal causing trouble getting Medicaid numbers for new providers.

e. Nominations for Chair and Vice Chair

Dr. Miller explained that an election will be held at the March 10th annual meeting for the Chair and Vice Chair of the IOHC. Nominations for the Chair and Vice Chair shall open (6) six weeks prior to the annual meeting, and nominations shall be sent via email to Dr. Miller, Coalition Director. They shall be closed no later than (4) four weeks prior to the annual meeting. A list of the nominees will be sent to the membership via email no later than (3) three weeks prior to the annual meeting. To be eligible to vote, members must attend the meeting. For more information, members were encouraged to read the bylaws of the IOHC.

He also said that it would also be helpful for the nominees to provide a one-page biography that will be attached to the email that he will send out with the list the nominees.

NEW BUSINESS:

There was no new business.

ANNOUNCEMENTS

There was no announcements.

ADJOURN

The meeting adjourned at 11:46 a.m.

Next IOHC Annual Meeting

March 10, 2017 @ 10:00 a.m. in 5T Conference Room, ISDH

Future IOHC Meetings

June 2, 2017 @ 10:00 a.m. in 5T Conference Room, ISDH

September 8, 2017 @ 10:00 a.m. in 5T Conference Room, ISDH

December 8, 2017 @ 10:00 a.m. in 5T Conference