STATE OF ALASKA
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF HEALTH CARE SERVICES

FRANK H. MURKOWSKI, GOVERNOR

130 SEWARD ST., ROOM 508
P.O. BOX 110612
JUNEAU, ALASKA 99811-0612
PHONE: (907) 465-3100
FAX: (907) 465-3416

August 12, 2003

Ms. Kathy Geurink, RDH, MS
ASTDD Head Start Project Coordinator
204 Canada Verde
San Antonio, TX 78232

Dear Ms. Geurink:

This letter is to satisfy the final report for the Alaska grant on the Head Start Forum held this past November in Anchorage, Alaska. A copy of the dental action plan has been previously submitted but has also been enclosed with this report for your reference.

The planning process for the forum and dental action plan were as follows:

- I met participated in a May 20, 2002 teleconference with Head Start Directors, Claudia Shanley (State Head Start Collaboration Office and Sally Mead, Owner of Prevention Associates (QIC) to orient them to the ASTDD grant, the purpose of the forum and to encourage their participation in upcoming meetings. Mechanisms to gather input from program staff were delayed as most Head Start staff are on furlough over the summer months.

- The oral health program staff met with the Child Health Unit manager in July 2002 to discuss resources available to assist with the forum. Carol Prentice was identified as a resource to assist in collecting information from Head Start Grantees and to serve as the facilitator for meetings with the Alaska Head Start Association, Head Start Directors and at the Head Start Oral Health Meeting (Forum).

- Carol Prentice and I participated in two teleconferences with Claudia Shanley and Sally Mead to identify a survey process of Head Start Grantees, set a meeting date with the Alaska Head Start Association/Head Start Directors and develop the agenda/process for the Head Start Forum.

- Prevention Associates staff contacted Head Start Directors for input on strategies/current activities to improve dental access, oral health of children enrolled in EHS/HS and/or surveillance data (PIR data). Directors were encouraged to discuss oral health/dental access issues with their program staff as it was felt the program staff may be more familiar with problems/issues than the directors. Carol Prentice also Emailed oral health recommendations from other meetings/action plans to members of the Alaska Head Start Association and Head Start Directors (e.g., Medicaid Dental Action Plan, recommendations from the September 2001 Public Health Dental Program Forum, and the oral health chapter of Healthy Alaskans 2010). These recommendations were meant to familiarize and stimulate additional recommendations to address dental access and/or improved oral health for Alaskans.

- Carol Prentice and I met in a joint meeting of the Alaska Head Start Association/Head Start Directors for two hours of their agenda on October 29, 2002 to get further input on oral health/dental issues, strategies being used to address dental access and/or improve the oral health of enrolled children. The enclosed October 29, 2002 summary notes from the Head Start Meeting include both bullets from the input at the meeting and from comments received by Prevention Associates prior to the meeting.

- A list of participants for the planning group for the dental action plan was taken from volunteers identified at the October 29, 2002 meeting, appropriate state agency staff and the Dental Consultant of the Alaska Native Tribal Health Consortium (Dr. Jeanine Tucker). A copy of the participant list for the November 19, 2002 planning meeting is enclosed.

- The agenda for the planning meeting was developed with input from Claudia Shanley and Sally Mead. A copy of the agenda for the planning meeting is enclosed. The process for the meeting included overviews of previous planning efforts and recommendations, information sharing from meeting participants and an afternoon facilitated meeting to identify initiatives/recommendations, prioritize the initiatives - recommendations and identify key agencies/leads for working on the initiatives - recommendations. The group also discussed the initiatives – recommendations in the context of short-term v. long-term timeframes.

- The notes from the Planning Session were distributed to meeting participants for additional comments and/or corrections. The final version of the notes is enclosed. This version of the meeting notes were then presented by Carol Prentice at the December 12, 2002 Head Start teleconference organized by Claudia Shanley and Sally Mead. The teleconference was open to additional suggestions and reviewed short-term priorities identified by the planning meeting participants for validation by the Head Start Directors.

