

ORAL HEALTH COMMITTEE
Consortium for a Healthier Miami-Dade
Date: January 20, 2012
Time: 2:00-3:30 PM

- | | |
|---|------------------|
| I. Welcome and Introduction | Alison Cardenas |
| II. Approval of the Minutes | Alison Cardenas |
| III. Oral Health Florida Update | Dr. Doug Manning |
| IV. Give Kids a Smile | |
| V. Oral Health Engagement Survey Review | Alison Cardenas |
| VI. New Business | |
| VII. Old Business | |
| VIII. Upcoming Events | |
| IX. Adjournment | |

Next Meeting: Friday, Feb. 24, 2012 2:00pm

Note: Meetings are held the third Monday of every month, unless there is a holiday or an issue with room availability.

*All meetings are recorded for transcription.

VISION: “Healthy Environment, Healthy Lifestyles and Healthy Communities”

MISSION: To be a major catalyst for healthy living in Miami-Dade through the support and strengthening of sustainable policies, systems and environments.

Oral Health Consortium Committee – 01/20/2012

Consortium For A Healthier Miami-Dade



TOPIC	DISCUSSION	ACTION NEEDED
1. Meeting Attendance	See attached sign-in sheet	
2. Welcome and Introductions	<ul style="list-style-type: none"> • Alison Cardenas Chairperson of the Oral Health Consortium called the meeting to order at 02:10 pm and welcomed the attendees of the Oral Health Committee. • Housekeeping Greg Strokin • Minutes by Greg Strokin • Introduction from the attendees 	
3. Group Discussion Points	<p><u>Ms. Cardenas reviewed minutes from November</u></p> <ul style="list-style-type: none"> ➤ Minutes approved at 2:12 pm <p><u>Oral Health Update by Dr. Douglas Manning</u></p> <ul style="list-style-type: none"> ➤ Data found regarding Oral Health Emergency Room Spending In Florida. The information can be found using the link below. http://www.floridaoralhealth.com/ER_Data <p><u>Give Kids A Smile Day</u></p> <ul style="list-style-type: none"> ➤ Chip Patterson with Community Smiles will hold an event with numerous partners including Miami Children's, Healthy Matthew, & United Way on Feb 10. Chip is requesting anyone willing to help with a mobile unit. ➤ Miami-Dade County Health Department's Dr Martin will have an event with Leisure City Head Start on Tues, Feb 7 at their facility. <p><u>Committee Engagement Survey</u></p> <ul style="list-style-type: none"> ➤ Alison Cardenas discussed the results of the survey (attached) 	<p>Please contact Chip Patterson if you have a mobile unit willing to participate at Give Kids A Smile Day</p>

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	<p><u>Consortium for a Healthier Miami-Dade Website Analytics</u></p> <ul style="list-style-type: none"> ➤ (See Attached) <p><u>New Business</u></p> <ul style="list-style-type: none"> ➤ Chip Patterson- Community Smiles is in the process of developing software for a continuing education courses around April, He would like help if you can. These CE courses will be for all aspects of dental health. Benefit to doctors would be a great local resource. Dr. Erwin Becker is assisting. By end of spring they should have some additional materials. ➤ Alison Cardenas -State of Florida awarded two organizations; area 11 Monroe counties will be affected. ➤ Healthy Matthew will also work with kids and parents about obesity through a new campaign. <p><u>OLD Business</u></p> <p>How can we create new initiatives to assist the community by ways of the committee?</p> <ul style="list-style-type: none"> ➤ Alison Cardenas reviewed the Recommendations with Strategies, Objectives and Action Steps. (attached) ➤ Chip Patterson suggested that the OHC contacts all of the local and national foundations to participate. This will allow the committee additional resources not currently represented. 	<p>Ms. Cardenas will narrow down the recommendation and strategies to a reasonable and manageable goal. Mr. Patterson will request Scott Marcum to attend a meeting to assist with contacting foundations.</p>
5. Areas of Focus/ Next Steps	Next meeting: Friday, February 24, 2012 2:00 PM	

