

**Alaska Head Start Program – Dental Action Plan  
Revision June 2003**

<b>Issue</b>	<b>Proposed Activities</b>	<b>Description</b>	<b>Outcomes</b>	<b>Lead Agency - (Initial Assessment Date)</b>	<b>Evaluation</b>
Education of HS Staff	Oral Hygiene Instruction Programs	Knowledge and instruction ability of staff	Improved knowledge, skills and awareness; training materials identified/developed (culturally appropriate)	Prevention Associates with assistance from the Oral Health Program (June 2004)	Pre-test/post-test – assess competencies
	Looking for Early Childhood Caries	Recognition of ECC (e.g., Lift the Lip Program)	Improved knowledge, skills and awareness – early referrals for treatment; training materials identified/developed (culturally appropriate)	Oral Health Program for development – Prevention Associates to assist with training (July 2005)	Pre-test/post-test – assess competencies
	How to engage/work with dentists/dental offices	How to approach dental office for services	Improved skills/training developed – increased private dental provider participation	Prevention Associates (June 2004)	Survey HS staff – increased private dental provider participation
	Fluorides Education	Fluoride alternatives, reason for using fluorides and address safety concerns	Improved knowledge, skills and awareness; training materials identified/developed (culturally appropriate)	Oral Health Program for development – Prevention Associates to assist with training (June 2004)	Pre-test/post-test – increased referrals for fluoride supplements in areas without water fluoridation and/or topical fluorides (and/or focus groups)
Education of HS Parents	Parental Fears of Dentistry	Address parental fears of dentistry (based on their own experiences)	Improved knowledge, skills and awareness/training developed (culturally appropriate) – decrease rate of non-kept appointments – increase parent access of dental services for both the child and themselves	Prevention Associates with assistance from the Oral Health Program (June 2004)	Pre-test/post-test – program data on preventive dental appointments
	Oral Hygiene Instruction	Training of parents on their oral hygiene and assisting their child with oral hygiene (e.g., wiping gums/teeth of infants, to assisting brushing and flossing, and transmission of bacteria causing caries)	Improved knowledge, skills and awareness – competencies; training materials identified/ Developed (culturally appropriate)	Prevention Associates with assistance from the Oral Health Program (June 2004)	Pre-test/post-test – assess competencies (and/or focus groups)
	Feeding Practices	Avoiding bottles at bedtime; quick transition from bottles to glasses; reducing sugared snacks, sodas and fruit drinks; encourage more drinking of water; healthy food choices	Improved knowledge, skills and attitudes; training materials identified and/or developed (culturally appropriate) – reduced Early Childhood Caries	Prevention Associates and HS Grantees with assistance from WIC, Public Health Nursing and the Oral Health Program (June 2004)	Pre-test/post-test – assess competencies (and/or focus groups)

Education of HS Parents (continued)	<p>Looking for Early Childhood Caries</p> <p>Fluorides Education</p> <p>Enrollment in Medicaid/Denali KidCare</p>	<p>Parental recognition of early caries (e.g., Lift the Lip Program)</p> <p>Fluoride alternatives, reason for using fluorides and address safety concerns</p> <p>Importance of enrolling and maintaining enrollment in Medicaid/Denali KidCare for access to care/referrals</p>	<p>Improved knowledge, skills and attitudes; training materials developed (culturally appropriate) – earlier referrals for dental treatment</p> <p>Improved knowledge, skills, awareness/attitudes; training materials identified/developed (culturally appropriate)</p> <p>Increased/maintenance of enrollment in Medicaid</p>	<p>Oral Health Program for development – Prevention Associates and HS Grantees to assist/deliver training (July 2005)</p> <p>Oral Health Program for development – Prevention Associates and HS Grantees to deliver training (June 2004)</p> <p>Denali KidCare and ANTHC/Native health corporation outreach (ongoing)</p>	<p>Pre-test/post-test – assess competencies (and/or focus groups); analyze program data on dental services (e.g., reduced extractions)</p> <p>Pre-test/post-test (and/or focus groups)</p> <p>Medicaid/Denali KidCare enrollment and program data</p>
