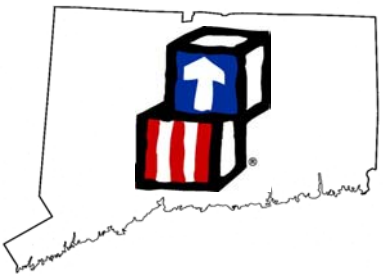
CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

Keeping Connecticut Healthy



FINAL REPORT

Head Start

Early Head Start

Oral Health Forum

Reaching Consensus
Strategies for Implementation
Plan of Action

Monday
June 23, 2003

AQUA TURF
Southington, Connecticut

AHEC Connecticut

Report prepared by the
Connecticut AHEC Program

Head Start
Early Head Start
Oral Health Forum
FINAL REPORT

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As part of its ongoing efforts to improve access to quality dental care services for Connecticut's children, the Oral Health Unit at the Connecticut Department of Public Health (DPH) conducted a one-day forum on June 23, 2003, to develop strategies for improving the oral health of children enrolled in Head Start and Early Head Start. The Forum was co-sponsored by the Connecticut Head Start State Collaboration Office. Its planning and implementation involved multiple stakeholder groups, and it was supported by a grant from the Association of State and Territorial Dental Directors.

Background

A 2001 survey of Head Start managers in Connecticut documented widespread problems in obtaining follow-up care for children in need o dental treatment. The Department of Public Health had previously identified barriers facing Head Start children that include;

- A lack of dental providers,
- A lack of education for dental providers related to the treatment of young children from diverse populations, and
- Cultural and social issues in the client population that result in an undervaluing of dental care.

The Oral Health Unit at the Department of Public Health has a long history of initiating community-based and statewide programs to promote oral health and improve access to dental services. Prominent examples are the Community Integrated Oral Health Service Systems (CISS) project and OPENWIDE (Oral Health Program to Engage Non-dental Health and Human Service Workers in Integrated Dental Education). Through these and other initiatives DPH has developed the requisite network of relationships to successfully plan and implement an oral heath forum specifically directed at the Head Start/Early Head Start population.

In the fall of 2002, DPH submitted a grant proposal to the Association of State and Territorial Dental Directors for the purpose of conducting a one-day forum to develop a concrete action plan for oral health promotion and disease prevention in early childhood. While the focus of the proposal was on Head Start and Early Head Start sites, it was anticipated that the resultant plan would benefit a much larger population of children in Connecticut. The proposal was widely supported by the key stakeholder groups. On December 20, 2002, the Department of Public Health was informed by the ASTDD that the proposal would be funded.

Forum Planning

Forum planning meetings took place on February 3, 2003 and March 3, 2003. The initial meeting included a broadly representative group of stakeholders including several Head Start sites, the Connecticut Head Start Statewide Collaborative, the Connecticut Health Foundation, the UConn School of Dental Medicine, the Tunxis Community College Dental Hygiene Program, the Connecticut AHEC Program, WIC, and DHHS Region 1. At this initial planning meeting, the issues and challenges facing Head Start sites in screening and referring children for dental care were well laid out. The difficulties in complying with federal requirements were a particular focus of discussion. In addition to the groups represented at the first meeting, the second planning meeting on March 3 included representatives of the Connecticut Oral Health

Initiative, the Department of Social Services, a managed care payer. After reviewing the existing programs in Connecticut addressing oral health needs, the group defined the objectives and basic format for the Forum. The objectives were:

1. Advocacy (first priority);
2. Direct services through RDH on site (short-term); and
3. Develop a system of assessment, monitoring, and evaluation (long-term).

A smaller working group subsequently met to work out the details of the Forum. The Connecticut AHEC Program was retained to handle the logistics of the meeting. In order to maximize discussion among participants, Forum attendance was limited to 100 people. A conference brochure (page 5) was prepared and sent to a group targeted to ensure representation from the key stakeholder groups (Head Start site managers, Head Start parents, oral health professionals, policy makers, and others).

