



Dental Public Health Activities & Practices

Practice Number: 19010
Submitted By: Kansas Head Start Association
Submission Date: October 2005
Last Updated: November 2006

SECTION I: PRACTICE OVERVIEW

Name of the Dental Public Health Activity:

Kansas Early Childhood Action Plan

Public Health Functions:

Policy Development – Collaboration and Partnership for Planning and Integration
 Policy Development – Use of State Oral Health Plan
 Assurance – Population-based Interventions
 Assurance – Oral Health Communications
 Assurance – Building Linkages and Partnerships for Interventions
 Assurance – Building State and Community Capacity for Interventions
 Assurance – Access to Care and Health System Interventions

Healthy People 2010 Objectives:

21-1 Reduce dental caries experience in children
 21-2 Reduce untreated dental decay in children and adults
 21-10 Increase utilization of oral health system
 21-12 Increase preventive dental services for low-income children and adolescents

State:

Kansas

Federal Region:

Region VII

Key Words for Searches:

Head Start, Early Head Start, children, prevention, planning, action plan

Summary:

On December 6, 2002, the Kansas Head Start Association (KHSA) conducted the Kansas Early Childhood Oral Health Forum. The Forum was co-sponsored and funded by the Association of State and Territorial Dental Directors (ASTDD), the Maternal and Child Health Bureau of the Health Resources and Services Administration (HRSA), the Kansas Department of Health and Environment, and the Kansas Head Start Collaboration Office. Sixty participants, including dentists, dental hygienists, pediatricians, Head Start staff, parents, policymakers and funders from throughout Kansas, attended the Forum. The purpose of the Forum was to develop an action plan, including recommended strategies and roles for key players, for addressing the oral health needs of young children in Kansas with specific attention to Head Start children. At the Forum, participants identified priority strategies in the areas of (1) Access, (2) Policy and Financing, and (3) Prevention and Education. Based on input from the Forum, the planning committee (15 members representing key stakeholder agencies and organizations including parents) drafted the **Kansas Early Childhood Action Plan**, which included long-term and short-term outcomes with Head Start-specific actions. Follow-up steps to the Forum included: (1) Distribution of Forum summary and action plan to all participants; (2) Shared leadership by creating a statewide oral health coalition; (3) Meetings of the three strategy task forces to follow up on the action plans; (4) Specific efforts within KHSA to implement Head Start-specific actions identified in the plan; (5) Planning a second forum to review the work of the task forces and the coalition. In response to the Action Plan, the Kansas Head Start Association has initiated several grant-funded projects designed to increase the number of children who remain cavity-free and to increase access to quality oral health services.

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SECTION II: PRACTICE DESCRIPTION

History of the Practice:

In Kansas, Head Start programs serve 8600 enrolled children from birth through age 5 (7,400 children age 3-5 years in 83 counties and 1,200 age 0-2 years in 43 counties). The 29 Head Start programs include:

- Urban (KC and Wichita) programs serving up to 900 children
- Rural programs serving up to 13 counties
- Programs with the majority of families speaking Spanish
- Two Native-American programs

Positive momentum and partnerships have developed over the past years that resulted in piloting the ABCD Kansas program, having the leadership of a state oral health consultant, developing educational initiatives designed to build awareness and best practices, and establishing strong collaboration among agencies, associations, funders and professionals for the common goal to improve oral health.

Justification of the Practice:

Baseline surveillance data on Head Start children is not available in Kansas; however, this has been identified as a need in the Kansas Head Start Association oral health plan. Other data is in the pipeline, such as data from a recently completed Early Head Start oral health initiative to provide a protocol and system that deliver oral health services to pregnant women, infants and toddlers, will further identify areas for improving oral health of Head Start children.

A limited number of dentists in the state are actively accepting Medicaid/S-CHIP patients. Kansas Head Start programs continue to report challenges in securing dental care for their enrolled children despite implementing strategies that have made Head Start programs Medicaid providers, have built better relationships with dentists, and have reduced barriers for dentists to treat young, low-income children.

Collaborative planning will establish leadership, develop partnerships, integrate and coordinate services and leverage resources. An action plan to improve the oral health of preschool children will establish new services and expand capacity for Head Start children.