- Carol Prentice was to have organized the issues/recommendations/actions identified into the dental action plan, however in early January Carol was reassigned to work on a grant opportunity focused on collaboration of agencies addressing child health. Carol and I had still planned to participate in a June 6, 2003 Head Start meeting for final comments on the plan and begin transition to plan implementation. The focus of the June 6, 2003 meeting was changed in April when it was learned the State Collaboration Office was to be transferred from Anchorage to Juneau on July 1, 2003. Claudia Shanley indicated she and her staff did not plan to relocate with the agency transfer. In May 2003 Sally Mead accepted a position with the University of Alaska, Anchorage due to concerns with elimination of federal funding for Prevention Associates (QIC). With these organizational/funding changes I went ahead and finalized the "Head Start – Dental Action Plan" (enclosed) for submission to ASTDD.

- The "Head Start – Dental Action Plan" is being used as background for the initial meeting of the Oral Health Work Group/Coalition in October 2003. We have identified staff with RuralCap (Head Start Grantee that administers several EHS/HS Programs in rural Alaska) as a work group member and will advance initiatives recommendations through this mechanism. We will contact the new State Collaboration Coordinator when that position has been filled for participation in the oral health work group and to discuss several of the recommendations identified in the action plan (e.g., improving data collection/entry for the PIR).

- A major reorganization in the Alaska Department of Health and Social Services was also announced in early May 2003 (effective July 1, 2003). The Oral Health Program was transferred to the new Division of Health Care Services. It is my hope to look for appropriate opportunities to influence Medicaid policy related to some of the issues identified in the dental action plan. Specifically action items on Medicaid include: expand the model of assisting with transportation expenses for pediatric dentists to provide services in rural/remote Alaska (grants/contracts); incrementally look at adult preventive dental coverage by implementing preventive dental coverage for pregnant women; and discuss/convene meetings with private dentists and the state dental association to look at changing guidance from the current dental referral at age 3 to age 1 (AAP guidelines).

Potential barriers to implementation of the plan:

Reorganization: The reorganization of the Head Start State Collaboration Office will be disruptive to moving forward on implementation of the plan. The last time the lead state Head Start position was vacated, it was vacant for more than two years and it was difficult to keep continuity in the program. It is not clear at this time what led to shifting the program from Anchorage to Juneau but it could be related to the national Head Start initiative with more focus on early literacy.

Health emphasis in Head Start: National initiatives have increased emphasis of early literacy for children enrolled in Head Start – sometimes at the expense of links and technical assistance with health services. Given transitions in the program it may be difficult at this time to increase oral health activities within the programs.

Budget: Alaska, as with many states, is suffering from revenue shortfalls, however unlike the national picture Alaska's budget situation is primarily associated with declining oil production and the lack of a diversified state revenue base. While discussions are occurring on state taxation (Alaska lacks a state income, sales and property tax base), the primary focus in recent years has been reducing the state budget. The downturn in the Alaska economy has increased caseloads for programs targeted to low-income children and their families. One of the outcomes of budget reductions has been decreasing Medicaid eligibility for children from 200% of federal poverty level to 175% of federal poverty level. The budget picture does not look better for FY2004 and the FY2005 budget discussions this next legislative session are likely going to look at further state program reductions.

Private dentist demographics: Like many states, private dental practices are concentrated in more urban areas of the state. Many of the children enrolled in Head Start live in rural/remote areas of the state. With many public employee programs offering dental insurance/coverage, most private dental practices are doing well. With the aging of the dental workforce and adequate practice revenue, most practitioners are reluctant to travel to rural/remote areas to provide dental services. Further, many dentists in urban areas limit the number of new Medicaid clients and/or no longer actively participate in the program. National trends on dental graduation rates and the state/national demographics of private dental practitioners make it likely that private dentist participation in public programs like Head Start and Medicaid will further decline over the next decade.

Native health corporation dental programs: Native health corporation dental programs are the major providers of dental services in rural/remote Alaska. The focus of these programs is dental services for Alaska Native children. While non-Native children are seen for dental emergencies, few health corporation programs have actively engaged seeing non-Native children. Primarily, this is a limitation of service capacity and unmet health needs of Alaska Natives. Dental service capacity in many of the health corporation programs has led to only seeing adult Natives for dental emergencies. The high caries rates in Native children also leads to tension in balancing prevention with the overwhelming treatment needs. Intermittently these issues have been compounded with recruitment/retention of dental providers within the health corporation programs.