APPROVED

Oral Health Consortium Committee – 11/21/2011

Consortium For A Healthier Miami-Dade



TOPIC	DISCUSSION	ACTION NEEDED
1. Meeting Attendance	See attached sign-in sheet	
2. Welcome and Introductions	<ul style="list-style-type: none">Alison Cardenas from DentaQuest called the meeting to order at 09:45am and welcomed the attendees of the Oral Health Committee.Housekeeping Dr. MartinMinutes by Greg StrokinIntroduction from the attendees	
3. Group Discussion Points	<p>Ms. Cardenas notifies group that Dr. Fox could not attend this month due to scheduling conflicts. He should be attending November's meeting.</p> <p><u>Claudia Serna from Dr. Fox's Group</u></p> <ul style="list-style-type: none">Presented www.Flphi.org website and how they communicate with their members and interested parties.Would like to include the OHC on the flphi.org site.Are currently trying to put all date information in one place.Requests to use the Healthy Mouth Healthy Body logo on all flyers, websites, and events. <p><u>Messaging</u></p> <ul style="list-style-type: none">Ms. Cardenas call a vote to adopt the Healthy Mouth Healthy Body campaign. (voted passed)Would still like to create a messaging group. <p><u>Give Kids a Smile</u></p> <ul style="list-style-type: none">MDC is waiting to be contacted.Chip Patterson w/ Community Smiles will partner with the Overtown youth Center with the help of Miami Children's & Healthy Matthew on February	<p>Claudia requests a brief paragraph about the OHC to include with the link.</p> <p>Add a link to Healthy Mouth Healthy Body campaign.</p> <p>Ms. Cardenas will contact Colgate representative</p>

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Oral Health Consortium Committee – 11/21/2011

Consortium For A Healthier Miami-Dade



	<p style="text-align: center;">10th.</p> <p><u>Updates</u></p> <ul style="list-style-type: none"> ➤ Lillian Mancebro (GSK)- is working on educational counseling the public in Miami-Dade. ➤ Beck Smith (MDC)- would like to offer volunteers for events. ➤ Osiris Rojas (FPHI)- Be on the look out for Oral Health Survey. ➤ Chip Patterson (Community Smiles)- Various oral updates. Smoking cessation being offered. ➤ Healthy Matthew selected to participate in Henry Schein Cares Global Product Donation Program. (Info attached) <p><u>Co-Chair Nomination</u></p> <ul style="list-style-type: none"> ➤ Main responsibilities are to attend meetings and facilitate. ➤ No one volunteered. <p><u>Meeting Dates</u></p> <ul style="list-style-type: none"> ➤ Ms. Cardenas posed the question about when would be the best time for the meeting to meet. ➤ Best if we change the meeting time to do it after the New Year. ➤ We'll discuss more next meeting. ➤ <p><u>Meeting Adjourned</u></p> <ul style="list-style-type: none"> ➤ 11:00am 	<p>Ms. Cardenas would like to invite someone from Tobacco Consortium to speak to OHC.</p>
<p>5. Areas of Focus/ Next Steps</p>	<p>Next meeting: Monday, December 19, 2011 Following meeting: Friday, January 20, 2012</p>	