Inputs, Activities, Outputs and Outcomes of the Practice:

On December 6, 2002, the Kansas Head Start Association (KHSA) conducted the Kansas Early Childhood Oral Health Forum. The Forum was co-sponsored and funded by the Association of State and Territorial Dental Directors (ASTDD), the Maternal and Child Health Bureau of the Health Resources and Services Administration (HRSA), the Kansas Department of Health and Environment, and the Kansas Head Start Collaboration Office. Sixty participants, including dentists, dental hygienists, pediatricians, Head Start staff, parents, policymakers and funders from throughout Kansas, attended the Forum.

The purpose of the Forum was to develop an action plan, including recommended strategies and roles for key players, in addressing the oral health needs of young children in Kansas, with specific attention to Head Start children. The Forum started with a review of the Surgeon General's "Call to Action" and of the recent survey results of Head Start programs in Kansas on oral health needs. At the Forum, participants formed three task forces and each task force identified priority strategies in the areas of (1) Access, (2) Policy and Financing, and (3) Prevention and Education. Based on input from the Forum, the planning committee (15 members representing key stakeholder agencies and organizations including parents) drafted the *Kansas Early Childhood Action Plan*, which included long-term and short-term outcomes with Head Start-specific actions.

Follow-up steps to the Forum included: (1) Distribution of the Forum summary and action plan to all participants; (2) Shared leadership by creating a statewide oral health coalition to implement the Action Plan; (3) Meetings of the three strategic task forces to follow up on the Action Plan; (4)

Specific efforts within KHSA to implement Head Start-specific actions identified in the Action Plan;
(5) Planning a second forum to review the work of the coalition and task forces.

Attachment A provides a copy of the Kansas Early Childhood Action Plan. The Action Plan included the following targeted outcomes for Head Start:

Access

- Local access systems are developed in targeted communities.
- Head Start programs expand their case management capacity to increase access.

Policy and Financing

- Head Start programs understand the implications of the Practice Act and begin using dental hygienists in their expanded roles.
- Head Start grantees participate actively as Medicaid providers

Prevention and Education

- Staff and parents in Head Start and child care programs receive consistent, user-friendly information about good oral hygiene practices and oral hygiene supplies to support these practices.
- An increased number of Head Start programs incorporate fluoride varnish in their oral health practices.

The primary challenge in implementing the Kansas Early Childhood Action Plan is having adequate resources. ASTDD has provided follow-up funding to support the continuation of the strategies developed at the Forum.

In response to the Action Plan, the Kansas Head Start Association has initiated several grant-funded projects designed to improve the oral health of children and to increase access to quality oral health care services:

- **Early Head Start Oral Health Initiative.** The two-year project was designed to strengthen the oral health service system in each Kansas Early Head Start (EHS) program. The initiative provided staff and parent education, regular screenings with fluoride varnish applications, recruitment of additional dentists and dental hygienists, and evaluation to track results. Seventy-five percent of parents learned to screen their own children's teeth using the "Lift the Lip" technique; 80% of families enrolled in EHS received oral health education from home visitors. Eleven of 12 participating EHS programs enlisted community dentists to see children by the age of one. The initiative was funded by a grant from United Methodist Health Ministry Fund.
- **Teeth for Two: Pregnancy and Oral Health Initiative.** The project is an expansion of the EHS Oral Health Initiative and the goal is to increase the number of pregnant women receiving a dental examination and professional dental cleaning. With funding from Delta Dental Plan of Kansas Foundation, KHSA has produced a 7-module curriculum, a *Teeth for Two* flip chart, and a brochure. The project has the capacity to reach 25,000 pregnant women in a 12-month period. Eight of the twelve participating EHS programs have secured professional oral health prevention services for enrolled pregnant women.
- **Breaking the Chain of Dental Decay: Nutrition and Oral Health.** This project is in partnership with Kansas Association of Community Action Programs, funded by the Kansas Community Food and Nutrition Program. The project will design and distribute four consumer education products showing the link between nutrition and oral health (the appropriate use of the baby bottle, eating at planned times and limited snacking, "teeth healthy" foods and "sweets/starches" foods, and sugar and acid in soft drinks). In addition, six workshops for health care and child care providers will be provided.
- **Oral Health Services for Children with Special Health Care Needs.** An American Academy of Pediatrics planning grant gave KHSA and its partners the opportunity to address increasing the quality oral health services and the prevention of early childhood caries in children with special health care needs (CSHCN). The planning process will address: (a) community assets and needs to provide oral disease prevention services and dental treatment services to CSHCN, and (b) professional development and continuing education for those providing health and oral health services to CSHCN and their families.