Geographical issues: Rural HS Programs often include isolated villages. These villages must be accessed by either air, boat, all-terrain vehicles and/or snowmobiles. Harsh weather, especially in winter months, may further restrict transportation to and from these areas of the state. It is not uncommon for villages to lack air access for days due to fog, low clouds and/or snow storms. The population of many villages is less than 750 people. With populations in this range and the lack of transportation infrastructure, these villages cannot support full-time dental programs and must rely on itinerant dental services in the villages or transporting children out to sub-regional/regional hub communities for dental services. These issues affect early intervention, prevention approaches and continuity of care and are a significant issue in dental exams and completing treatment for children screened in Head Start.

Factors promoting implementation of the dental action plan:

Interest in oral health: The Alaska Head Start Association and Head Start Directors were enthusiastic in discussing oral health issues, sharing how their programs were working on oral health, and identifying needs and mechanisms to address those needs. Opportunities exist for collaboration to advance issues forward although it will likely be a highly incremental process as resource constraints limit major initiatives. However HS Directors and state Head Start staff did warn during the planning process that while there is interest in oral health there are many activities that HS programs are being asked to implement.

Head Start Grantee continuity: While state staffing for Head Start will change, most of the grantee contacts established during this planning process will remain. The Oral Health Program can still work to maintain and build up on these relationships to advance initiatives identified in the action plan.

State Oral Health Program and Oral Health Work Group (Coalition): The CDC grant support to establish a state oral health program in Alaska will assist moving issues forward. While no clear opportunities at the state-level exist at this time, having an ongoing program and planning activities should assist in being prepared should future opportunities arise. The establishment of work group/coalition meetings in FY2004 should assist in keeping oral health issues on the policy agenda and improve integration of oral health in other health and social service programs. Head Start grantees will be invited to participate in the oral health work group and/or information from meetings/activities will be shared with these programs. As identified in this Head Start Forum grant application and in the planning process, the oral health work group/coalition will serve as a vehicle to further advance initiatives/recommendations captured in the "Head Start – Dental Action Plan" planning process.

Evaluation of the process

We did not do an evaluation process for the presentation/meeting with the Alaska Head Start Association/Head Start Directors, Head Start Oral Health Planning Meeting and/or the teleconferences. Meeting/teleconference discussions were active and we used Carol as a meeting facilitator to encourage input from all participants at the planning meeting. We likely would have included some discussion on evaluation of the dental action plan and/or implementation of the plan at the scheduled June 2003 meeting, however reorganization changes in the State Head Start program staff precluded advancing the plan at that meeting.

Sincerely,

Brad Whistler, DMD
Dental Officer

Enclosures

Cc File

Head Start Oral Health Planning Initiative

Outline for the materials to include in the Head Start oral health planning packets for follow-up from the 11/19 session (incomplete at this time):

- Brief description of Head Start planning grant
- Planning process steps
    - Meet with HS directors 10/29 (notes attached)
    - Planning meeting 11/19 (agenda and participant list attached)
    - Develop draft materials (notes attached)
    - Distribute for review
    - Teleconference with HS Health Coordinators (December 11)
    - Revise and redistribute more detailed action plan (December)
- Overview of Head Start structure and Regions X and XI
    - Map of program locations
    - List of grantees
- Description of Community Health Centers (330 clinics)
    - List of locations
- Notes from session with Head Start directors 10/29 (attached)
- Participant list for Head Start oral health planning (attached)
- Agenda for planning session 11/19 (attached)
    - Description of planning process
    - Notes from session including categories of current initiatives, barriers, resources, needs, potential solutions
    - Recommendations of the group for priority areas
- Next steps in the planning process

Notes from Head Start Meeting, Anchorage Days Inn
October 29, 2002
Oral Health Presentation by Brad Whistler
Response on following questions recorded by Carol Prentice