ORAL HEALTH COMMITTEE

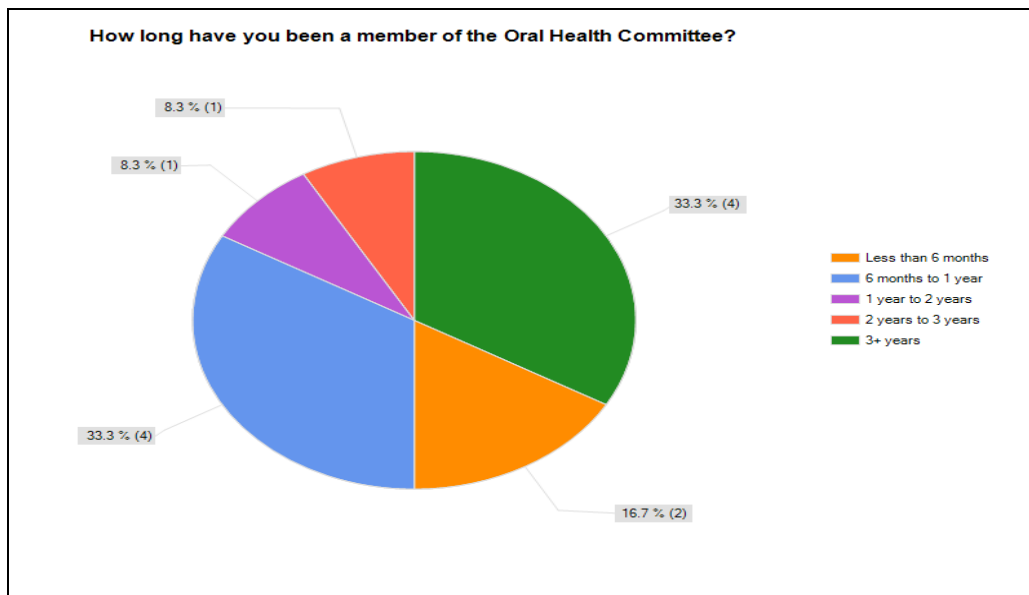
Committee Engagement Survey

Purpose: To obtain committee feedback and capture satisfaction in order to identify ways to improve the committee experience and increase overall participation.

A survey was sent to committee members between December 1, 2011 and December 9, 2011. One email notice was sent to members with the survey link on Thursday, December 1, 2011 and two follow-up reminder emails were sent out prior to December 9, 2011. The survey consisted of 10 questions of which 7 were mandatory.

A total of 12 out of 36 registered members (33%) responded to the survey.

