

Commission to Study Pathways to Oral Health Care in New Hampshire (SB 193)

05/08/15

Present: Senator Bradley (Chair), Representative Susan Emerson (House), Senator Donna Soucy (Senate), Dr. Puneet Kochhar (NH Dental Society), Erika Argersinger (NH Kids Count), Gail Brown (NH Oral Health Coalition), Pamela Delahanty (NH Dental Hygienists Association), Mary Ann Aldrich (Public), Dr. Roger Achong (NH Academy of Pediatric Dentistry), Dr. Margaret Snow (NH Medicaid Dental Director); Representative Jim McKay (House), Charles Saia (Governor's Commission on Disability), Dr. Arthur McKibbin (Board of Dental Examiners), Robert Ritchie (State Committee on Aging); Absent: Janet Laatsch (Bi-State)

- I. Eleanor Jaffee, Carsey School of Public Policy:** (see attached presentation)
Research commissioned by NH Kids Count. Presentation covers: Overview of state of oral health in NH; perceived barriers to accessing care; Strategies to improve oral health care access. The Carsey School is publishing a research brief within the next week. ***Note, the research has not been published yet but will be soon.*

Q & A

Achong: did you perform research? Is goal for 0 decay? Is it realistic?

- A. No. don't know if 0 is realistic goal. Think about that question after receive all presentation and determine goal aiming for.

Kochhar: presentation shows Strafford and Coos need more care. How many towns in counties do not have fluoridated water?

- A. Doesn't know.

Kochhar: I practice in Rochester and kids who have cavities are located in towns without fluoridated water. We have enough dentists and take Medicaid.

- A. Issue is distribution of dentists around state and ratio of dentists per patient.

Dr. Margaret Snow: National Goal: 20% for children tooth decay. 3rd grade survey is methodology designed and vetted nationally by CDC.

Pam Delahanty: Cheshire screening was voluntary and needed parental permission. Only saw 30% of kids in school. Out of all students I screened, I saw one child with urgent need for care.

Kochhar: what is population of Coos County?

- A. Fairly small. Possibly 20k adults.

Kochhar: need pediatric dentists and general in north country? What will mid-level provider do? May not provide level of services needed. You explained that children with pediatric dentists receive 51% better care. Should focus on pediatric not midlevel.

Dr. Snow: access for Medicaid population, so question arises is there sufficient density of population to support pediatric practice? May have to be part time. Bit of a problem for getting pediatric dentist to North Country. Evidence is strong that receive better and more frequent evidence based preventive care. Prevention is cost effective humanistic preventative approach. It also provides certain basis of income to that practice with trying to get into that part of state with marginal population to support. Keeping preventive services in pediatric practice; offsets economic problem of that. If we have midlevel providers in same area, competing with pediatric dentist and discourages dentist from going there. Also as Dental Director, huge value for pediatric dentist not only for providing good preventive care, but in need of them desperately for special health care needs, very young with extreme disease, developmental disabilities and capacity to educate parents.

II. **Gail Brown, NH Oral Health Coalition (see attached presentation)**

Provided history of coalition. Showed Framework for Action booklet published – creates roadmap for oral health program development, policy and practice. Being updated expected – June 2015. Purpose: improve oral health access and outcomes for the underserved by increased deployment of registered dental hygienists working under public health supervision, by means of statewide deployment through an existing public health infrastructure. (in schools, nursing homes, community health centers). Biggest barrier to expanding services into community: reimbursement. Needed to determine how to utilize funding we have access to. Need to building substructure to build up deployment of public health hygienists to improve access and oral health for underserved.

III. **Approval of Minutes** from March meeting:

Moved by Sen. Soucy; seconded by Rep. Emerson. Unanimously accepted.

IV. **Next meeting June 19th** – Agenda for presenters:

- a. NH Dental Society
- b. Illinois dentist- sponsored by NH Kids Count/Pew
- c. American Academy of Pediatric Dentistry

V. **Next Steps:** The Commission will take July and August off. All commission members should help Erika and Jodi regarding things that should be reflected in report. Erika will develop basic framework. Meeting in September with draft report. Reporting deadline of November. May have to meet once in September and October. September 11th – scheduled for meeting.