



**Benton, Lincoln, Linn Regional  
Oral Health Coalition of Oregon (Regional  
Oral Health Coalition)  
Joint Meeting with Benton County, Lincoln County  
and Linn County Oral Health Coalitions  
Meeting Summary  
Microsoft Teams  
February 16, 2021  
2:00 p.m. – 3:50 p.m.**

**Attendance:** Christy Anderson, Britny Chandler, Kassi Coleman, Samantha Escalante, Rachel Gazeley, Elizabeth Gordon, Nancy Greenman, Dawn Johnson, Linda Mann, Sommer McLeish, JoAnn Miller, Christian Moller-Andersen, Molly Perino, Denny Sanders, Karla Olsen Smith, and Shelley Hazelton

**Welcome:**

Britny Chandler welcomed everyone to the meeting and led introductions.

**Meeting Minutes:**

The November 17, 2020 meeting minutes of the Benton, Lincoln, Linn Regional Oral Health Coalition of Oregon Joint Meeting with Benton County, Lincoln County, and Linn County Oral Health Coalitions were presented and accepted by consensus.

**Expanded Practice Dental Hygienist (EPDH) Samaritan Lebanon Community Hospital Presentation:**

Karla Olsen Smith and Linda Mann presented information on the Hospital-Dental Pilot project between Capitol Dental Care and Samaritan Lebanon Community Hospital.

- Received DST funding from IHN-CCO for a Pilot in January 2019 with an extension through December 31, 2020. Capitol Dental Care is currently carrying the funding. Budget - \$141,450.
- The objective of the Pilot was to improve collaboration between physical and oral health within a hospital setting with an EPDH working within Samaritan Lebanon Community Hospital to provide oral health services and navigation for patients and act as an oral health resource for the community and medical staff.
- Key Activities of the Pilot included:
  - a. Tracking IHN and community members receiving oral hygiene dental services.
  - b. Creating an Implementation Guide for replication.

- c. Creating workflows for dental consults inpatients.
- d. Providing oral health education for Diabetes Management and childhood preparation courses.
- e. Creating distributing, and monitoring patient and staff satisfaction surveys.
- f. Diverting the number of non-traumatic dental conditions (NTDC) admitted to the Emergency Department (ED) or free up physician time for other ED care.
- Key Outcomes:
  - a. Surveys - Inpatient, outpatient, and hospital personnel satisfaction surveys were overwhelmingly positive throughout the pilot.
  - b. The Implementation Guide created documented encountered barriers, solutions, and deficits throughout the pilot.
  - c. Workflow protocol and hospital software created and/or altered for EPDH to use daily for clinical and electronic health record workflows, tracking accurate number of dental consult and progress visits within hospital settings.
  - d. Created workflow in ED to assist ED physician in determining best course of action for patients presenting with NTDC and decrease patient wait time, also improving ED physician efficiency.
  - e. Assisted patients with referral process to improve access to dental care.
- Total Dental Visits:

	Consults	Progress Visits	Grand Total
<b>2019</b>			
Sep	11		11
Oct	32	6	38
Nov	41	10	51
Dec	30	16	46
<b>2020</b>			
Jan	40	20	60
Feb	43	27	70
Mar	20	9	29
Jun	39	16	55
Jul	31	27	58
Aug	45	15	60
Sep	44	9	53
Oct	32	15	47
Nov	36	23	59
Dec	33	32	65
<b>Grand Total</b>	<b>477</b>	<b>225</b>	<b>702</b>