1. How long have you been a member of the Oral Health Committee? Responded: All

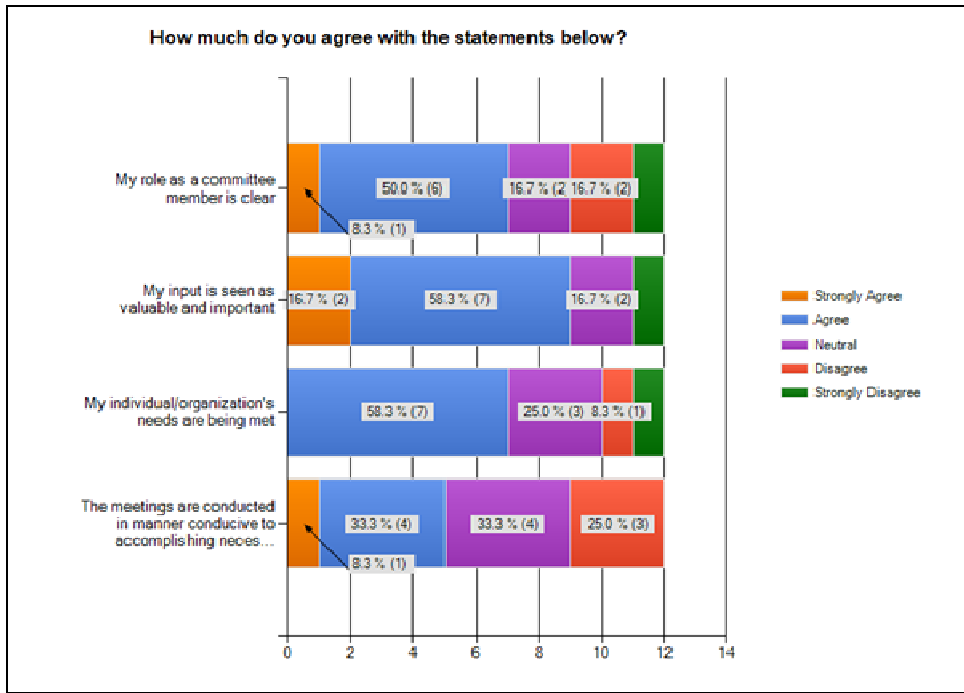


2. What was the primary reason for joining the committee? Responded: All

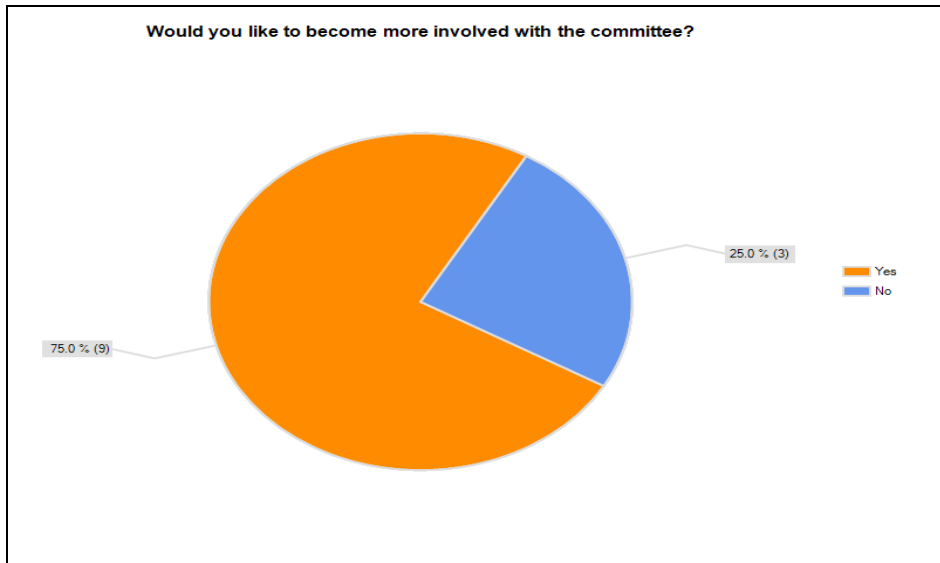
What was the primary reason for joining this committee?		
Answer Options	Response Percent	Response Count
Gain knowledge about a specific topic of interest	16.7%	2
Networking opportunities	8.3%	1
Collaboration with other agencies	33.3%	4
Participation in community initiatives	33.3%	4
Other (please specify)	8.3%	1
<i>answered question</i>		12
<i>skipped question</i>		0

Other (1) - dental care for low income people

3. How much do you agree with the statements below? Responded: All



4. Would you like to become more involved with the committee? Responded: All
 Most respondents (75%) stated that they would like to become more involved with the committee.



5. If yes, in what areas would you like to participate? Select all that apply. Responded: 9

If yes, in what areas would you like to participate? Select all that apply.		
Answer Options	Response Percent	Response Count
Community Engagement	33.3%	3
Awareness/Outreach	22.2%	2
Policy/ Environmental Change	22.2%	2
Research Opportunities	22.2%	2
Collaborative Projects/Initiatives	88.9%	8
Other (please specify)		0
<i>answered question</i>		9
<i>skipped question</i>		3

6. What specific initiatives, if any, would you like the committee to work on? Responded: 7

Improving access to oral health services, awareness and children outreach.
Policy/environmental change
Community participatory research around health, the environment and empowerment.
Bringing additional funders into the group. There are countless foundations currently operating in South Florida which have no awareness of the lack of access to care for low-income, uninsured Miami-Dade County Residents. Without additional funding stakeholders, we can't successfully gain momentum on collaborative initiatives, as most of the participating agencies are already stretched thin.
Oral Health Forums, Activities for children and their families
Data collection
Group/ joint venture

