

Arizona Head Start Association Oral Health Forum Summary Report

Current Environment: Dental decay is the most common chronic childhood disease, more common than asthma and hay fever. By age 4 years, 49% of Arizona's children are already infected with dental disease, an entirely preventable condition. Untreated dental decay can cause pain and tooth loss, which in turn is associated with poor nutrition, impaired speech development, absence from and inability to concentrate in school and reduced self-esteem. Thus there are significant economic, health and social costs associated with poor oral health.

The decay process begins early in life when Common bacteria found in the saliva of mothers and caretakers are transmitted to children between the ages of 2 and 24 months. When sugar is eaten, this bacterium produces an acid, which erodes the tooth enamel producing a cavity. Children of mothers with poor oral health are more likely to suffer from poor oral health themselves.

Reduction in the transmission of the bacteria, regular cleaning, fluoride and a diet low in sugars can all help prevent dental decay.

Dental decay affects Arizonans disproportionately. Minority, low-income, rural and special needs populations fare the worst, primarily due to poor access to dental care. The maldistribution of dentists across the state, restricted hours and days of dental facility operation and inability to pay are barriers to dental care access.

For every child without medical insurance, there are at least 2.6 children without dental insurance. In Arizona, 38 % of children are without dental insurance. Many employers opt not to provide dental insurance and more and more employees are opting not to purchase dental insurance for a variety of reasons.

Although Arizona's Medicaid Program, AHCCCS and Arizona's SCHIP Program KidsCare, provide dental coverage to young children, less than 30% received care in 2002. An estimated 15 % of Arizona dentists participate in AHCCCS and KidsCare, not nearly enough to provide care to all who need it. Dentists cite poor reimbursement rates, high appointment no-show rates among the AHCCCS population and excessive paperwork as disincentives to contracting with AHCCCS. Additionally, parents, dental and health care providers are at odds over when (at what age) a child should first see a dentist. While both the

American Academy of Pediatrics and the American Dental Association recommend a dental exam by age 1 year, many children do not see a dental provider until age 3 years or older, potentially too late to catch decay in its early stages or to begin a regimen of prevention. Few general dentists feel comfortable seeing very young children and there are not enough pediatric dentists to take care of all the needs. Many parents don't know why baby teeth are important and are confused as to when and how to begin cleaning their child's teeth.

Prevention is cheaper than treatment. For example, a single topical fluoride varnish application (a proven prevention measure) costs state taxpayers \$20 in contrast to (as opposed to) \$50 for a one surface filling on a primary tooth.

- *Of the children identified as having dental treatment needs, 90% were still in need of dental care.*
- *In 2002, AHCCCS spent nearly (more than) \$15 million dollars for dental treatment on children aged birth to five years.*
- *According to Child Trends DataBank, in 2001 19.6% of uninsured children ages 2 -17 had unmet dental needs and 50.6% had not seen a dentist within the past year.*

The Head Start Response:

In order to address this oral health crisis among Arizona's most vulnerable children, the Arizona Head Start Association, in partnership with the Governor's Council for Children, Youth and Families and the Arizona Department of Health Services, Office of Oral Health (OOH) hosted an Oral Health Forum on Friday, November 21, 2003.

More than 100 representatives from the dental health professions, legislative members, parents, Head Start programs, governmental advisors, community advocates and other related health care entities participated in the morning plenary session and approximately 75 in the afternoon work group sessions.

The partners came together to focus on the needs of young children related to the proposed Arizona Oral Health Action Plan. The four goals of the overall State Plan as well as the Head Start Oral Health Plan are:

1. Remove barriers between people and oral health services.
2. Improve perceptions regarding oral health and more fully integrate oral health in overall health.
3. Build an effective health infrastructure that meets the oral health needs of all Arizonans and eliminates disparities.
4. Promote, support, and utilize evidence-based science to develop public policy and improve oral health.

