



**Benton, Lincoln, Linn Regional
Oral Health Coalition of Oregon (Regional
Oral Health Coalition-ROHC)
Joint Meeting with Benton County, Lincoln County
and Linn County Oral Health Coalitions
Meeting Summary
Microsoft Teams
February 21, 2023
2:00 p.m. – 3:20 p.m.**

Attendance: Christy Anderson, Shelagh Baird, Bryan Decker, Jill Ewanchuk, Eva Gonzalez Muñoz, Karen Hall, Jennifer Hanson, Raquel Hultberg, Brandan Kearney, Gary Lahman, Linda Mann, Carrie McHill, Molly Perino, JoAnn Miller, Savanna Sam, Paul Smith, and Shelley Hazelton

Welcome:

JoAnn Miller welcomed everyone to the meeting and led introductions.

Meeting Minutes:

The November 15, 2022, 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 was presented. **Bryan Decker made a motion and Molly Perino seconded the motion to approve the November 15, 2022, 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 as presented. The motion was voted upon and was unanimously approved.**

2022 Dental Data:

JoAnn Miller presented the Samaritan Health Services Dental Encounter Data for 2022, which included data on Hospital, Race, Ethnicity, Age, and Gender.

- **Hospital/Site:**

- a. **Good Samaritan Regional Medical Center (GSRMC)** – Total dental encounters – 263, which includes GSRMC Emergency Department and GSRMC Samaritan Urgent Care Corvallis.
 - GSRMC dental visits remain low.
 - We have a strong partnership with the Benton County Oral Health Coalition, Community Health Centers of Benton and Linn Counties, Love, INC and Strengthening Rural Families that address urgent oral health needs to uninsured and low-income Benton County residents by providing dental vouchers, education, oral health kits, dental vans, and dentures.

We have seen a decrease in dental encounters in the Emergency Department since the program was implemented.

- **Molly Perino** – Sending a shout out to Paul smith and Jennifer Hanson for helping make the program successful.
 - **Paul Smith** – This has been a collaboration and building of relationships over time. Giving evidence and investing in the right leverage point can get reliable results. It is nice to be able to expand out with the dental appliance piece.
- b. **Samaritan Albany General Hospital (SAGH)** – Total dental encounters – 288, which includes SAGH Samaritan Urgent Care North Albany, SAGH Emergency Department, SAGH Samaritan Urgent Care Geary Street.
- Numbers did go down in 2022.
- c. **Samaritan Lebanon Community Hospital (SLCH)** – Total dental encounters – 283, which includes SLCH Samaritan Urgent Care Lebanon, SLCH Sweet Home Family Medicine, SLCH Emergency Department.
- SLCH numbers have also gone down, which is attributed to the partnership with Capitol Dental Care and having an Expanded Practice Dental Hygienist (EPDH) in the hospital and Emergency Department.
 - The Community Health Centers of Benton and Linn Counties also is at the River Center in Lebanon where the adult dental emergency program is located.
 - These partnerships make a dramatic difference.
- d. **Samaritan North Lincoln Hospital (SNLH)** – Total dental encounters – 200, which included SNLH Emergency Department.
- e. **Samaritan Pacific Communities Hospital (SPCH)** – Total dental encounters – 352, which includes SPCH Samaritan Urgent Care Newport, SPCH Emergency Department, SPCH Samaritan Walk-In Clinic.
- **Data by Race** – Shows “Other” with the highest number at 48, followed by “American Indian or Alaska Native” at 46, and “Unknown” at 32.
 - **Ethnicity** – “Not Hispanic or Latino” – 1,248; “Hispanic or Latino” – 103; “Unknown” – 30; and “Patient Refused” – 5.
 - **Age** – The age group with the highest numbers of dental encounters is ages 30-39 with a total of 322.
 - **Gender** – Male comprise the highest number at 698 (50.36%) compared to female at 688 (49.64%).
 - Have met with Marty Cahill, CEO, SLCH and Laura Hennem, CEO, GSRMC and shared the numbers and trends since 2014.
 - Would like to develop a more comprehensive approach to oral health services for Lincoln County and Albany as well.
 - **Karen Hall** – Shelagh Baird and Paulina Kaiser collect data on visits for Lebanon and the coast across the hospital and not just in the Emergency Departments to see trends and encounter data. Will be submitting a poster at an upcoming conference.