- Hospital Dental Visits – Shared some pictures of the issues that they see.
- Successes:
  - a. Integrated an EPDH into a complex healthcare system, whereby meeting stringent requirements by two separate organizations. Karla Olsen Smith noted it has been an awesome project and she is glad she has gotten to be part of it. The pre-planning phase took months and she started in the hospital in August.
  - b. Incorporated an in-house contracted dental professional into an existing hospital from extensive pre-planning phase through implementation phase, creating collaborative protocol and effective workflows providing desperately needed services for inpatients and outpatients. Other organizations are pursuing this model.
  - c. Interprofessional collaboration between EPDH and hospital providers, thereby improving patients’ overall health outcomes. In specific, collaborated with:
    - Respiratory Therapists
    - Speech Language Pathologists
    - Diabetic Clinic providers
    - Occupational Therapists
    - RN’s and CNA’s
    - Physicians throughout most hospital departments
  - d. Karla Smith Olsen noted she continues to work through the two different computer programs – Hospital and Capitol Dental Care computer programs.
  - e. She also helps teach classes for newly diabetic patients twice a month, works with intubated patients, and has continuous conversations with nurses, CNAs, and staff around oral health. Different pictures were shown with her working throughout the hospital.
- Learning Experiences:
  - a. **Workflows**- Remaining flexible to see patients while simultaneously improving efficiency.
  - b. **Technology**- Barriers due to documentation inefficiencies, navigating software problems, etc. have been and continue to be challenging requiring creativity and agility as well as a strong and reliable partnership between Samaritan Health Services and Capitol Dental Care.
  - c. **COVID-19 pandemic** - Paused pilot, furthered inefficiency, and re-focused Oral Health Champion role.
  - d. **Sustainability** - Funding dental hospitalist and demonstrating decreased costs.
- Partnerships and Collaboration:
  - a. Possible new partnerships because of the pilot.
  - b. The River Center for voucher patients.
  - c. Gentle Dental and SmileKeepers offices for CDC members.
  - d. Other DCO’s for their members.
  - e. Members of pilot advisory board including Director of Patient Care Services, nurse leaders, ED, and other department managers, as well as administrators.

- f. Specialty Samaritan physicians (e.g. OB/GYN, Pediatrics, etc.).
- g. Pristine Interprofessional Academy (medical billing for dental services induced from systemic conditions).
- h. Status of your pre-pilot partners - Ongoing, creating more efficient workflows to increase sustainability, thus expanding patient encounters.
- i. Partners affected by the pilot - Improved health outcomes for mutual patients.
- j. Relationship with any partners change - Continuing to build united effort to make improved, lasting changes.
- Remaining Challenges:
  - a. Acquiring hospital partners who are brave enough to incorporate an EPDH dental hospitalist into an existing complex system, thereby acknowledging significance of oral care, then address presently overlooked poor oral condition to improve the health and well-being of their patients.
- Post Pilot Sustainability:
  - a. **Future Sustainability** - Capitol Dental Care plans to continue pilot as is valued, trailblazing model of care needed to improve access to dental care with hope to establish sustainability to replicate, expand to other hospital settings.
  - b. **Replicability** - Through dental and medical joint forces, foundational groundwork - Creating mutually acceptable protocol and workflows to replicate this pilot.
    - Benton, Lincoln and Linn County Regional Oral Health Coalition
    - Klamath County Public Health
    - American Dental Association
  - c. **Scalability** - The ability to make this project scalable to larger or smaller hospitals lies in funding, sustainability and technology adaptability. Scaffolding established to execute this model in a variety of settings, drawing from pilot challenges and successes, thus creating an ideal opportunity to implement refined strategy and foresight.

We are looking at reproducing the program at our coastal hospitals. A grant has been submitted to help fund this process.

Discussion followed on the East Linn Dental Voucher Program through the River Center. Karla Olsen Smith noted she has referred patients to the East Linn Dental Voucher program. Some patients have reported expired dental vouchers. The program is still in place. Dawn Johnson noted that they have been giving out vouchers through the River Center over the last few weeks. ***A meeting will be set up with JoAnn Miller, Dennis Stoneman, Dawn Johnson, Karla Olsen Smith, Linda Mann, and Britny Chandler to further discuss. Shelley Hazelton will follow up and send out the meeting notice.***

**C.H.A.N.C.E. (Communities Helping Addicts Negotiate Change Effectively) Dental Collaboration:**

Jeff Blackford, Executive Director, reported on C.H.A.N.C.E. and dental collaboration.

