



DENTAL HYGIENE FULL COMMITTEE MEETING MINUTES

Saturday, December 3, 2016
2005 Evergreen Street, 1st Floor
1st Floor Hearing Room
Sacramento, CA 95815

FULL 1 Roll Call/Establishment of Quorum

Noel Kelsch, President of the Dental Hygiene Committee of California (DHCC), called the DHCC to order at 9:00 a.m. DHCC Secretary, Evangeline Ward, took roll call and a quorum was established with eight members present. President Kelsch explained that Timothy Martinez had been excused.

DHCC Members Present:

Noel Kelsch, President, Registered Dental Hygienist in Alternative Practice (RDHAP)
Susan Good, Vice President, Public Member
Evangeline Ward, Secretary, Registered Dental Hygienist (RDH)
Michelle Hurlbutt, RDH Educator
Sandra Klein, Public Member
Nicolette Moultrie, RDH
Edcelyn Pujol, Public Member
Garry Shay, Public Member

DHCC Members Excused:

Timothy Martinez, Doctor of Dental Medicine (DMD)

DHCC and DCA Staff Present:

Lori Hubble, Executive Officer (EO)
Anthony Lum, Assistant EO
Estelle Champlain, Legislative and Regulatory Analyst
Nancy Gaytan, Enforcement Analyst
Kelsey Pruden, Department of Consumer Affairs (DCA) Legal Counsel for the DHCC

Public Present:

Julie Coan, RDH, President, California Dental Hygienists' Association (CDHA)
Karen Fischer, EO, Dental Board of California (DBC)
Mariann Fujimoto, RDH
JoAnn Galliano, Education Consultant, CDHA

Jeannie Huber, RDH
Lygia Jolley, RDH, Immediate Past President, CDHA; Faculty, San Joaquin Valley College, Visalia (SJVC)
Vickie Kimbrough, RDH, Executive Administrator, CDHA
Mary McCune, Regulatory Analyst/Advocate, California Dental Association (CDA)
Susan McLearn, RDHAP, CDHA
Cindy Simpson, RDH
Maureen Titus, RDHAP, Government Relations Council, CDHA

FULL 2 Public Comment for Items Not on the Agenda

President Kelsch invited the public to comment on any item not listed on the agenda.

There were no public comments.

FULL 3 Presentation on Dental Care in California by Jayanth Kumar, DDS, MPH, California State Dental Director

President Kelsch introduced Dr. Kumar and thanked him for his willingness to share his knowledge so that the DHCC and others present at the meeting could become more aware of and involved in California's efforts to increase access to high-quality dental care.

Dr. Kumar shared his experience as a dentist and public health official in New York. He explained that in his role as California's State Dental Director, he works with an advisory committee to create and propose a state oral health plan. The plan will include goals, objectives, strategies, and specific activities to prevent oral disease and to reduce disparities in access to care across the state.

Dr. Kumar stated that the essential services of a modern public health program do not include provision of direct health care services or administering the Medicaid program. Instead, modern public health programs focus on establishing links between communities and services. In this view, the community, rather than the individual, is seen as the patient. The treatment plan is designed by assessing the community's needs and then linking the community with the proper resources. Resources may include grants, contracts, technical assistance, or training. Dr. Kumar encouraged collaboration with partners, including the dental hygiene community, to achieve the goal of healthy people in healthy communities.

President Kelsch asked if there were any comments or questions from committee members or from the public.

Public Comment: Vickie Kimbrough asked Dr. Kumar how registered dental hygienists (RDHs) and registered dental hygienists in alternative practice (RDHAPs) fit into the collaborative models that he envisions for California. Dr. Kumar replied that the program seeks to find best practices. He gave the example of an RDHAP who coordinates San Francisco's kindergarten caries assessments.

Michelle Hurlbutt asked Dr. Kumar what indices are being used to track oral disease. Dr. Kumar stated that there are eight indicators used and that one of them is the prevalence of caries in third-grade children. He also stated that nationally, the leading indicator is dental visit rates, but that in California there are some additional indicators.

Public Comment: Lygia Jolley asked if there are any RDHs or RDHAPs on Dr. Kumar's committee. Dr. Kumar answered that Karine Strickland is an RDHAP on the committee. Ms. Jolley asked if one profession was more prevalent than others in the committee's composition. Dr. Kumar replied that in creating the committee, his organization solicited involvement from many organizations in the dental health community and each organization sent the member they thought best to serve on the committee.