Preventive Services	<p>Oral Hygiene Instruction</p> <p>Fluoride Varnishes</p> <p>Fluoride Supplements</p> <p>Xylitol Gum – Chlorohexidine Rinses</p> <p>Community Water Fluoridation</p>	<p>Improved knowledge of HS Staff and Parents, but also other programs and providers (e.g., WIC staff and public health nurses)</p> <p>Increase use of fluoride varnish for at-risk children (by nurses, physicians, community health aides - dental health aides and/or dental hygienists)</p> <p>Increase use of fluoride supplements in areas without access to fluoridated drinking water (by public health nurses, physicians and community health aides)</p> <p>Pilot use of xylitol gums and/or chlorohexidine rinses for pregnant and/or post-partum women to reduce caries activity</p> <p>Assist communities with CWF programs and/or equipment needs and improve “optimal” fluoridation of existing fluoridated community water systems.</p>	<p>Improved knowledge, skills and awareness – training competencies</p> <p>Increased fluoride varnish utilization</p> <p>Increased fluoride supplement prescriptions</p> <p>Increased use of products by pregnant and/or post-partum women; decreased counts of cariogenic bacteria; reduced ECC (long-term)</p> <p>Increase population served by CWF; increased systems with optimal fluoridation for those with CWF</p>	<p>Prevention Assoc. lead for HS; State WIC staff for WIC; and PHN coordinator for Public Health Nursing (June 2004)</p> <p>ANTHC for CHA/DHA; PHN Coordinator for Public Health Nursing (July 2005)</p> <p>PHN Coordinator for Public Health Nursing; ANTHC and Native health corporations for tribal programs. (July 2005)</p> <p>University of Wash. Pilot (June 2004); ANTHC for tribal programs (July 2005)</p> <p>Oral Health Program with ANTHC and AK Dept. of Environmental Conservation. (January 2005)</p>	<p>Pre-test/post-test and competency skills (also could use post training periodic surveys and/or focus groups)</p> <p>Program data (including Medicaid claims)</p> <p>PHN, Native health corporation and Medicaid program/claims data</p> <p>Program data, bacterial culturing before/after interventions</p> <p>CWF data on water fluoridation and population served by CW systems.</p>
Access to Dental Services	<p>Dental Advocates:</p> <p>Dental Health Aides</p>	<p>Support and increase training opportunities for HS dental advocates</p> <p>Identify roles between the dental advocates and emerging dental health aide program</p>	<p>Dental advocates providing more effective oral hygiene instruction and/or improved integration within dental service delivery systems.</p> <p>Integrate and/or coordinate dental advocates into the DHA program</p>	<p>State Head Start Association with assistance from Prevention Assoc.</p> <p>HS Grantees and ANTHC (December 2004)</p>	<p>Turnover/retention of dental advocates; evaluation of trainings</p> <p>Sustainability of dental advocate model</p>

<p>Access to Dental Services (continued)</p>	<p>Pediatric Dentists</p> <p>Community Health Centers (CHCs)</p> <p>Village Clinic Dental Operatories/Equipment</p>	<p>Support development and coordinate HS dental screening/referrals/treatment with DHA program in tribal program areas.</p> <p>Expand models to increase access to pediatric dentists (e.g., contract in the Kenai/Soldotna region and grant with SEARHC in Southeast Alaska)</p> <p>Develop relationships between HS and new CHC dental programs</p> <p>Support funding of dental operatories and/or equipment in village clinics and CHCs as a means to encourage increased dental access</p>	<p>Increased dental screenings, exams and treatment services for HS children</p> <p>Increased dental exams and treatment of HS children; fewer children transported to urban areas for treatment needs</p> <p>CHC dental programs interact and/or take referrals from HS Grantees</p> <p>Increased availability of dental operatories/equipment in village clinics and/or CHCs; increased frequency/duration of itinerant dental visits in these clinics.</p>	<p>HS Grantees, ANTHC and Native health corporation programs (July 2005)</p> <p>Oral Health Program and Native health corporation programs (December 2004)</p> <p>Alaska Primary Care Assoc. and CHC dental programs (December 2003)</p> <p>Denali Commission with input from the Alaska Primary Care Assoc./Office, ANTHC and Oral Health Program (April 2003)</p>	<p>Program data on dental services provided by DHAs; increased dental screening – exam – treatment of HS children</p> <p>Program data on dental services provided by pediatric dentists; increased examination and treatment in PIR and/or Medicaid program data.</p> <p>Program data from HS, CHC programs and/or Medicaid claims data</p> <p>Data on dental operatoriy/equipment purchases from Denali Commission; CHC/Native health corporation program data on itinerant dental visits and/or utilization of DHAs.</p>