1. What current efforts are you aware of in the area of oral health?

- Dental Advocates in Bethel (9) and Nome (3) that work for 72 hours prior to dental visit
- Training being conducted in November for additional dental advocate positions
- Additional dentists in Bethel – AVCP who work through a contract and/or Memorandum of Agreement to do screening exams
- YKHC has been more successful in filling positions possibly through more active recruiting or through a renewed focus in prevention? More pediatric dentists or dentists trained in working with young children
- Certain areas are doing parent training on oral hygiene, using fun materials with kids on oral care and/or using disclosure tablets to help children to learn about brushing/flossing
- Use of cavity shield—more education is still needed on this. A fear of fluoride still exists
- There is potential to do more with 0-3 year olds, the Early Head Start population and pregnant women

2. What areas of unmet needs do you see?

- Hotels not accepting DKC when patients need to travel to get dental care
- Unmet need for treatment (Bethel and most other locations both rural and urban). Problems with scheduling and travel when patients have to go out for services.
- Need for dentists to travel to villages to provide services
- Because rural areas do not have clinical services for sedation, this is a problem requiring travel for services which brings up all the above listed problems of travel and scheduling
- Shortage of pediatric dentists
- Needs of ESL populations not met—need translators and education for 18-20 different languages

3. What can be done?

- Dental health aides model
- Model of community health advocates and case management model
- Increase in number of dentists and pediatric dentists
- Loan forgiveness programs and tuition breaks for people who return to Alaska to practice
- Providing treatment in communities rather than flying people out
- Working with parents on prevention, education, reducing fears
- Oral health and wellness—changing people's attitude toward dentists
- Education on soda pop and other nutritional education
- More dental clinics like at South Central
- Working with and involving school districts
- Involving commercial interests like store and restaurant owners
- Education on use of food grinders rather than traditional method of mouth to mouth
- Education on fluoride to parents
- Training materials and resources available to teachers and families and communities

Participant List for Head Start Oral Health Action Plan
Tuesday, November 19, 2002
Hampton Inn, Anchorage, AK
8:00-4:30

Lucy Apitiki, Health Coordinator
Kawerak Head Start
443-9051
Headstart@nome.net

Stephanie Birch, Children's Health Unit Manager, Maternal, Child and Family Health,
Dept. of Health and Social Services
269-3473
stephanie_birch@health.state.ak.us

Linda Downs, Health Coordinator, Tlingit Haida Head Start
463-7151
ldowns@ccthita.org

Barbara Hale, Child Health Liaison, Division of Medical Assistance
Dept. of Health and Social Services
465-5833
barbara_hale@health.state.ak.us

Fatima Hoger, Nutritionist, WIC Program
Dept. of Health and Social Services
269-3459
Fatima_hoger@health.state.ak.us

Joyce Hughes, PH Specialist, Primary Care and Rural Health
Dept. of Health and Social Services
269-2084
joyce_hughes@health.state.ak.us

Sally Mead, Consultant, Prevention Associates
272-6925
smead@alaska.net

Kathy Pepe,Program Manager
Kids' Corps Inc.
272-0133
pepekathy@hotmail.com

Carol Prentice, Health Manager,Child Health Unit
Dept. of Health and Social Services
465-6420
carol_prentice@health.state.ak.us

Claudia Shanley, Acting Coordinator, Alaska Head Start State Collaboration Office
Dept. of Education and Early Development
269-4518
claudia_shanley@eed.state.ak.us

Cathy Sullivan, R.N., M.S.N., C.P.N.P., Public Health Nursing Consultant, Child Health, Dept. of Health and Social Services
334-2295
cathy_sullivan@health.state.ak.us

Jeanine Tucker, DMD, MPH, Dental Consultant, Alaska Native Tribal Health Consortium and Dental Chief for Southcentral Foundation
729-3641
jtucker@anthc.org

Sonia Vent and Regina Paul, Health Coordinators
RurAL CAP
279-2511
rpaul@ruralcap.com

Brad Whistler, DMD, Dental Officer
Dept. of Health and Social Services
465-8628
brad_whistler@health.state.ak.us

Head Start Oral Health Planning Meeting

Tuesday, November 19, 2002
8:00 a.m.-- 4:30 p.m. Hampton Inn, Anchorage AK
Call in number: 1-800-315-6338 code Health#