- C.H.A.N.C.E. is a peer run organization that engages with people at all levels of their recovery with mental health and substance abuse disorders.
- C.H.A.N.C.E. has a presence in Linn, Benton, and Lincoln Counties, and has office locations in Albany, Corvallis, Lebanon, Lincoln City, and Newport. They also have transportation options available if needed.
- They have taken over the Signs of Victory shelter, which has 140 beds.
- At the new Albany location, they have tried to create a center with all services in one place. They have created a clinical setting with a clinic room (Samaritan Health Services provided an exam table) and are looking for a dental chair and dental supplies. They would like to provide basic exams, cleanings, and referrals. They will also need help with staff support for the dental set up.
- ***Molly Perino noted that she has two chairs that are available and can connect with Jeff Blackford.***
- Kassie Coleman noted that the Albany Boys and Girls Club partners with Albany InReach and Dr. Hagerty to provide oral health services. Dr. Hagerty does extractions. This might be another place to refer to.
- Jeff Blackford noted there are restrictions with the shelter location where the downtown Albany C.H.A.N.C.E. location they can serve sex offenders.

### **A Smile for Kids (ASK) Presentation:**

Christian Moller-Andersen, Executive Director, gave A Smile for Kids presentation talking about the role orthodontics plays in equity and health outcomes for youth and especially as it related to Benton, Lincoln, and Linn Counties.

- A Smile for Kids Mission: Providing equitable access to orthodontic care to improve the self-confidence, health, and resilience of underserved youth throughout Oregon.
- A Smile for Kids was founded 17 years ago by dentists with the goal to provide orthodontics care to youth and whose families could not afford it.
  - a. Since then, they have served more than 700 youth.
  - b. There are currently 176 active kids in the program with 14 in the tri-county area – 7 in Benton County, 6 in Linn County, and 1 in Lincoln County.
  - c. They partner with 64 orthodontists – Footing roughly half the cost as in-kind credits (In Benton, Lincoln, and Linn Counties – Dr. Haslam, Dr. Cole Johnson, Dr. Teel, and Dr. Cooper with SmileKeepers, Paventy & Brown, Yenne, & Schofield in Salem).
  - d. ASK requires kids to have a “C” grade or higher in all classes to be in the program and they must deliver 4 hours of community service per month.
  - e. In Oregon, the youth graduation rate is 80%, with 94% (during non-COVID times).
  - f. The volunteer hours program leads to 1,000 or more hours per month of community service during non-COVID (currently at 785 hours per month).

- The office is based in Redmond and ASK works with kids and families in all 36 Oregon counties and 4 counties in the western part of Idaho. Currently, the 176 active kids are from 74 communities.
- Historically, ASK received referrals from the Boys and Girls Club, the Farm, DHS workers, dentists, school counselors, teachers, and medical professionals.
- Of the 176 youth in the program, the racial/ethnic makeup of the group is:
  - a. There is 37% from the LatinX population.
  - b. There is 8% from communities of color.
  - c. There is 3% from the 9 Oregon Tribes.
  - d. There is 1% that is Asian.
  - e. There is 1% that is Pacific Islander.
  - f. There is 49% that is white.
- ASK would like to work with more Communities of Color and Tribal communities and Indian Health Services.
- ASK has worked with 8 Transgender kids so far and is reaching out to LGBTQIA+ communities.
- The youth in the program come from a variety of backgrounds and include:
  - a. Parents that are serving justice – 26%.
  - b. Living in Foster care – 41%.
  - c. Living with a disability – 10%.
  - d. Experiencing PTSD from extreme childhood trauma – 9%.
  - e. Truly homeless – 2%.
  - f. Parents deported – 4%.
  - g. Single mother with stage 4 cancer – 2%.
  - h. Raised by a single parent below poverty line – 31%.
  - i. Raised by great-grandparents or grandparents – 15%.
  - j. Raised by a sibling – 3%.
  - k. Raised themselves – 2%.

Many of the kids may fall into several categories.