When we look at Emergency Department data, can we determine if fewer patients are returning to the Emergency Department since the start of the program? Are we seeing lower trends overall? We are doing more navigation. We want to be able to show the hospital value of having an EPDH.

- a. **JoAnn Miller** – Not sure if this would be a question for Epic. We pull our data from Epic. Some data may be duplicated.
 - b. **Shelagh Baird** – Can add questions for data into SMART text.
 - c. **Jolynn Meza Wynkoop** – The data piece could be part of the Strategic Plan.
- **JoAnn Miller** – Working with Bryan Decker and Communities Helping Addicts Negotiate Change Effectively (C.H.A.N.C.E.) and Molly Perino to bring a dental clinic to Albany at C.H.A.N.C.E. Could be part of Strategic Plan as well with how to provide services.

Health Resources and Services Administration (HRSA) Rural Health Care Services Outreach Program Oral Health Grant - Co-location Project Update: Shelagh Baird provided an update on the Oral Health Grant – Co-location Project in Lincoln County placing an Expanded Practice Dental Hygienist in Samaritan North Lincoln Hospital and Samaritan Pacific Communities Hospital.

- Capitol Dental Care partnered to provide the EPDH at SPCH. Karen Hall and Carrie McHill are doing one day a week at Newport at SPCH and feedback has been great.
- **Linda Mann** -Last month, hired a fulltime EPDH, Savanna Sam, which is going through SHS Credentialing to do .5 FTE at both coastal hospitals so then Carrie McHill can go back to providing services at SLCH. Karen Hall will move to outreach. Will present at a conference in March on the co-location project.
- Shelagh Baird noted that she, JoAnn Miller, Linda Mann, and Karen Hall will be attending the National Oral Health Conference in Orlando, Florida in April.
- Rolling out the media campaign and partnering with a company out of Eugene. Will rollout out the first part of March. The focus is on promoting oral health in overall outcomes. Do have funding in subsequent years for the duration of the grant. Want to do a targeted message and target those with diabetes, pregnant women, etc.
- **Linda Mann** – People are interested nationally in our project. Have shared the integration project at national conferences and information has been shared in articles. Will be putting together another presentation for a conference in the fall.
- **Karen Hall** – Will be sharing about the project at the American college of Healthcare Executives, Congress on Healthcare Leadership conference in mid-March. There will be a poster presentation on all hospital projects.
- **JoAnn Miller** – Is excited about the media campaign. We are not promoting the project, but we want to share the importance of oral health. There will be radio ads, social media posts, flyers, and a billboard in Lincoln County. Messaging will be in English/Spanish.

Strategic Plan for Oral Health in Benton, Lincoln, and Linn Counties Update:

JoAnn Miller led discussions around the Regional Strategic Plan for Oral Health.

- Brandan Kearney is working on updates to the Plan.
- Brandan Kearney summarized the plan and asked for feedback.
 1. The plan will list Contributors.
 2. Will be adding different language throughout.
 3. The Plan talks about the Coalition and the Coast to Cascades Community Wellness Network (CCCWN).
 4. Will add additional information around services that are lacking across the region for the unhoused, people of color, veterans, LGBTQ+, veterans, those with substance use disorder (SUD), Indigenous, people with disabilities and those with limited English skills. There is still a lack of trust among people who have experienced discrimination when seeking oral health services in primary care and Emergency Department settings.
 5. Oral Health in the Tri-County Region:
 - a. Infrastructure remains about the same.
 - b. Lists most important oral health problems as of 2017.
 6. Page 2 - Prevention and Systems of Care:
 - a. Seniors and excessive costs of dentures and loss of benefits along with migrant populations are still a priority.
 - b. Other vulnerable populations include the homeless and people with disabilities.
 - c. The difficulty with navigating the health care system is a barrier along with cost, and lack of transportation and childcare.
 - d. Lack of community water fluoridation has not changed much and is shifting Oregon into a defensive mode.
 7. **Eva Gonzalez Muñoz** – With migrant populations, adding information related to Mam language, especially for Lincoln County would be useful.
 8. **Molly Perino** – Have lucked out with Language Line and getting a Mam interpreter on demand as of late.
 9. Regional Stakeholder Recommendations will stay the same.
 10. Priority Area 1: Infrastructure:
 - a. Will call out culturally specific.
 - b. Local Infrastructure and Coalitions – Look at updating part about Lincoln County Oral Health Coalition seeking non-profit status.
 - c. Medical/Dental Integration – Will add updated information on InterCommunity Health Network CCO (IHN-CCO) Dental/Medical Integration for Diabetics pilot program and data from the program.
 - d. Collecting and Using Oral Health Data –
 - e. **Linda Mann** – Britny Chandler has some data.
 - f. Will look at adding culturally linguistic information.
 - g. Will add information around the hospital co-location projects.
 - h. Survey of cultural attitudes – Prevalence of trauma and stigma - Some people fear the dentist and suffer from trauma as well.
 - i. Improving Transportation Options – This is still a problem.
 - j. Alternatives to Emergency Care – Talks about reducing the use of Emergency Departments and Urgent Cares for nontraumatic dental pain. Emergency Departments and Urgent Care visits for dental pain have declined.