The Action Plan also contributed to these efforts:

- **Oral Health Kansas (OHK)** – The Action Plan led to establishing the OHK, a statewide coalition focusing on advocacy, public awareness and education. KHSA supported the development of an *Early Childhood Oral Health Work Group*, as an extension of the coalition.

The Work Group is in its formative stage but has already held two meetings, a workshop, and documentation of early childhood oral health materials produced in Kansas.

- **Extended Care Permits for Dental Hygienists** – The Kansas legislature passed a change in the state's dental practice act, which permits registered dental hygienists to establish community-based hygiene services.

The evaluation of implementing the Kansas Early Childhood Action Plan and achieving the Action Plan's outcomes will be a shared responsibility of OHK and KHSa. OHK will track selected efforts of the Action Plan as part of its strategic plan. KHSa has included oral health in its strategic plan and will also be tracking the Action Plan's efforts.

Budget Estimates and Formulas of the Practice:

A HRSA/ASTDD grant provided \$5,000, Kansas Department of Health and Environment contributed \$2,000, and the Head Start Collaboration Project gave \$1,500 to support the Forum.

The cost of the Forum totaled approximately \$8,000 which included conducting a survey of Head Start programs, the services of a facilitator, supplies and postage.

Funding that has been awarded to support projects that advanced the implementation of the Kansas early childhood Action Plan totaled \$146,000 to date. All the grants fit together to meet needs identified through the planning process.

Lessons Learned and/or Plans for Improvement:

The action plan has been adopted by Oral Health Kansas and the Kansas Head Start Association as part of their strategic planning processes. KHSa has used the plan and the projects resulting from the plan to design an "ideal oral health system supporting Kansas Head Start children." KHSa has identified gaps (e.g., baseline surveillance data, treatment for children with oral disease, etc.) and is working to fill the gaps through additional funding and partnerships.

Available Information Resources:

Kansas Head Start Association is working with funders to determine how to share the educational materials developed.

SECTION III: PRACTICE EVALUATION INFORMATION

Impact/Effectiveness

How has the practice demonstrated impact, applicability, and benefits to the oral health care and well-being of certain populations or communities (i.e., reference scientific evidence, outcomes of the practice and/or evaluation results)?

The Kansas Early Childhood Oral Health Forum led to the development of the Kansas Early Childhood Action Plan. The Action Plan in turn established partnerships that provided shared leadership to improve the oral health of young children including a focus on Head Start children.

Examples of these partnerships included:

- The partnership established with the KHSA, the Kansas Office of Oral Health, and the Deputy Oral Health Director for professional guidance and linkage to dental professionals.
- The partnerships established through the Oral Health Kansas coalition to improve oral health access, policy, financing, prevention and education.
- The Kansas Dental Hygienists Association working with the KHSA to explore ways for their Association members to provide dental hygiene services in Head Start programs
- *Tiny Teeth*, a program in Cowley County, Kansas worked with Head Start programs on several early childhood oral health projects

The Kansas Early Childhood Action Plan also resulted in expanded oral health services through several funded initiatives and projects administered by the Kansas Head Start Association. These services trained parents to conduct "Lift the Lip" screening for tooth decay, recruited community dentists to treat Head Start children, developed an oral health educational curriculum and materials, provided workshops to teach good nutrition and oral health, and assessed the needs of oral health services for children with special health care needs.

Efficiency

How has the practice demonstrated cost and resource efficiency where expenses are appropriate to benefits? How has the practice demonstrated realistic and reasonable staffing and time requirements? Provide unit cost analysis or cost-benefit analysis if appropriate.