<p>Surveillance</p>	<p>Basic Screening Survey (BSS) including pre-school age children</p> <p>Improve PIR data (training and standardization)</p> <p>Analysis of PIR data</p> <p>Use of other program data (WIC and Medicaid)</p>	<p>Support a BSS to collect state and regional oral health baselines on 3<sup>rd</sup> graders and pre-school age children</p> <p>Provide training opportunities on performance data collection and entry to standardize the reports across programs</p> <p>Analyze the data submitted now and/or how the existing data is used by programs</p> <p>Review other program data that might assist assessment of oral health status of HS children</p>	<p>Statewide and regional baselines on caries experience, untreated caries, urgency of treatment needs, sealant utilization and evidence of ECC in preschoolers</p> <p>Standardization of PIR reports across grantee programs</p> <p>Improved grantee use of PIR data; supporting improved efforts on data collection for PIR.</p> <p>Assess availability and usefulness of other program data</p>	<p>Oral Health Program with assistance from ANTHC and Native health corporation dental programs (Dec. 2005)</p> <p>State HS Collaboration Office working with Prevention Assoc. and HS Grantees (January 2004)</p> <p>State HS Collaboration Office working with Prevention Assoc. and HS Grantees (January 2004)</p> <p>Oral Health Program (July 2005)</p>	<p>BSS project completion; sample design, and evaluation of data (participation rates in sample)</p> <p>Post-training surveys and training follow-up</p> <p>Key informant interviews and/or surveys</p> <p>Key informant comments/reviews on Oral Health Program projects/progress reports; improved integration of program data systems collecting oral health data; increased availability of oral health data to HS Program/grantees.</p>
<p><u>Dental Workforce/Training Issues</u></p> <ul style="list-style-type: none"> <li>Dental Demographics (age and distribution)</li> </ul>	<p>WICHE Program</p>	<p>Advocate for changes in WICHE that would encourage more support for Alaskan dental students (e.g., grant instead of deferred loan program)</p>	<p>Increase support for Alaskan students to go to dental school</p>	<p>Alaska Dept. of Education (and Legislative budget support); with advocacy from the oral health work group/coalition (June 2005)</p>	<p>Key informant comments, legislative action, and WICHE program changes</p>

<u>Dental Workforce/Training Issues</u> (continued)					
• Dentist Training Issues	Recruitment of dentists	Develop brochures/web-site/clearinghouse for Alaska dental practice opportunities (assist with tribal dental program vacancies and get more dentists in rural areas)	Increase dental recruitment efforts	ANTHC, the Alaska Primary Care Assoc./Office and CHCs (December 2004)	Development of recruitment materials and/or web based clearinghouse for dental job opportunities, increased in new dental licenses, increased number of dentists working in Dental-HPSAs
	Loan forgiveness programs	Discuss/advocate for state support for loan forgiveness for dentists practicing in underserved areas	Increase dental recruitment (especially in rural and/or underserved areas)	Oral health work group/coalition (June 2005)	Key informant interviews, oral health work group/coalition resolution, legislative action, Increase in new dental licenses, increase number of dentists working in Dental HPSAs
	Assist in dental training opportunities for treating young children	Support training for dentists on dental treatment of young children	Increase the number of dentists seeing young children in their practices (increased access)	Alaska Dental Society with support from the Oral Health Program (December 2004)	Program data, increased number of dentists seeing young children, increased dental utilization for 0-5 year olds enrolled in Medicaid.