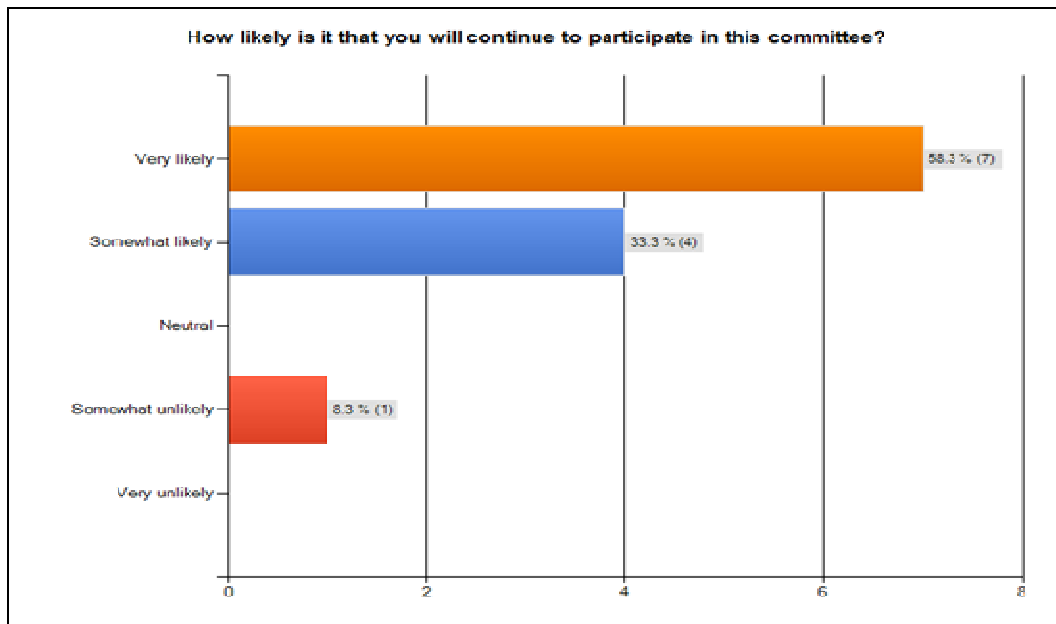
7. What do you like the most about being involved with the Committee? Responded: All

Networking (3)
Networking/community awareness relative to oral health
The interaction with other committee members.
Sharing best practices/common challenges in the field of oral health.
The work with the community regarding oral health
Partners and chair
Knowing what other agencies/groups are doing to improve oral health in Dade County
Meeting with different interest groups in the county
The subject
Learn what other organizations are doing

8. What do you like the least about being involved with the Committee? Responded: All

Lack of collective initiatives. Seems like everyone is working in silos and we're not working together.
There does not seem to be a lot of focus or progress from meeting to meeting
We do not seem to have continuity with the committee over time.
Lack of consistent participation from agencies makes it challenging to take on collaborative initiatives.
I am very happy with the committee
Many times, the oral health committee it's used by Oral Health companies and providers to promote their own agenda.
Groups/agencies appear to be working independently, and there really isn't any collaboration (just sharing of ideas). I feel like there's a lot of talking but nothing really gets done.
Few members
Meetings seem repetitive without any major accomplishments
Meetings inconvenient time and remote place
Lack of initiative
Meetings could be held every other month

9. How likely is it that you will continue to participate in this committee? Responded: All



10. Do you have any suggestions for improving the overall experience of participating in the committee? Responded: 8

Develop well defined goals, outcomes/benchmarks to drive the committee's efforts
Bring additional funders into the conversations.
The Oral Health Committee, should be leaded by community organizations advocating for the needs of the children.
Improve collaboration and accountability
So far so good
Conference call capability
Link to another committee to see how they function

I. Overview

Total Visits: 3,639

- New visitors: 2,191 (60.21%)
- Returning visitors: 1,448 (39.79%)
- Unique visitors: 2,197
- Pageviews: 14,487
- Pages/Visit: 3.98
- Avg Time on site: 3:17 min
- Bounce rate: 47.05%

II. Site Content/Page Visits

A. Top Five (5) Most Visited Pages

1. Homepage: 3,879
2. Events/Announcements: 1,402
3. Membership: 1,064
4. About Us: 867
5. Partners: 638

B. Committee Visits

Table 1: Committee Page Visit Summary

Committee	Main Page	Initiatives	Resources	Mtg Minutes	Events/Ann	Total
Children Issues	145	125	53	54	53	430
Elder Issues	78	79	17	29	31	234
Health and the Built Environment	136	66	64	57	42	365
Health Promotion & Disease Prevention	167	84	68	70	70	459
Marketing and Membership	79	47	17	30	25	198
Oral Health	60	43	32	19	27	181
Tobacco Free Workgroup	72	37	50	34	26	219
Worksite Wellness	214	136	147	66	120	683