- ASK can do better with greater diversity in youth, building a diverse board and staff, and tracking data and outcomes better. ASK has been governed by an all-white board in the past with an all-white staff. The board is slowly changing.
- What's ahead for ASK? ASK is evolving, data driven, research-based, and a focus on health equity outcomes.
  - a. Did phone and email studies to evaluate the high school graduation rates and self-esteem of the kids before, during, and after braces.
  - b. OHSU is doing a 3-year study on the ASK program efficacy, ASK's effect on community health, connecting ASK outcomes with other studies around income, incarceration, mortality, etc., ASK's effect on decreasing ED use for non-emergencies for oral health issues, and the program will start the summer of 2021.
  - c. Will also do peer review studies.
- The main question: What is the impact of access to orthodontics on health equity outcomes?
- Some of the metrics that ASK wants to study with OHSU includes:
  - a. Outcome: Resilience – What impact does ASK have on helping kids navigate through adversity and overcome trauma and other obstacles?

We can give people the tools and supports needed to overcome trauma and other challenges.

- b. Outcome: Social Determinants of Health – What impact does ASK have on social determinants of health such as education, employment, and stable housing? ASK doesn't have good data and peer reviewed findings.
- c. Outcome: Self-confidence – What role does ASK play in reducing bullying and creating a sense of self-confidence? Kids have been lost to suicide. ASK wants to look at that as well.
- To refer a child to ASK – Call or email the program director, Michael Vendrame – 541-497-0020 or email: [michaelyv@asmileforkids.org](mailto:michaelyv@asmileforkids.org)
- Criteria for applicants:
  - a. Severe aesthetic need.
  - b. Between 11 and max 17 years old.
  - c. Low or no income.
  - d. Strong self-esteem challenges, bullied.
  - e. Willingness to participate.
  - f. Ability to see same orthodontist for 2 years.
- ASK would like to know if there is a child that has a unique circumstance that falls outside of the criteria. The family poverty levels were shared for individuals, family of 2 through family of 8.
- An example of “Rita” was shared. She was a patient that went through the ASK program and is now finishing her technician certification. She is working and aiming for Nursing School next.
- All the moving parts:
  - a. A referring professional, a parent, guardian or a child contacts ASK.
  - b. ASK receives a text message or email with initial natural smile photos.
  - c. ASK connects with family, school, or any professional who can refer the child.
  - d. Orthodontist sees child for initial orthodontic exam.
  - e. Results with pano x-rays are sent to ASK.
  - f. A panel of 3 independent orthodontists evaluate the orthodontic need.
  - g. ASK consolidates aesthetic, financial, and social needs and notify applicant.
  - h. Treatment can begin after grades are at least at a “C” level in all classes
  - i. Applicant makes a monthly compliance payment to orthodontist (\$25 or \$50).
  - j. Applicant delivers 4 hours of community service every month.
  - k. Applicant maintains a “C” level in all classes in school during treatment
  - l. \* OH remediation, Oral and Maxillofacial Surgery and other pre-ortho is included.
- How to prepare your patients:
  - a. Can they keep ortho appointments every 2-3 months?
  - b. ASK doesn't collect social security numbers.
  - c. Application may or may not be approved.
  - d. Child may need to improve oral health first.
  - e. Extractions may be needed before ortho can begin.
  - f. Application process can take 2 months.
- How is ASK funded?

- a. Individual donations.
- b. Payroll (example 25 emps \$10 per month).
- c. Grants from foundations and health alliances.
- d. 1:1 Sponsor a Smile.
- e. Corporate giving.
- f. Legacy Planning.
- g. Discounted Extractions from CCOs and FQHCs
- The question was asked if ASK was part of Advantage Dental.
  - a. Christian Moller-Anderson noted that “yes” ASK was originally part of Advantage Dental, but they now independent.
  - b. Advantage Dental does discount extractions for kids.
- ASK pays \$3,000 to the orthodontist per kid.
- For further questions or to discuss opportunities to support ASK – Contact Christian Moller-Anderson at 541-280-4214 or by email - [cma@asmileforkids.org](mailto:cma@asmileforkids.org)
- Some kids have not been exposed to dental or don’t have the Oregon Health Plan. ASK can help with getting kids signed up for the Oregon Health Plan and help kids find a dentist. The Oregon Health plan usually doesn’t cover for orthodontic work. Britny Chandler noted she thinks they don’t cover unless it is a severe case of malocclusion or cleft pallet. ***Britny Chandler said she would check for sure on what’s covered.***
- ASK works with 3 oral surgeons and Shriner’s in Portland for oral surgery.