FORUM PLANNING COMMITTEE

Lynn Abrahamson, Central AHEC, Inc.
Jerry Bressin, Child and Family Early Head Start
Gladys Calderon, LULA Head Start
Pat Carolan, BeneCare
Maryellen Connos, U.S. Department of Health and Human Services
Joanna Douglass, UConn School of Dental Medicine
Tina Dugdale, Connecticut Department of Public Health
John Frassinelli, Connecticut Department of Public Health
Marlo Greponne, Human Resource Agency of New Britain, Inc.
Charles Huntington, Connecticut AHEC Program
Susan Jackman, Connecticut Department of Public Health
Mary Kilka, Enfield Head Start
Tom Killmurray, U.S. Department of Health and Human Services
Kenneth Lambert, Connecticut Department of Social Services
Jean Lewis, Tunxis Community College
Howard Mark, Connecticut Oral Health Initiative
Linda Miklos, Education Connection
Pam Painter, Connecticut Department of Public Health
Joan Pina, Human Resource Agency of New Britain, Inc.
Martha Okafor, Connecticut Department of Public Health
Lisa Ricciuti, Bristol Head Start
Robert Slate, Connecticut Oral Health Initiative
Patricia Strout, New Opportunities, Inc.
Cathy Walter, EASTCONN,
Grace Whitney, Connecticut Head Start Statewide Collaborative Office
Stanton Wolfe, Connecticut Department of Public Health

Forum Description

The purpose of the Connecticut Department of Public Health's Head Start / Early Head Start Oral Health Forum was to solicit input from a multidisciplinary group of stakeholders in developing an action plan to improve Head Start oral health, the components of which include enhancing prevention and oral health education and increasing access to oral health services. In developing the action plans, Forum attendees considered activities and outcomes related to:

- Improved leadership, collaborations, and communication among stakeholders;
- Increased access to regular and appropriate preventive and treatment services;
- Expansion of evidence-based prevention in Head Start programs;
- Use of up-to-date, scientifically sound, developmentally, and culturally appropriate health education/health promotion approaches and materials; and
- Innovative leveraging of resources for technical assistance and funding.

The Forum was designed to minimize plenary discussions and to maximize the opportunity for attendees to provider their individual input in small group settings. After greetings from Deputy Commissioner Norma Gyle, RN, PhD and Ardell Wilson, DDS, MPH, Chief of the Bureau of Community Health, Grace Whitney, PhD, MPA, Director of the Connecticut Head Start State Collaboration Office, reviewed the history and status of Head Start and Early Head Start in Connecticut. Copies of the PowerPoint slides used by Dr. Whitney in her presentation are included with this report.

Following the brief plenary session, attendees were divided into six groups of 12-15 participants for the sessions that took place from 10:30 a.m. through lunch to 2:30 p.m. The composition of each group was determined randomly. Each group had a facilitator and a scribe. The discussion within each small group was organized around a specific set of questions, and each group had a somewhat different set of questions. Each group was asked to identify and prioritize the major needs and issues, propose at least one activity to address the need or issue, specify a timeline for action, identify short-term and long-term outcomes, designate the agency responsible for implementing the activity, and develop evaluation measures. The questions assigned to each of the six groups are shown below.

Group 1: Oral health screening, preventive interventions, and referral from the perspective of Head Start – Early Head Start facilities, oral health providers, and parents and families.

Group 2: Oral health screening, preventive interventions, and referral from the perspective of community partnerships and collaborations and finding the necessary resources.

Group 3: Oral health promotion and disease prevention (education) from the perspective of Head Start – Early Head Start facilities, oral health providers, and parents and families.

Group 4: Oral health promotion and disease prevention (education) from the perspective of community partnerships and collaborations and finding the necessary resources.

Group 5: Data, Assessment, and Evaluation from the perspective of Head Start – Early Head Start facilities, community partnerships and collaborations, and finding the necessary resources.

Group 6: Advocacy from the perspective of Head Start – Early Head Start facilities, community partnerships and collaborations, and finding the necessary resources.

Following the small group discussions, Stanton Wolfe, DDS, MPH, Director of the DPH Oral Health Unit, conducted a brief wrap-up session. He described the process by which the results of the small group discussions would be compiled into a set of proposed activities. Representatives of the stakeholder groups that participated in the Forum planning will reconvene to refine the recommendations and develop implementation workgroups.

The notes from each group were compiled into the issues and activities tables included in this report (page 10). These tables are the basis of the follow-up described above.