	Training in providing services to pregnant women	Support training for dentists on dental treatment/preventive services of pregnant women	Increase access for dental services for pregnant women	Alaska Dental Society with support from the Oral Health Program and national dental agencies/organizations. (Dec. 2004)	Program data, increased number of dentists providing services to pregnant women, increased dental utilization for pregnant women enrolled in Medicaid
	Assist in training/acceptance of Atraumatic Restorative Technique (ART)	Support training/education of dentists, dental hygienists, dental health aides in ART	Increase use of ART in private and public dental programs as a means to reduce caries activity in individuals with rampant caries	ANTHC, Oral Health Program and Alaska Dental Society (June 2004)	Key informant interviews on utilization of ART, program data, Medicaid claims on temporary restorations placed with the same date of service information
	Tribal dentist training on working with expanded duty dental assistants/ Dental Health Aides	Support training of tribal dental program dentists in use of expanded duty dental assistants to increase efficiency	Increased dental efficiency (clients seen and/or services delivered); increase use of DHAs for preventive and/or restorative services	ANTHC (December 2003)	Development of training program, increased use of expanded duty dental assistants, and improved efficiency measures
	Support dental philosophical change from a surgical model to an infectious disease model	Support education/efforts to encourage dentists to practice using an infectious disease model (emphasis on assessing caries risk and decreasing caries activity – not simply replacing damaged tooth structure)	Increase in private and public dental programs that treat caries as an infectious disease (use of ART, fluorides, chlorohexidine rinses, use of bacterial culturing, frequency of recalls, etc.)	ANTHC, Oral Health Program and the Alaska Dental Society (June 2004)	Key informant interviews, provider surveys, and support for practice issues related to infectious disease model (e.g., ART, chlorohexidine rinses for pregnant women, bacterial culturing, increased frequency of recall for individuals with high caries activity)
• Dental Hygienists	Dental hygienist supervision/service issues	Encourage training opportunities in ART – support improved utilization of dental hygienists (e.g., supervision issues under the Dental Practice Act)	Private and public dental program support for increased training of dental hygienists for expanded roles and/or changes in licensure regarding supervision issues.	Alaska Dental Hygiene Association and the Dental Board of Examiners with support from ANTHC, Oral Health Program and the Alaska Dental Society (June 2005)	Key informant interviews, surveys, review/tracking of legislation.
• Pediatric Dentists	Recruitment of pediatric dentists	Develop brochures/web-site/clearinghouse for Alaska dental practice opportunities	Outreach to pediatric dental residency programs and/or other recruitment efforts	ANTHC, the Alaska Primary Care Assoc./Office and CHCs (December 2004)	Development of recruitment programs, occupational licensing data/surveys on the number of pediatric dentists practicing in Alaska

<p><u>Dental Workforce/Training Issues</u> (continued)</p> <ul style="list-style-type: none"> <li>Alternative Dental Providers</li> </ul>	<p>Hospital based pediatric dental residency program</p> <p>Pediatric dental rotations in Alaska</p> <p>Dental Health Aide Program</p> <p>Dental Advocate Program</p> <p>Public Health Nurse/Physician training and/or reimbursement for preventive dental services (e.g., fluoride varnish application) and dental screening/referrals</p>	<p>Encourage/support development of a hospital-based pediatric dental residency program (e.g., Alaska Native Medical Center)</p> <p>Encourage/support other pediatric dental residency programs to do rotations in Alaska (e.g., Children’s Hospital of Wisconsin and University of Washington)</p> <p>Support the development of the Dental Health Aide Program (including at the Dental Therapist level)</p> <p>Continue support and/or training opportunities for the HS dental advocates – look for integration with the DHA program for sustainability</p> <p>Support training and/or policies that encourage other health provider skills in dental screening and/or preventive dental services (e.g., fluoride varnish application)</p>	<p>Implement programs to train pediatric dentists in Alaska</p> <p>Provide clinical opportunities in Alaska to pediatric dental residents to increase dental access for young children and assist with recruitment efforts.</p> <p>Increased DHAs, increased preventive and restorative dental services in rural/remote Alaska served by Native health corporations</p> <p>Sustainability of dental advocate model for oral hygiene instructional support and assistance scheduling/keeping HS dental appointments.