Carol Giddens, President, Arizona Head Start Association opened the Forum with a welcome and introductions. Irene Jacobs, Governor’s Office for Children, Youth & Families, gave the keynote address. Kneka Smith, Chief, Arizona Department of Health Services, Office of Oral Health provided a picture of *Children’s Oral Health in Arizona*.

Dr. Wayne Cottam, Director of Integrated Human Sciences, Arizona School of Dentistry & Oral Health focused on *Preventing Oral Diseases – Strategies that Work*.

In the afternoon the participants broke into four groups to develop strategies to improve oral health among the following populations:

1. Parents & Pregnancy
2. Children ages birth to 3 years
3. Children ages 3 to 5 years
4. Children with Special Health Care Needs

Workgroup Summaries:

The following are highlights from the facilitated workgroups – a copy of the full workgroup summary is available upon request.

GOAL 1: Remove barriers between people and oral health services		
HOW TO DO IT	PROPOSED KEY PARTNERS	TIMELINE
Promote accessibility of comprehensive dental insurance by educating stakeholders and establishing a dialogue. Need to create a position statement "brief" on the needed changes to improve access.	Children’s Action Alliance, AZ Dental Assoc. AZ Head Start Association, Dental Hygienist Assoc., Public Health Assoc., AZ Perinatal Trust Your name/organization: _____	Months 6 - 12
Cultivate support among policy makers on oral health issues for young children.	AZ Head Start Association, ADHS, Governor’s Office for Children, Youth, and Families Your name/organization: _____	Year 1 - 2
Expansion of eligibilities for AHCCCS and KidsCare dental services	Policy makers, Governor’s Office for Children, Youth & Families, AHCCCS Your name/organization: _____	Year 2 - 3
Educate small businesses on the advantages of offering dental insurance. Provide businesses incentives to provide dental coverage.	Dental Insurance Companies, Department of Insurance, Your name/organization: _____	Year 1 - 2
Increase the number and improve the distribution of dental providers across the state that will see young children. Increase alternative dental delivery sites including mobile clinics, school based clinics, and church clinics.	AZ Head Start Association, ADHS, Governor’s Office for Children, Youth, and Families, Inter-Tribal Council of AZ, AZ School of Dentistry, AZ Dental Assoc., Your name/organization: _____	Year 2-4
Offer incentives for general and pediatric dentists to enroll as AHCCCS providers.	Policy makers, Governor’s Office for Children, Youth & Families, AHCCCS, Your name/organization: _____	Year 1-2

GOAL 2: Improve perceptions regarding oral health and more fully integrate oral health into overall health		
HOW TO DO IT	PROPOSED PARTNERS	TIMELINE
Implement a comprehensive statewide education program that promotes the relationship between oral and systemic health. Market education messages to both consumers and professionals.	AZ Head Start Association, ADHS, Inter-Tribal Council of AZ, AZ School of Dentistry, AZ Dental Assoc., Professional Associations, Your name/organization: _____	Year 1 - 2
Educate childcare staff and families on the costs of poor oral health and the benefits of preventative oral health.	AZ Head Start Association, ADHS, Inter-Tribal Council of AZ, selected Head Start Programs, Your name/organization: _____	Year 2 - 3
Integrate oral health into overall health and wellness through the education of pediatricians and other health care providers.	ADHS, AZ School of Dentistry, AZ Dental Assoc., Pediatric Dental Association, AZ Academy of Pediatrics, State Medical School, State Medical Association, Your name/organization: _____	Year 3 - 4
GOAL 3: Build an effective health infrastructure that meets the oral health needs of all Arizonans and eliminates disparities		
HOW TO DO IT	PARTICIPANTS	TIMELINE
Increase the number of providers and dental care delivery sites in underserved areas. Increase number of AHCCCS providers and non-traditional delivery sites.	AZ Head Start Association, ADHS, Inter-Tribal Council of AZ, AZ School of Dentistry, AZ Dental Assoc., Professional Associations, Your name/organization: _____	Year 2 - 3
Promote community based water fluoridation including consumer/voter education and ballot initiatives.	AZ Head Start Association, ADHS, Inter-Tribal Council of AZ, AZ School of Dentistry, AZ Dental Assoc., Professional Associations, Community Leadership, Your name/organization: _____	Year 1 - 3
Change policies to allow dental health care and other qualified personnel to provide oral health screening and services.	ADHS, Office of Oral Health, AZ School of Dentistry, AZ Dental Assoc., State Nursing Association, Pediatric Dental Association, AZ Academy of Pediatrics, State Medical School, State Medical Association, Your name/organization: _____	Year 1 - 4
GOAL 4: Promote, support, and utilize evidence-based science to develop public policy and improve oral health		
HOW TO DO IT	PARTICIPANTS	TIMELINE
Standardize data collection within Head Start programs to provide uniform oral health tracking and outcome information. Disseminate that information to partners, and health, dental and community organizations.	AZ Head Start Association, ADHS, Inter-Tribal Council of AZ Your name/organization: _____	Year 1 - 2
Utilize evidence-based practices within Head Start Programs to improve the oral health of young children.	AZ Head Start Association, ADHS, School of Dentistry, AZ Dental Assoc., Your name/organization: _____	Year 1 - 4