Forum Evaluation

A summary of the evaluation and comments is included in this report (page 26). Overall, attendees rated the Forum highly in terms of motivating participation and providing an opportunity to contribute to the improvement of the oral health of Head Start children. Not surprisingly, the most highly rated portion of the Forum was the small group discussions.

Forum Participants

A list of Forum Participants can be found on page 29.

Registration Form for the Head Start / Early Head Start Oral Health Forum

Name:_____ Title: _____

Organization:_____

Mailing Address:_____

City:_____ State:____ Zip:_____ Phone: _____

Fax: _____ E-Mail: _____

ATTENDANCE IS FREE, BUT LIMITED TO THE FIRST 100 REGISTRANTS. Due to limited space, advanced registration is required. You may make additional copies of this form for your colleagues. Mail or fax your completed form by June 18, 2003, to: Charles Huntington, Connecticut AHEC Program, 263 Farmington Avenue, MC 3960, Farmington, CT 06030-3960. Fax: (860) 679-1101. For additional information, please contact Charles Huntington at (860) 679-7968.

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
ORAL HEALTH PROGRAM
410 Capitol Avenue, MS#11DNT
Hartford, CT 06134-0308

PUBLIC HEALTH

Keeping Connecticut Healthy

Head Start
Early Head Start
Oral Health Forum

Reaching Consensus
Strategies for
Implementation
Plan of Action

Monday
June 23, 2003
8:30AM to 4:00PM

AQUA TURF
Southington, Connecticut

ORAL HEATH FORUM

ABOUT OUR SPEAKER

Dr. John Rossetti recently retired from 12 years of service in the dual role as the Chief Dental Officer of the Maternal and Child Health Bureau (MCHB) and as the Chief Dental Officer for the Health Resources and Services Administration (HRSA). In this dual capacity, Dr. Rossetti was advisor to the directors of these programs on oral health issues and had leadership responsibilities for the strategic planning, implementation, coordination, and evaluation of Agency and Bureau oral health initiatives. Dr. Rossetti continues to provide these duties and responsibilities as an oral health consultant to HRSA. Dr. Rossetti has also worked closely with the Head Start Program at all levels and served as the National Dental Consultant to the program from 1989 to 1993. In this role, he was instrumental in increasing access to dental services for Head Start children, producing a classroom dental curriculum, instituting a dental data quality reporting system and developing the Head Start Dental Consultant Manual.

DIRECTIONS TO THE AQUA TURF

I-84 EAST FROM WATERBURY:
Take Exit 28, turn right onto Rt.322. Go straight, under second underpass take left at car wash onto Old Turnpike Rd. At first stop sign, take right onto Mulberry St. Aqua Turf is ½ mile on the right.

I-84 WEST FROM HARTFORD:
Take Exit 29. At the end of the exit will be a light. Take a left and go to your next light (just before Gene's Restaurant), take a right onto Mulberry St. Go approximately one mile down the road-Aqua Turf will be on your right.

FROM I-91 OR MERRITT PARKWAY: Take Rt. 691 West toward Waterbury. Take exit 4 (Southington), and turn right. At the bottom of the hill (McDonald's on the corner), take a right onto South End Rd. Follow until you come to Mulberry St. on the left, the Aqua Turf Club is on Mulberry St. approximately ¼ mile on the left.

Agenda

8:30 **Registration & Continental Breakfast**

9:15 **Forum Goals / Introductions**
Charles G. Huntington, MPH, PA
Associate Director, Connecticut Area Health Education Center Program

9:30 **Greetings**
Ardell Wilson, DDS, MPH, Chief,
DPH Bureau of Community Health

9:45 **Federal and State Perspectives**

National Scene: Oral Health and the Head Start Population
John Roseetti, DDS, MPH
Oral Health Consultant, HRSA, MCH

Connecticut Head Start
Grace-Ann Caruso Whitney, PhD,
Project Director, Connecticut Head Start State Collaboration Office
Connecticut DSS

10:15 **Break**

10:30 **Facilitated Small Group Discussions**
Charles Huntington, Moderator

12:00 **Working Lunch**

1:00 **Facilitated Workshops, continued**

2:30 **Workshop Action Plan Reports**

3:00 **Wrap-Up: Next Steps**
Stanton Wolfe, DDS, MPH
State Oral Health Director,
Connecticut DPH