C. Executive Board Page Visits

1. Main Page: 168
2. Strategic Plan: 47
3. Meeting Minutes: 97

III. Demographics

Table 2: Location by Country

#	Country/Territory	Visits
1	United States	3,517
2	India	64
3	(not set)	11
4	Canada	5
5	United Kingdom	5
6	Russia	4
7	Philippines	3
8	Brazil	2
9	Bahamas	2
10	Colombia	2
11	France	2
12	Jamaica	2
13	South Korea	2
14	Trinidad & Tobago	2
15	Argentina	1
16	Australia	1
17	Costa Rica	1
18	Dominican Republic	1
19	Spain	1
20	Finland	1
21	Haiti	1
22	Ireland	1
23	Iran	1
24	Japan	1
25	Kenya	1
26	Monaco	1
27	Nigeria	1
28	Netherlands	1
29	Thailand	1
30	Turkey	1

***Table 3: Location by City**

#	City	Visits
1	Miami	835
2	Tallahassee	732
3	Hialeah	321
4	N. Miami Beach	142
5	Orlando	130
6	Ft Lauderdale	121
7	Opa Locka	114
8	Pembroke Pines	84
9	Avon Park	76
10	Key Biscayne	73
11	Homestead	63
12	Hollywood	54
13	New York	53
14	Chennai	50
15	Miami Beach	43
16	Hallandale	33
17	Broward County	26
18	Pompano Beach	24
19	Washington	20
20	(not set)	15
21	Boca Raton	15
22	W. Palm Beach	15
23	Chicago	13
24	Atlanta	12
25	Deerfield Beach	10
26	Irvine	9
27	Nashville	9
28	Mumbai	8
29	Loxahatchee	8
30	Sarasota	8
31	Tampa	8
32	Columbus	8
33	Philadelphia	8
34	Houston	8
35	Delray Beach	7
36	Lutz	6
37	St Louis	6
38	Tucson	5
39	Glendale	5
40	Los Angeles	5
41	Jacksonville	5
42	Key West	5
43	Lake Worth	5
44	Weston	5
45	Louisville	5

IV. Behavior

A. Frequency and Recency

Table 4: Frequency and Recency of Visits and Page views

Count of Visits	Visits	Page views
1	2,191	7,350
2	370	1,549
3	181	909
4	108	407
5	76	253
6	52	239
7	41	207
8	36	222
9-14	122	481
15-25	111	535
26-50	134	1,335
51-100	117	616
101-200	100	384

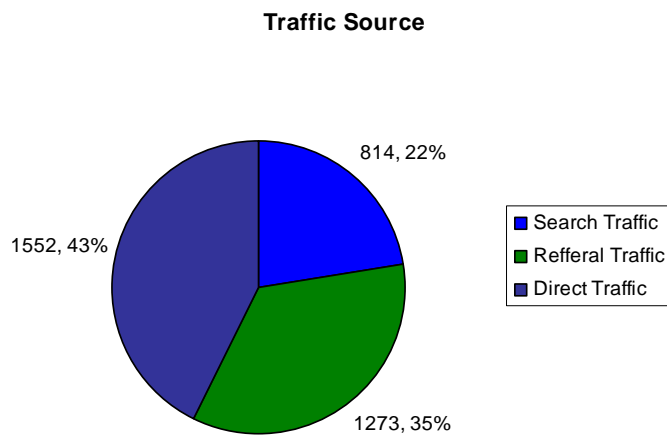
B. Engagement

Table 5: Duration of Visits and page views

Visit Duration	Visits	Page views
0-10	1,955	2,248
11-30	290	837
31-60	261	1,053
61-180	390	2,329
181-600	388	3,074
601-1800 seconds	277	2,884
1801+	78	2,062