The Kansas Early Childhood Action Plan contributed to the efficiency of improving the oral health of Head Start Children. The plan established shared leadership by creating a statewide oral health coalition; allowed for coordination through three strategic task forces, and directed specific efforts within KHSA to implement Head Start-specific actions identified in the plan.

Demonstrated Sustainability

How has the practice showed sustainable benefits and/or how has the practice been sustainable within populations/communities and between states/territories? What mechanisms have been built into the practice to assure sustainability?

The Kansas Early Childhood Action Plan has established goals, strategies and actions that will require commitment of partners to work together for multiple years. It is expected that the leadership through the coalition and the oral health initiatives will provide long-lasting benefits. For example, the Kansas legislature passed a change in the state's dental practice act, which permits registered dental hygienists to establish community-based hygiene services. This type of policy development will provide a supportive environment to improve the oral health services for Head Start and other preschool children.

Collaboration/Integration

How has the practice built effective partnerships/collaborations among various organizations and integrated oral health with other health projects and issues? What are the traditional, non-traditional, public and private partnerships/collaborations established by the practice for integration, effectiveness, efficiency and sustainability?

The Kansas Early Childhood Action Plan was developed based on the input of sixty participants attending the Kansas Early Childhood Oral Health Forum. These stakeholders included dentists,

dental hygienists, pediatricians, Head Start staff, parents, policymakers and funders from throughout Kansas. Key partners supporting the Forum were: ASTDD, Kansas Department of Health and Environment, Kansas Head Start Collaboration Project, United Methodist Health Ministry Fund, Region VII Head Start Quality Improvement Center, Kansas Department of Social and Rehabilitation Services, Kansas Dental Association, and Kansas Dental Hygienists Association.

Head Start and Early Head Start projects that were initiated as a result of the Action Plan were funded by partners and implemented through partnerships. These partners included United Methodist Health Ministry, Delta Dental Plan of Kansas Foundation, Kansas Association of Community Action Programs, Kansas Community Food and Nutrition Program, American Academy of Pediatrics.

Objectives/Rationale

How has the practice addressed HP 2010 objectives, met the call to action by the Surgeon General's Report on Oral Health, and/or built basic infrastructure and capacity for state/territorial oral health programs?

The Kansas Early Childhood Action Plan addresses several Healthy People 2010 oral health objectives including:

- 21-1 Reduce dental caries experience in children
- 21-2 Reduce untreated dental decay in children and adults
- 21-10 Increase utilization of oral health system
- 21-12 Increase preventive dental services for low-income children and adolescents

In addition, Kansas has also responded to the National Call to Action to Promote Oral Health asking for planning to improve oral health for all Americans and reduce disparities.

Extent of Use Among States

Describe the extent of the practice or aspects of the practice used in other states?

As of 2006, the opportunity provided by the HRSA and ASTDD grant program, seeding efforts to conduct a Head Start oral health forum and to develop an action plan, resulted in all 50 states, District of Columbia, and 7 U.S. territories/jurisdictions participating in the program.

Attachment A

KANSAS EARLY CHILDHOOD ACTION PLAN

Action Area: ACCESS

Short-Term Outcome:

- Public awareness of access issues is heightened in targeted communities.
- Head Start programs participate in awareness building in targeted communities.

Long-Term Outcomes:

- Local access systems are developed in targeted communities.
- Case management services expand access at the state and community level.
- Head Start programs expand their case management capacity to increase access.

Strategies:

1. Use Mission of Mercy (MOM) events as a means of introducing and promoting oral health in targeted communities (Garden City in February and Wyandotte County in November).
2. Build awareness of access problems among dental and health professionals, plus community leaders
3. Increase the use of case management at the state and community levels to reduce barriers and help consumers navigate the system.