- k. **JoAnn Miller** – Interpretive services – How does this play out in the dental world and certified interpreters?
 - **Molly Perino** – Use Language Line or Linguava – Video available if pre-schedule.
 - **Brandan Kearney** – Is there data or statistics?
 - **Molly Perino** – Do document in Epic if using Language Line or Linguava.
 - l. **JoAnn Miller** – Bilingual testing – Providers take a test and prove they are competent to speak languages other than English. Is this true for dental as well?
 - **Molly Perino** – Yes, they do have to pass a competency test. If speak Spanish, most of the time they have people on site. Human Resources administers – Thinks is Alta.
 - **Linda Mann** – Capitol Dental Care is the same. They track services and they are held to the same standard.
 - **Brandan Kearney** – When did things come into place?
 - **Linda Mann** – This year is the measurement year. Next year will be penalized from Oregon Health Authority.
 - **Molly Perino** – The Federally Qualified Health Clinic has been doing all along.
 - m. **Linda Mann** - Need to update language around EPDHs in clinics through a partnership of Samaritan Health Services and Capitol Dental. We are not in clinics in Lebanon or Brownsville anymore. So, only in Sweet Home and three hospitals (Samaritan Lebanon Community Hospital, Samaritan Pacific Communities Hospital, and Samaritan North Lincoln Hospital).
 - n. **Karen Hall** – In addition to Linda Mann’s comments, Capitol Dental’s EPDH outreach team also goes to the Samaritan Treatment and Recovery Services (STARS) program in Lebanon when they call for clients needing dental services and navigation.
 - o. **Linda Mann** – Also, Capitol Dental received an IHN-Delivery System Transformation (DST) grant to pair a EPDH with a Community Health Worker (CHW) to provide outreach and preventive dental care to the IDD population.
 - p. Infrastructure: Successes Since 2015 – Will update.
 - q. Addressing workforce shortages and lack of provider diversity - Will add additional information on a diverse workforce.
 - r. Infrastructure – Objective 1 – The tri-county region’s oral health infrastructure delivers better care, better health, and lower costs.
 - Strategy 2 – Seek opportunities to expand and improve the region’s oral health surveillance system - c – Identify and promote best practices for the timely sharing of oral health data between county and state surveillance systems. Do we need to note between regional and local coalitions and do we need to name any other partners?
11. Priority 2: Prevention and Systems of Care:
- a. Discussed Community Water Fluoridation.

- **Gary Lahman** – How did it come about with water fluoridation as more of a defensive position?
 - **Brandan Kearney** – His understanding with the last draft suggestion.
 - **Gary Lahman** – This concerns him. We want to promote water fluoridation
 - **Brandan Kearney** – We can add back in promotional language.
 - **Molly Perino** – We can take a proactive stance and provide resources. It has had negative attention.
 - **Gary Lahman** – With new systems available for smaller communities, without promotion it is hard to bring in.
 - **JoAnn Miller** – We do not want to give the appearance that water fluoridation is done. Seems to be a trend with new elected City Council members and anti-fluoridation people approaching them. This is what happened in Albany.
 - **Paul Smith** – The purpose of this document is to be helpful. We can take a proactive stance and both can be in there. It is helpful to be proactive and to do what JoAnn Miller is doing going to City Council meetings to defend.
 - **Gary Lahman** – Can run through fluoridation expert in Portland and let Brandan Kearney know if there are any suggestions. Do not think we need to put “politically contentious” under this section.
- b. Prevention Care in Non-Dental Settings – Updates on school-based prevention programs:
- **Linda Mann** – Capitol Dental serves 24 elementary/middle schools in Linn, Benton, Lincoln Counties. Can get back with Brandan Kearney with amu additional information
 - **Karen Hall** – Lincoln County schools are not listed.
 - **Molly Perino** – Will get back to Brandan Kearney with information for Johnson Dental Clinic. Raquel Hultberg should have dental information for the Boys and Girls Club of Albany.
- c. Underserved and High-Risk Adults – Will need to update EPDH clinic program numbers.
- d. **Linda Mann** – As noted the EPDH is not in the Lebanon or Brownsville Clinics, just at Sweet Home Family Medicine clinic.
- e. **JoAnn Miller** – We need to identify those that struggle with substance use disorder, those that are unhoused, and those that are in shelters.
- **Brandan Kearney** – Could add under the “underserved and high-risk” section.
12. **Linda Mann** – Need to acknowledge workforce shortages in the dental field somewhere in the document.
- a. **Brandan Kearney** – Did have it in the original document and it was removed.