3:45 **Adjournment**

AHEC Connecticut

Logistical support provided by the Connecticut AHEC Program

About the Head Start / Early Head Start Oral Health Forum

The purpose of the CT Department of Public Health's Head Start / Early Head Start Oral Health Forum is to solicit input from a multidisciplinary, multi-organizational group of stakeholders, to develop an action plan to improve Head Start oral health components that includes enhancing prevention and oral health education, as well as increasing access to oral health services. The Head Start Bureau (HSB) and Maternal and Child Health Bureau (MCHB) are particularly interested in the roles state oral health programs can play in improving oral health for Early Head Start and Head Start programs. The Forum Planning Committee have identified 3 primary areas of focus for the action planning workshops: 1) Oral health care preventive and restorative services for Head Start / Early Head Start children; 2) Head Start advocacy for oral health and oral health care services; 3) Assessment and evaluation of Head Start oral health program components and outcomes. In developing the action plans, Forum attendees should consider activities and outcomes related to improved leadership, collaborations and communication among stakeholders; increased access to regular and appropriate preventive and treatment services; expansion of evidence-based prevention in Head Start programs; use of up-to-date, scientifically sound, developmentally and culturally appropriate health education/health promotion approaches and materials; and innovative leveraging of resources for technical assistance and funding. This Forum has been made possible through funding and support from the Association of State and Territorial Dental Directors, the Health Resources and Services Administration (DHHS), the CT Department of Public Health, the CT Department of Social Services, and the Connecticut AHEC Program.

Who Should Attend

- Head Start Directors, staff, and parents
- Head Start consultants
- State and local health department oral health staff
- Community health center oral health staff
- Medicaid/HUSKY staff
- Representatives of dental and dental hygiene professional associations
- Faculty of dental and dental hygiene schools
- Legislators and public officials

Head Start in Connecticut

Grace Whitney, PhD, MPA, Director
Connecticut Head Start-State Collaboration Office
Head Start/Early Head Start Oral Health Forum
June 23, 2003

Head Start

- National child development laboratory
- 1964, War on Poverty
- Comprehensive child development/two-generational - serves children and parents
- *'social competence'* to *'school readiness'*
- Federal to local funding
- Over $6.5B in FFY '02

Head Start in Connecticut
Grantees

- 32 Connecticut grantees
- 24 Head Start/8 Early Head Start grantees
- In FFY 2002 - $49,984,520 federal dollars directly to local grantees
- Grantees
  - 13 Community Action Agencies, 10 private non-profit agencies, and 9 school systems (2 RESCs)

Head Start in Connecticut
Funding and Enrollment FFY 2002

- Funding - FFY 2002
  - federal: $50M
  - state supplement: $4.6M
    - (5% then 10% cut in $5.1M SFF '01-'03 allocation)
- Total Funded Enrollment - 6,983
  - federal: 6,311
  - state supplement: 672
- Total Actual Enrollment - 7,541

Head Start in Connecticut
Actual Enrollment FFY 2002

Early Head Start
Total - 413

- 30 expectant families
- 66 under 1 year
- 130 1-year-olds
- 187 2-year-olds

Head Start
Total - 7,128

- 2,726 3-year-olds
- 3,584 4-year-olds
- 818 5-year-olds

Head Start in Connecticut
Enrollment and Family Economic Status

- 35% based on receipt of public assistance
- 53% based on income below federal poverty line
- 12% over-income (above federal poverty line and not on public assistance)

Head Start in Connecticut

Children's Ethnicity

- 40% Black or African-American
- 35% Hispanic or Latino Origin
- 18% White
- 6.5% Other ethnicity including bi-racial or multi-racial and unspecified

Head Start in Connecticut

Primary Language of the Family at Home

- 69% English
- 27% Spanish
- 4% Languages representative of mobile global community

Head Start in Connecticut

Head Start Services

- Child Development and Education
  - center-based and home-based options
  - 10% LEA or Part C eligible disability
- Family and Community Partnerships
- Health Services
  - health, mental health, oral health, nutrition
  - 29 Health Services Managers

Head Start in Connecticut

Health Insurance

91% Children Covered by Health Insurance
(increased from 89% to 91.4%)