Action	Lead Organization	Time Frame	Resources Needed
Promote Mission of Mercy events. 1. Secure local media coverage. 2. Market the prevention message to the general public. 3. Communicate access issues within the profession, with legislators and with the public.		In conjunction with February and November events	Promotional materials; PowerPoint for community presentations
Create follow up strategy post-MOM's. 1. Hold a stakeholder meeting after the events. 2. Identify consumers in need, determine eligibility and find them dental homes. 3. Build local support systems which provide transportation, case management and enrollment. 4. Support recruitment process. Ensure Head Start programs in Garden City and Wyandotte County are engaged in planning process and followup activities	KHSA	In conjunction with February and November events Immediately	
Work with Head Start programs in communities with "dental champions" to begin expanding local access systems.	KHSA	April 2003	
Expand the use of community case managers using the ABCD model as a foundation.		2004	
Explore new models which expand access in areas not served by private providers; e.g., Appletree Dental, mobile dentistry, teledentistry.			

Action Area: POLICY AND FINANCING

Short-Term Outcome:

The Practice Act is passed and signed into law.

Head Start programs understand the implications of the Practice Act and begin using dental hygienists in their expanded roles.

Head Start grantees participate actively as Medicaid providers

Long-Term Outcomes:

Kansas has a state dental director.

The number of dental students graduating and returning to practice in Kansas increases.

Strategies:

1. Identify and implement policy changes that increase the workforce.
2. Make changes in Medicaid which expand access by maximizing existing resources.
3. Reinstate the state dental director position to provide leadership, address policy issues and attract additional federal dollars.

Action	Lead Organization	Time Frame	Resources Needed
Support the proposed Practice Act legislation. 1. Create and distribute one-page fact sheets to educate policymakers about the need. 2. Mobilize grass roots networks to contact legislators as needed.	KDA, KDHA KHSA in support of above organizations	Immediate	
Explore statutory change which would require an Office of Oral Health.	KDHE		
Reapply for a CDC grant to support a dental director.	KDHE		
Increase the number of Head Start programs that are Medicaid providers and that bill for services. 1. Educate programs about the benefits of being a provider (using Springfield, MO experience). 2. Provide training as necessary. 3. Address issues among grantees, where appropriate. Develop and implement a plan to increase number of dental students in regional schools, and to encourage more students to return to underserved areas. 1. Explore needs with Board of Regents. 2. Consider addition of requirement for students to be Medicaid providers and serve populations in need. 3. Promote dentistry as a career among younger students	KHSA, SRS	April 2003	Training program materials dental/Medicaid representatives who will implement the action.
Promote advanced general dentistry residency in central Kansas.			
Secure funding to support loan forgiveness, office set-up and equipment.			

Explore increased use of Medicaid administrative funds for case management services (per ABCD model).			
Explore potential of foundation (e.g., Robert Wood Johnson) support to assist with Medicaid issues.			

Action Area: PREVENTION AND EDUCATION

Short-Term Outcome:

Staff and parents in Head Start and child care programs receive consistent, user-friendly information about good oral hygiene practices and oral hygiene supplies to support these practices.
An increased number of Head Start programs incorporate fluoride varnish in their oral health practices.

Long-Term Outcome:

Fluoride varnish (or alternative effective treatment) is routinely applied to at-risk children.
Fluoride is included in the water supply of __ percent of Kansans.
Kansans understand why and how to prevent oral disease.

Strategies:

1. Expand the use of fluoride as a key preventative.
2. Design and implement an advertising/media campaign.
3. Conduct train the trainer workshops for early childhood training specialists
4. Expand nutrition education as a key element in prevention.
5. Implement statutory requirement for dental exam for children entering school.

Action	Lead Organization	Time Frame	Resources Needed
Distribute "Show Me Your Smile" education materials to Head Starts and child care partners.	KHSA, KDHE	May 2003	Funding to purchase materials
Develop and conduct early childhood oral health "train the trainer" workshops for early childhood college faculty, Child Care Resource and Referral training specialists, Head Start and Early Head Start health specialists			Funding to purchase the training package materials
Expand partnership with WIC, KNN to ensure nutrition and OH education are linked.	KHSA, KDHE		Funding to purchase materials
Work with local dentists and hygienists in targeted communities to implement fluoride varnish programs.	KHSA	Fall 2003	
Identify a consistent source of toothbrushes and other oral hygiene supplies.	KHSA	Fall 2003	Funding and/or donation community campaign
Implement a broad-based public awareness campaign such as "Watch Your Mouth."			
Expand availability of parent education materials. to all child care providers, WIC, etc			Funding needed to purchase materials