Light Continental Breakfast from 8:00-8:30

1) Welcome and Introductions—8:30-8:45

2) Overview of current efforts, barriers, needs and potential solutions. Participants will be asked to provide information on current initiatives they are involved in and offer comments on barriers, needs and ideas being considered.
   a) Jeanine Tucker (ANTHC) 8:45-9:15
   b) Cathy Sullivan (Public Health Nursing) 9:15-9:30
   c) Head Start (Health Coordinators, Claudia Shanley and Sally Mead) 9:30-10:00

Break 10:00-10:15

   d) Barbara Hale (Division of Medical Assistance) 10:15-10:30
   e) Joyce Hughes (Community Health Clinics) 10:30-10:45
   f) Fatima Hoger (WIC Program) 10:45-11:00
   g) Brad Whistler and Stephanie Birch (Children's Health and CDC grant) 11:00-11:45

Lunch 11:45-1:15

3) Completion of list of current efforts, needs, barriers, and potential solutions 1:15-1:45

4) Identify lead agency for each recommendation or initiative 1:45-2:15

5) Identify priorities 2:15-3:30
   a) State-wide efforts
   b) Head Start initiatives

Break 2:30-2:45

6) Action planning for selected Head Start priorities 3:30-4:00
   a) Identify steps to take
   b) Identify who will do what
   c) Specify timeframe for actions identified

7) Next steps 4:00-4:30
   a) Follow up from meeting
   b) Draft of action plan
   c) Assign roles

Notes from Planning Session 11/19/02
Oral Health and Head Start

Current Initiatives:

- Dental Health Aide Program (multi-level)
- Dental Advocate Program Training beginning in the YK area through RuRal CAP
- Bristol Bay Initiative (completed)
- Provision of fluoride varnish through RuRal Cap
- Community Health Clinics (330 clinics) and funding for provision of services
- University of Washington-YK xylitol gum and fluoride varnish program (anticipated)
- Norton Sound—Nome model using dental advocates and itinerate dentists
- SEARCH model in Southeast Alaska using itinerate dentists
- Use of federal contracts to secure providers
- Kenai model of using itinerate pediatric dentists
- Public Health Nurses providing screening using EPSDT guidelines for oral health
- Public Health Nurses providing education to clients and communities
- "Water, Water" social marketing campaign through WIC to promote drinking water as alternative to soda

- WIC educational efforts of using cups rather than bottles, nutrition counseling
- Breast feeding initiative
- WIC referral system for identified risk factors
- Workforce development initiatives of health care providers
- Use of Bright Futures guidance in YK
- Conducting dental health fairs
- Finding dentists willing to see 0-3 year olds
- Innovations in billing and payment systems to attract and retain dentists willing to see Medicaid and Denali KidCare patients

Needs

- Culturally sensitive, multi-lingual educational materials
  - Bright futures, Bright Smiles Resources from Colgate
  - Video on first dental visit
  - Bright Futures—oral health from HRSA
  - Parent friendly
  - Current
  - User friendly
- Evaluation Systems
- Prevention focus for 0-3 year olds
- Consistent Data Collection and statewide baseline data
- Coordination of space utilization (community health clinics)
- Additional training for PHN
- Technical assistance for business side of dental practice (contracts, billing, regulations)
- Consistent messages on oral health care—e.g. age at first visit

Other Resources

- Colgate Prevention Materials kit (locate existing ones and/or order more)
- Video of first dental visit (Prevention and Associates)
- Verify number of pediatric dentists in State of AK
- Training module from University of Kentucky (Dental Health Aide I module)
- Bright Futures Guides on 1) Nutrition; 2) Oral Health; 3) Infant/Baby Care
- Number of WIC encounters annually (opportunity for contact)

Other Resources, continued

- Materials from Tlingit-Haida Head Start
- Laaksa Resource catalog
- Community Health Clinics (330) –space for dental operatories
- 330 clinics have ability to pay certified staff
- Bright Futures client interview curriculum
- Denali Commission
- Head Start Health Coordinators
- Health Advisory Committees
- Drs. Roloff and Graves—pediatric dentists
- Records from prior incidence study of Prevention Assoc. from 1990's