We can add it back in and look at weaving throughout the document. Maybe look at adding to the “Oral health in the Tri-county Region” section.

- b. **Linda Mann** – Agrees, weaving throughout is good.
13. **Molly Perino** – Believes legislation is making some changes with dental assistants.
14. **Brandan Kearney** – Prevention & Systems of Care: Successes Since 2015 – Numbers for dental van service was at 300 patients. Numbers have changed and we can update. With dental vans for Lincoln and Linn Counties, it has been hard to find enough volunteers.
15. Do we also include numbers of those that are incarcerated?
 - a. **JoAnn Miller** – Not familiar with those that go into the jails and do dental work to obtain numbers.
 - b. **Linda Mann** – They do not have Oregon Health Plan eligibility so that is why the Dental Care Organizations (DCOs) do not go in.
 - c. **Brandan Kearney** – Name more people that need more access to oral health services so was not sure about adding those that are incarcerated.
16. **Paul Smith** – Historically, focus on “disadvantaged populations.” We may want to look at elevating some populations and age groups that are more impacted. There is not just the access to volunteers, we have also lost some capacity.
17. **Brandan Kearney** – We do call out those that are experiencing trauma and culturally specific messaging. Have heard there are quite a few people that do not want to be approached from any institutions, especially healthcare/medical organizations. We need to work with organizations to build trust.
18. **Paul Smith** – It is important to reduce stigma and improve access. Use these phases and build relationships and build trust. There was mention of workforce and there is the transition of leadership and other organization, which has an impact on work. Loss of institutional knowledge and relationships does play out in work.
19. We have or can incorporate objectives and strategies that focus on stigma reduction, trauma informed care, and culturally appropriate.
20. With “integrating oral health education into the training for all care providers,” how much has this expanded to mental health/behavioral health. Can include information on mental/behavioral health. We want to support culturally appropriate curricula for all providers. Can add trauma-informed care and stigma reduction.
21. Strategic Plan Outcome Measures – 2015-2020 – These have not changed much. Members were asked to provide any feedback to Brandan Kearney.
 - JoAnn Miller – Excited to begin to update the plan. We want to focus on oral health services and collaboration along with partnerships. We also need to remember those that are color-blind when we update the document.
 - Any further suggestion, email Brandan Kearney at – bkearney@bkearney.org

Program/Coalition Member Updates:

Program and Coalition member updates were provided.

- **Karen Hall** – As mentioned previously, Capitol Dental received the IHN-DST grant to pair and EPDH with a Community Health worker to provide outreach and preventive dental care to the IDD population. Let them know if there is anyone with which they can partner.
- **Eva Gonzalez Muñoz** – Have three dental vans for Lincoln County – One is scheduled March 1, 2023, and there are two scheduled in May. They do have bilingual staff that can assist and meet the needs of clients if needed.
- **Jennifer Hanson** – Referrals are on hold until they hear on the status of Social Accountability funding from Samaritan Health Services. *JoAnn Miller will follow up further with Jennifer Hanson.*
- **Molly Perino** – They have several people interested in dentures and partials.

Next Meeting:

The next meeting of the Benton, Lincoln, Linn Regional Oral Health Coalition of Oregon Joint Meeting with Local Oral Health Coalitions is scheduled for May 16, 2023, at 2:00 p.m.

Adjourn:

With no further business to discuss, the meeting adjourned at 3:20 p.m.

Respectfully Submitted

Shelley Hazelton
Community Health Promotion
Department Assistant