</p> <p>Increased competency in doing dental screening and referrals, fluoride varnish application and other preventive dental services (e.g., appropriate prescriptions for fluoride supplements)</p>	<p>ANTHC and the Alaska Native Medical Center with support from the Oral Health Program (June 2003)</p> <p>Alaska Primary Care Office and Oral Health Program (January 2004)</p> <p>ANTHC and Native health corporations (June 2002)</p> <p>Alaska Head Start Association, ANTHC and HS Grantees with assistance from the State HS Collaboration Office and Prevention Associates. (June 2003)</p> <p>Public Health Nursing Coordinator, All Alaskan Pediatric Partnership and AAP Alaska Chapter with assistance from the Oral Health Program (June 2004)</p>	<p>Key informant interviews, development of pediatric dental residency program, retention of pediatric dentists completing the program</p> <p>Key informant interviews, development of clinical rotations, number of children served in the clinical rotations, and recruitment of pediatric dentists</p> <p>Increase in number of individuals completing DHA training, DHA retention rates, health corporations using DHA models, increase in preventive and restorative dental services for Alaskans living in rural/remote areas of the state.</p> <p>Decreased dental advocate turnover, increase in HS dental screenings, exams and treatment; decrease in non-kept dental appointments; decreased ECC in EHS/HS children</p> <p>Increase in preventive dental services delivered by non-dental health care providers, decreased extractions/endodontic dental procedures needed by EHS/HS children.</p>
<p>Financing Issues</p>	<p>Incentives for dentists to see young children</p> <p>Incentives for significant Medicaid dental providers</p> <p>Incentives for dental services provided in rural/remote Alaska (or supporting provider travel)</p>	<p>Encourage health care payers to provide incentives for dentists to see young children (young children may take longer, require sedation and/or increase malpractice exposure risks)</p> <p>Encourage the Medicaid program to provide incentives for high level participation of dental providers (e.g., administrative bonus payments for meeting specified targets of participation)</p> <p>Encourage health care payers to provide incentives for delivering care in rural/remote areas</p>	<p>Increase in number of dentists seeing 1-5 year old children; decreased endodontic procedures and/or extractions with earlier treatment</p> <p>Retention of significant dental providers in the Medicaid program; increased number of significant dental providers</p> <p>Increased dental utilization in rural/remote communities; dental recruitment in rural areas</p>	<p>Medicaid policy staff with input from Oral Health Program and other stakeholders (December 2004)</p> <p>Medicaid policy staff with input from Oral Health Program and other stakeholders (December 2004)</p> <p>Medicaid policy staff with input from Oral Health Program and other stakeholders (December 2004)</p>	<p>Medicaid program/claims data; increase dental utilization for 1-5 year olds enrolled in Medicaid</p> <p>Medicaid program/claims data</p> <p>Medicaid program/claims data; surveys of dental providers and/or HS Grantees</p>

Financing Issues (continued)	Improve training on Medicaid billing for grantees	Provide training to grantees so they recoup Medicaid payment for the services they provide	Increased Medicaid reimbursement for HS grantees	Medicaid – Provider training staff (September 2003)	Medicaid claims data and/or HS Grantee program data
Other	Sharing successful models and information  Improve collaboration of agencies in addressing oral health	Provide a mechanism for sharing information, interventions and/or programs that have been successful in HS Programs  Improve collaboration of Head Start Programs, the Alaska Native Tribal Health Consortium, Native health corporation programs, WIC, CHCs, Alaska Dental Society and private dentistry, and the State Division of Public Health to improve the oral health of HS children and access to dental services. (Form an oral health work group/coalition)	Modeling of successful initiatives and/or programs; sharing information/data  Formation of an oral health work group/coalition; sharing of information; collaborative projects to improve oral health and/or access to dental treatment services; and/or oral health policy development.	State HS Collaboration Office working with HS Grantees (June 2004)  Oral Health Program convening the work group; work group coalition for subsequent activities (October 2003)	Key informant interviews and/or surveys  Key informant interviews and/or surveys; oral health work group/coalition minutes, resolutions and/or policy statements; number of coalition meetings; analysis of membership/stakeholders and their involvement in the work group/coalition.