V: Traffic Sources

Figure 1: Traffic Source by Type



***Table 6: Referring Sites 1,273**

#	Source	Visits
1	miami.cbslocal.com	576
2	dadehealth.org	442
3	makehealthyhappenmiami.org	38
4	facebook.com	19
5	makehealthyhappenmiami.com	19
6	healthcouncil.org	18
7	unitedwaymiami.org	15
8	36ohk6dgmcd1n.yom.mail.yahoo.net	13
9	miamidade.gov	9
10	google.com	8
11	search.mywebsearch.com	8
12	bodymechanicsonline.com	7
13	email11.secureserver.net	7
14	mail.aol.com	7
15	co113w.col113.mail.live.com	5
16	ehealthinsurance.com	5
17	youtube.com	5
18	stumbleupon.com	4
19	frankelinteractive.com	3
20	hfsf.org	3
21	hscdade.org	3
22	sz0018.wc.mail.comcast.net	3
23	us.mg204.mail.yahoo.com	3
24	weather.cbs4.com	3
25	weather.miami.cbslocal.com	3
26	womenshealth.med.miami.edu	3
27	email12.secureserver.net	2
28	events.miami.cbslocal.com	2
29	m.facebook.com	2
30	miamidadematters.org	2

* Only includes the top 30

Table 7: Top 45 Most Frequent Keyword Searches

#	Keyword	Visits
1	consortium for a healthier miami-dade	143
2	makehealthyhappenmiami.com	72
3	cppw fact sheet built environment	58
4	consortium for a healthier miami dade	40
5	consortium miami	31
6	make healthy happen miami	28
7	healthy miami	12
8	healthymiamidade.org	12
9	healthy miami dade	11
10	ctg announcements	8
11	healthymiami.com	7
12	healthymiamidade.com	7
13	miami dade consortium for healthy	7
14	tobacco free workgroup, minutes, 2011	7
15	consortium for healthier miami dade	6
16	consortium miami dade	6
17	healthier miami dade	6
18	consortium for a healthy miami	5

#	Keyword	Visits
19	joanna kentolall	5
20	miami dade consortium	5
21	consortium for a healthier miami dade	4
22	healthymiamidade.gov	4
23	http://www.healthymiamidade.org/	4
24	miami consortium	4
25	miami dade consortium for a healthier miami dade	4
26	miami dade health consortium	4
27	www.healthymiamidade.org	4
28	alison cardenas dentaquest	3
29	candy flavored tobacco miami	3
30	consortium for a healthier miami dade	3
31	consortium	3
32	consortium for healthier miami dade county	3
33	http://makehealthyhappenmiami.com/	3
34	imran ali miami dade	3
35	make healthy happen miami	3
36	make miami healthy	3
37	miami-dade consortium healthy	3
38	the consortium for a healthier miami dade	3
39	www.healthydade.org	3
40	www.makehealthyhappen.com	3
41	anamarie garces de marcilla	2
42	ann karen weller herald obesity articles	2
43	annual reports	2
44	built environment and health non profit	2
45	consortium for a healthier miami	2