Nicolette Moultrie said that she had previously served as a program manager for the Children's Oral Health Program in Contra Costa County. During this time, she learned that the infrastructure for gathering data is different throughout the state. This presented problems when making data comparisons because the various counties often used different criteria. She asked Dr. Kumar if the funds that will be spent on infrastructure will be applied to standardizing the data collection process. Dr. Kumar replied that he would like to establish a training assistance program that would meet every month to exchange ideas and determine best practices to make the whole more orderly.

There were no further questions or comments.

FULL 4 Perinatal & Infant Oral Health Quality Improvement Project Overview by Jennifer Byrne

Jennifer Byrne, Project Manager for the Perinatal & Infant Oral Health Quality Improvement Project, provided an overview of Perinatal & Infant Oral Health Quality Improvement Project. She stated that the goal of the project is to reduce the prevalence of disease in pregnant women and infants most at risk through access to high-quality oral health care. The project plans to meet this goal through integration of oral healthcare into perinatal and infant primary care delivery systems that can be scaled statewide.

Strategies include:

- Increasing the oral health messages delivered to pregnant women.
- Improving state and systems-level policies and practices.
- Improving access to and utilization of preventative oral health care services.

Ms. Byrne emphasized that collaboration across the dental healthcare community can play a significant role in improving the oral health of pregnant women and infants.

President Kelsch thanked Ms. Byrne for her presentation and asked if there were any questions from DHCC members or from the public.

Public Comment: An unidentified member of the public asked if Ms. Byrne considers a dental visit equal to prevention. This member of the public also asked how the community was expected to know which practices were “best practices.” Ms. Byrne replied that a dental visit alone is not deemed sufficient prevention. The project also promotes best practices for oral health education.

Dr. Kumar added that the dental visit will be tailored to each patient. For some patients this will mean pain management and treatment of a dental problem, but for other patients the focus during a visit will be prevention. He clarified that “best practices” are aimed at the community level, not the individual level. The best practice concept is aimed at linking resources.

Public Comment: Maureen Titus inquired about the source for guidelines for oral healthcare treatment during pregnancy. Dr. Kumar replied that the guideline used is called, “Oral Health Care During Pregnancy: A National Consensus Statement” and is sponsored by the Health Resources and Services Administration.

There were no further questions or comments.

FULL 5 Update from the Dental Board of California *

Karen Fischer, Executive Officer of the Dental Board of California (DBC), invited the DHCC to continue to collaborate with the DBC as the DBC plans to work in 2017 on regulations for infection control and for interim therapeutic restorations (ITRs).

Ms. Fischer announced that the DBC recently gained a new board member, Dr. Steven Chan. Dr Chan is a pediatric dentist with extensive experience both in practice and as a leader in professional organizations for dentistry.

Ms. Fischer stated that the DBC has compiled a thorough report on whether or not California's present laws, regulations, and policies are sufficient to provide protection to pediatric patients during general anesthesia for dental procedures. This report will be available by January 2017. Ms. Fischer invited interested parties to view the report via the DBCs website.

Ms. Fischer explained that the DBC had elected new officers as follows:
DBC President: Bruce Whitcher, DDS
DBC Vice President: Thomas Stewart, DDS
DBC Secretary: Debra Woo, DDS, MA

President Kelsch asked if there were any member comments or public comments.

Nicolette Moultrie asked for an update on the DBCs study on dental assisting education regulations. Ms. Fischer replied that the DBC has been holding dental assisting regulatory workshops about every six weeks during 2016 to modify and update the whole of their dental assisting regulations. She expects that in 2017 the DBC will submit the proposed amendments to the State rulemaking process.

Michelle Hurlbutt inquired about the status of the DBCs ITR regulations. Ms. Fischer stated that the DBC had published proposed language, which was available as part of the meeting packet from the recent DBC meeting. She added that during 2017, the DBC would be working with DHCC on ITR regulations.

There were no further comments.

<<Recess of the Full Committee So That Subcommittees May Meet>>

*FULL 5 was taken out of order (presented before FULL 3) due to technical equipment issues requiring a delay for FULL 3.