For more than 30 years, Arizona Head Start continues to serve more than 21,473 children and 20,289 families through 20 grantee and 15 Delegate Programs. Arizona Grantees and Delegates administer comprehensive Head Start services at 488 locations throughout the state including regional, tribal and migrant head start programs. Head Start is a valuable link between dental health professionals and children of low-income families in Arizona.

Recommendations:

- **Early detection and prevention:** The key to improving the oral health of Arizona's children is the early detection and prevention of oral diseases. Significant impact can happen at the community or state level –fluoridate the water supply! Other strategies can be effective too such as training caregivers, advocates, and health care workers. It also involves a social marketing campaign to inform parents about the how to prevent the transmission of disease and educate them on their role in the oral health of their family. At the local level, community leaders can advocate for better oral health through PTA, rotary or faith-based community meetings.

A shocking 9 out of 15 Arizona counties provide fluoridated water to less than 25% of their total population earning an Oral Health Report Card grade of D for fluoridation.

- **Access:** We must look at existing policies and remove the barriers to obtaining dental care. Start with extending the availability of dental insurance to more Arizonans, expanding the provider network by more fully using members of the dental team, training and reimbursing other health care providers, and finally utilizing community based or alternative delivery methods.

Nationally, only 2.4% of dentists are pediatric dentists. Oral Health America estimates that one third of children under age six may need access to a pediatric dentist.

- **Resources:** Pursue policy changes that support children's oral health such as medical coverage for associated medical costs for dental procedures in a hospital or clinical setting, reimbursement to medical providers for preventive dental procedures, and increased funding and accountability for AHCCCS dental care. In addition, advocates should actively pursue public/private partnerships to help support a statewide oral health marketing campaign.

In 2001, one in five children without health insurance needed dental care but did not get it for financial reasons, compared to seven percent among all children.

- **Advocacy:** An active and dedicated oral health coalition can link partners to not only increase public awareness of oral diseases and prevention strategies, but also to leverage resources, broaden approaches to programming, enhance advocacy, and contribute additional time, energy and resources. **Every one has a role to play in solving this epidemic.**

Summary

The Arizona Head Start Association Oral Health Forum set an ambitious but achievable agenda to make a long-term impact on the oral health of the youngest Arizonans. The tasks at hand are numerous and cannot be achieved by any one entity. It will take a sustained and collaborative effort from each stakeholder to stamp out dental diseases. We all share the responsibility to monitor this action plan, maintain the collaborative process, and apply appropriate strategies to each target populations.

The problems are apparent, the solutions are more difficult to find. Efforts such as the Oral Health Forum held by the Arizona Head Start Association are just one step forward in improving the oral health of all Arizonans. You can help. Consider this your personal call to action. You can make a difference through your child, your organization, your neighborhood, your school, or your community of influence. To find out more about what can YOU do to help, contact...

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