There was discussion on orthodontics and if there was a grant that might cover some orthodontics with a program for innovative ways to increase graduation rates in the community. JoAnn Miller noted that she keeps her eye out for grants. The American Pediatric Association and Delta Dental funds different pilots. Maybe looking at these organizations might be helpful for future grants.

#### **Emergency Department Data:**

JoAnn Miller noted that she has made a request for Emergency Department data that normally reports by age, race, gender, ethnicity, by site, etc. She is still waiting for this data.

A grant application has been submitted for a Health Resources and Services Administration (HRSA) Network Development Grant for the placement of an EPDH at the coastal hospital – Samaritan North Lincoln Hospital and Samaritan Pacific Communities Hospital. The grant would be in partnership with Capitol Dental Care and Advantage Dental. If we are successful in receiving the grant we would need to do a Community Needs Assessment. Even if we aren’t successful, it will be important to do a Community Needs Assessment around oral health.

JoAnn Miller reported that the Oregon Community Foundation has put out two publications in January 2021 – “Children’s Dental Health Initiative – Progress and Lessons Learned” and “Children’s Dental Health Initiative – Getting to the Roots of the Problem – Why Childhood Dental Disease Persists in Oregon.” There are still needs and gaps in childhood services. ***Shelley Hazelton will email out the publications to members.***

### **Strategic Plan Final Data Review:**

Britny Chandler reported that she has handed the Strategic Plan data over to a staff member who will be working on.

### **Program Updates:**

A new template for future reports was discussed. The form would be submitted quarterly.

- The first part of the form - The committee member would give a brief explanation of what their program does and what gaps the program addresses in the region. Also, they would include what counties or cities the program services.
- Highlighted space – Include a picture of the program in action or quote from a community member that has used the program and how it helped them.
- In the bottom section – List challenges the program has faced and how these barriers were addressed.
- Bottom section - Include qualitative measures used to measure the effectiveness of the program. If there are no official measures, list the method used to collect data from the program.
- Bottom section – List quantitative data from the year, including a statement of Return on Investment, how many community members utilized the program, the location sites served, demographic data, and any other data to show the work in our community.

Quarterly the reports would be compiled into one report to present to the Coalition. Britny Chandler asked for feedback on the form.

- **Molly Perino** – Love the form. They collect data on age, race, gender, value of services, etc. See value of services as being like return on investment. Would suggest rewording “return on investment” to “value of services.” ***Britny Chandler noted she would make this change.***
- **JoAnn Miller** – Likes the form. This will help with grants. Oral health continues to be on the back burner. We can be the voice for oral health. It is important to have this Coalition to stay active as well as keeping funding initiatives going. Being able to demonstrate the work we are doing, is valuable.
- **Molly Perino** – Have had a hard time collecting data on needs of removeable appliances. Trying to capture this data. This moves into the Parking Lot Item – Denture Report. Britny Chandler noted she has someone that will help with this report. We are hearing from the state level that there is not a lot of data around dentures.

***Britny Chandler will make the requested changes to the template with the goal to start using the report by the next meeting.***

### **Next Meeting Agenda Items:**

- Grant feedback
- Strategic Plan final data review
- Template – Quarterly Report

The next meeting is scheduled for May 18, 2021 at 2:00 p.m.

**Adjourn:**

With no further business to discuss, the meeting adjourned at 3:50 p.m.

**Respectfully Submitted**

Shelley Hazelton

Community Health Promotion

Department Assistant