29 of 30 Pregnant Women Insured
- 53% Medicaid/EPSDT
- 21% State CHIP
- 3% combined State CHIP/Medicaid
- 14% private health insurance

Head Start in Connecticut

Changes in Health Care Access

- Increase from 81% to 87% of children with medical home
- Increase from 92% to 96% in children determined to be up-to-date on all immunizations
- Increase from 45% to 60% of children with dental home (ongoing source of continuous, accessible dental care)

Head Start in Connecticut

Medical Diagnosis and Treatment

- 85% of children up-to-date on a schedule of age-appropriate preventive and primary health care, including all appropriate tests and physical exams
  - 25% of children screened required treatment
    1,609 children identified as needing treatment
  - 96% of diagnosed children received treatment

Head Start in Connecticut

Medical Treatment Received

- 18% Anemia
- 47% Asthma
- 6% Hearing Difficulties
- 21% Overweight
- 8% Vision Problems

Head Start in Connecticut

Dental Services - Head Start

- 69% of children received professional dental exam within last 12 months
- 77% of examined children received preventive dental care
- 20.5% of examined children were diagnosed as needing dental treatment
- 66% of diagnosed children received or are receiving treatment

Head Start in Connecticut

Dental Services - Early Head Start

- 15% of children received dental screening as part of the series of well-baby exams
- 23% of children received professional dental exam during the past 12 months
- 37% of pregnant women received dental exam and or treatment during the past 12 months

Head Start in Connecticut

Oral Health Greatest Need in Head Start Health

Medical Services	Dental Services
• 85% screened	• 69% screened
• 25% diagnosed	• 20.5% diagnosed
• 96% treated	• 66% treated
• 87% medical home	• 60% dental home

Head Start in Connecticut

Where do we go from here?

- 2001 US DHHS Intra-agency Agreement between ACF/ACYF/Head Start Bureau and PHS/HRSA/Maternal and Child Health Bureau
- 2002 funds through ASTDD from MCHB for Oral Health Forums to create action plans to improve oral health for Head Start and Early Head Start programs

Connecticut Head Start/Early Head Start Oral Health Forum - June 23, 2003

- Oral health care preventive and restorative services for Head Start and Early Head Start children
- Head Start advocacy for oral health care services
- Assessment and evaluation of Head Start oral health program components and outcomes

NEEDS/ISSUES	PROPOSED ACTIVITIES	TIMELINE	SHORT/LONG TERM OUTCOMES	AGENCY RESPONSIBLE FOR IMPLEMENTING ACTIVITY	EVALUATION	COMMENTS
Oral Health Screening, Preventive Interventions, and Referral						
Lack of dental providers who accept HUSKY and Medicaid	Enhance collaboration between CHCs and insurance industry regarding oral health care of Head Start children.	1-2 years	Short-term – Initiation of discussion between MCOs and CHCs regarding oral health needs of Head Start children. Long-term – Coverage and reimbursement issues regarding provision of oral health care to Head Start children at or through CHC providers resolved.	Connecticut Head Start State Collaboration Office, CPCA.	1. Increased percentage of Head Start youth will receive regular oral health exams. 2. Increased percentage of youth receiving restorative dental services. 3. School nurses will see fewer dental problems. 4. There will be a reduction in the number of days lost due to oral health problems (not easy to measure since schools don't differentiate between absences related to medical versus dental problems) 5. ICD9 (diagnostic	Head Start site can help with the paper work. CHCs can collect whatever they can on it.
	Petition Connecticut State Dental Association for assistance in recruiting dentists to see Head Start children	3-4 months	Short-term - Initiation of discussion between CSDA and Head Start Long-term – Agreements between local dentists and Head Start sites to see children on referral Long-term – Number of private dentists seeing patients at CHCs	CSDA, Connecticut Head Start State Collaboration Office		