Table of Contents

Recommendations with Strategies, Objectives and Action Steps

Recommendation 1: IMPROVE ACCESS TO COMMUNITY AND SCHOOL-BASED PREVENTION PROGRAMS FOR ALL AGES.-		
	Strategy/Objective/Action Step-	Page Date
R1-S1	Strategy 1: Increase access to fluoridation.	1
R1-S2	Strategy 2: Advocate for improved diet and nutrition in schools in at least one area of the state.	2
R1-S3	Strategy 3: Expand school-based dental sealant programs.	2
R1-S4	Strategy 4: Expand school-based and school-linked fluoride mouthrinse programs.	3
R1-S5	Strategy 5: Develop school-based fluoride varnish programs.	3
Recommendation 2: IMPROVE ACCESS TO ORAL HEALTH EDUCATION PROGRAMS FOR CHILDREN AND ADULTS.		
R2-S1	Strategy 1: Enlist support from and train school health providers and educators on oral health issues.	5
R2-S2	Strategy 2: Develop appropriate grade-level oral health education curricula in both public and private schools.	5
R2-S3	Strategy 3: Provide community-based oral health education presentations throughout communities	7
R2-S4	Strategy 4: Advocate for increased funding for community and school-based oral health education programs.	8
Recommendation 3: INCREASE PUBLIC AND GOVERNMENTAL AWARENESS OF ORAL HEALTH ISSUES.		
R3-S1	Strategy 1: Educate lawmakers and policymakers about the importance of oral health.	11
R3-S2	Strategy 2: Educate the public about the importance of oral health and the connection between oral health and general health.	11
R3-S3	Strategy 3: Educate non-dental health care providers on the importance of oral health.	12
R3-S4	Strategy 4: Conduct work groups, forums, or summits to develop strategies, objectives, and action steps for specific disadvantaged population groups including those with specific health care needs	13
R3-S5	Strategy 5: Utilize internet resources for oral health information and education.	25
R3-S6	Strategy 6: Establish a statewide independent oral health coalition.	26
Recommendation 4: IMPROVE STATE AND COUNTY-BASED ORAL HEALTH DATA COLLECTION AND RESEARCH		
R4-S1	Strategy 1: Develop an outcome/disease-based data collection system and develop and maintain state and county-specific profiles.	27
R4-S3	Strategy 2: Develop a systematic, annual analysis of the Medicaid and KidCare Dental programs.	28
R4-S3-	Strategy 3: Advocate for a statewide oral health research agenda.	30

Recommendation 5: IMPROVE ACCESS TO CARE BY ASSURING A HIGHLY TRAINED, DIVERSE, APPROPRIATELY ALLOCATED DENTAL WORKFORCE.		
	Strategy/Objective/Action Step-	Page
R5-S1	Strategy 1: Assure that an adequate number of appropriate dental care provider types exist and increase the diversity of dental care providers.	31
R5-S3	Strategy 2: Expand professional training opportunities regarding care for special needs populations.	33
R5-S3	Strategy 3: Expand volunteer incentives.	35
R5-S4	Strategy 4: Consider reforms to better utilize the existing dental workforce to achieve improved access to care.	35
Recommendation 6: IMPROVE ACCESS TO CARE BY ASSURING ADEQUATE STATEWIDE, PUBLICLY FOCUSED INFRASTRUCTURE AND SUPPORT PROGRAMS.		
R6-S1	Strategy 1: Promote improvement of the Medicaid Dental program.	37
R6-S2-	Strategy 2: Expand community-based safety-net fixed clinics and mobile units.	41
R6-S3	Strategy 3: Promote school oral health screenings at periodic intervals with appropriate referrals.	42
R6-S4-	Strategy 4: Improve Dental Services through the State Children’s Health Insurance Program.	42
R6-S5-	Strategy 5: Expand number of dental care providers/practitioners and centers with expertise in caring for special needs populations.	43
R6-S6-	Strategy 6: Promote continuity of oral health care through targeted case management and patient education.	44
R6-S7-	Strategy 7: Establish a county-specific, statewide resource guide of dental care programs that provide care for disadvantaged and special needs populations.	45
R6-S8	Strategy 8: Develop resources to facilitate organizations applying for grants.	45
R6-S8	Strategy 9: Advocate increasing the quantity of safety-net dental providers by eliminating barriers to participation.	46
R6-S10	Strategy 10: Explore teledentistry opportunities to increase access to care for underserved populations.	46
R6-S11	Strategy 11: Advocate for the co-location of dental services with other health services and removal of other barriers to access.	47
Recommendation 7: IMPROVE THE INTEGRATION OF ORAL HEALTH PREVENTION AND EDUCATION INTO GENERAL HEALTH.		
R7-S1	Strategy 1: Develop protocols to integrate oral health into all appropriate Department of Health programs.	49
R7-S2	Strategy 2: Utilize existing community networks to identify and educate patients with systemic diseases that relate to oral health.	49
R7-S3	Strategy 3: Advocate for oral health screenings to become a routine part of medical examinations.	50
R7-S4	Strategy 4: Advocate for increased oral health training for medical professionals.	51