Barriers

- Attracting and retaining dental advocates (Bristol Bay and Kotzebue)
- Attracting ad retaining dentists
- Adult reluctance to get dental care
- Finding dentists to serve full age spectrum
- Fear of fluoride treatments (especially with non-dentists)
- PHN limited time for direct service and community involvement (and balance between those two priorities)
- Shortage of providers for rural areas
- Dentist's reluctance to see patients younger than 3 years
- Food insecurity
- Lack of permanent dental equipment in communities
- Perception by some of Denali KidCare as "handout" and resulting reluctance to apply—misconceptions about DKC
- Perceived liability in providing dental treatment for pregnant women

- Perception that dental surgery will “fix things” and resulting disincentive for preventive care
- Incomplete data on oral health situation in State
- “Hold harmless” issue with providers

Potential Solutions

- **Prevention through screening and treatment**
  - SEARCH model adapted and replicated in other regions
  - Increased access for dental services for pregnant women
  - First dental visit at earlier age (1 year rather than 3 years, especially for high risk patients)
  - PHN and other partners conducting open mouth screenings and possibly other services
  - ART method of early intervention
  - Use of infectious disease model

- **Training**
  - Dental Health Aide Therapist Training Program (New Zealand)
  - Increased dental advocate training (such as Rural- Cap is conducting in YK)
  - Standardize training for Public Health Nurses in oral health
  - Implement “Putting Prevention into Practice” model for oral health
  - Additional training for WIC staff in oral health related areas
  - Training in connection between health factors and oral health (chronic disease model)
  - Training on dental treatment for pregnant women
  - Training on billing issues, contract issues, legal issues for providers and administrators

- **Education**
  - Increased education on Denali KidCare enrollment and benefits
  - Educational materials needed for parents, children and teachers on prevention
  - Education materials need to be geared for their audience and culturally sensitive
  - Materials to include posters, videos, written, and hands-on resources

- **Data and Research**
  - Based on data, identify priorities and target resources
  - Collect and analyze PIR data for past three years
  - Provide training on PIR data collection to assure accuracy of data
  - Survey current pediatric dentists in Alaska
  - Open mouth survey

- **Providers and service delivery**
  - Consider school-based sites for delivery of dental services
  - Use of federal contracts when allowed within guidelines
  - Use of “Putting Prevention into Practice” model for providers
  - Additional triage role for PHN for dental treatment for clients
  - Work with dental society on recommended ages for initial dental services
  - Use of 330 clinics for provision of dental services
  - Possibility of Pediatric Residents Program (WI,UW, MI, NY)
  - Provider guidelines for treatment of pregnant women

- **Other thoughts on potential solutions**
  - Find a balance between treatment and prevention
  - Match funding with federal Medicaid money
  - Develop system for sharing successful models and useful information
  - Work more collaboratively with partners (ANTHC, Division of Public Health -- WIC, Children’s Health Unit, Community Health, Public Health Nursing-- , Division of Medical Assistance, Head Start and Head Start grantees, Regional Health Corporations, Denali Commission, Oral Health Coalition, AK Dental Society

Draft Recommended Priorities for Oral Health Initiatives with Head Start
Identified by planning group 11/19/02

1) **Education**
   a) Materials for parents and families on oral health
   b) Resources for Head Start centers including videos, posters, toothbrushes, hands-on teaching materials
   c) Education for staff and families on dental benefits of Denali KidCare

2) **Screening and Treatment**
   a) Replication and training on Norton Sound and SEARCH models for interested regions (itinerate provider network, dental advocates, dental health fairs are some features of these models)
   b) Possible increased role for Public Health Nursing in screening, triage and treatment
   c) Use of private contracts for providers
   d) Identifying and eliminating barriers to dental care

3) **Data, Research, and Analysis**
   a) Training on PIR for purpose of obtaining reliable data
   b) Obtaining data on barriers to service (especially 3-5 year old urban population)
   c) Medicaid data
   d) Baseline, statewide data on oral health of Head Start population