NEEDS/ISSUES	PROPOSED ACTIVITIES	TIMELINE	SHORT/LONG TERM OUTCOMES	AGENCY RESPONSIBLE FOR IMPLEMENTING ACTIVITY	EVALUATION	COMMENTS
	Locate a volunteer dental provider within the community.	1-2 years	Short-term – Convene planning group to initiate recruitment effort Long-term – Agreements between local dentists and Head Start sites to see children on referral	COHI, CtHSSCO, CSDA	coding) will decrease in emergency rooms. 6. The Department of Social Services cost will increase initially but decrease in the long-term.	Provide incentives and recognition. This will require some legislative advocacy. Reduced /waived licensure feels, loan repayments, tax write off for donated services. Utilize retired dentists.
	Utilize dental students at head Start sites.	1-2 years	Short-term – Initiate discussion with UConn School of Dental Medicine regarding student rotations at Head Start sites. Long-term – Initiation of dental student rotations at Head Start sites.	UConn School of Dental Medicine CtHSSCO		Student service learning is already occurring, however there could be more.
	Assign an exam code to reimburse dental hygienist for their services.	1-3 years	Short-term – Identify specific changes needed in dental exam codes. Short-term – Convene key stakeholders to plan and initiate strategy to obtain change. Long-term – Exam code for dental hygienists established.	Connecticut Dental Hygienists' Association, COHI, CSDA, MCOs		Legislative advocacy. Needs to be done short term due to carve-out. Vicky Nardello is a natural advocate in the General Assembly.

NEEDS/ISSUES	PROPOSED ACTIVITIES	TIMELINE	SHORT/LONG TERM OUTCOMES	AGENCY RESPONSIBLE FOR IMPLEMENTING ACTIVITY	EVALUATION	COMMENTS
	Promote ADA's "Give Kids a Smile Day" in Connecticut	1-2 years	Short-term – Initiate planning with key groups on promoting "Give Kids a Smile Day." Long-term – Annual "Give Kids a Smile Day" conducted in all Head Start communities.	CSDA, DPH, CDHA, CtHSSCO		
	Increase the number of private dentists and hygienists who contract with CHCs.	1 year	Short-term – Initiation of discussion between stakeholders on dentist and dental hygienist recruitment. Long-term: Larger number of dentists an dental hygienists under contract with CHCs	CPCA, DPH, COHI, CSDA, CDHA	Record of number of providers, surveys of providers and clients, referral survey	Develop a MOA. Identify liaison to serve on Health Advisory Committee. List possibilities for partnership.
	Identify and address liability barriers to providing voluntary dental services	1-5 years	Short –term – Identification of liability-related barriers to accessing oral health care for Head Start children. Long-term – Articulation of advocacy plan to address liability-related barriers.	COHI, CSDA, CtHSSCO		

NEEDS/ISSUES	PROPOSED ACTIVITIES	TIMELINE	SHORT/LONG TERM OUTCOMES	AGENCY RESPONSIBLE FOR IMPLEMENTING ACTIVITY	EVALUATION	COMMENTS
Poor communication between medical and dental home	Increase cultural and linguistic competence of oral health providers.	1-2 years	Short-term – Develop cultural competence curriculum that addresses issues of communication between medical and dental homes. Long-term – Deliver curriculum to joint medical-dental audiences.	Connecticut Chapter of the American Pediatric Association.		
	Make dental/oral health exams a requirement for Head Start participation.	1-2 years	Short-term – Identify if requirement is at state or federal level. Long-term – Initiate advocacy effort to change requirement.	Interagency based at DPH (Medicaid Council). HS Advisory Council, Legislative Mandate. Paul Flinter at Connecticut State Department of Education		Make dental exams mandatory once dental access is equal to that of medical care.
Medical providers lack awareness of oral health issues.	Provide Open Wide training to medical providers, especially at Community Health Centers.	1-2 years	Short-term – Open Wide training provided for all CHC pediatric providers.	DPH, CPCA, AHEC		
Lack of awareness among general public	Create a statewide social marketing campaign	1-2 years	Short-term – Convene stakeholders to plan and seek funding for social marketing campaign. Long-term – Ongoing implementation of a social marketing campaign relative to oral health care of young children.	DPH, COHI, CSDA, CDHA		
	Coordinate Health Fairs. Sealant programs with giveaways.	1-2 years	Short-term – Convene event planning group Long-term – Initiate regular schedule of events.	DPH, Local health departments, CSDA, CDHA, AHEC		

NEEDS/ISSUES	PROPOSED ACTIVITIES	TIMELINE	SHORT/LONG TERM OUTCOMES	AGENCY RESPONSIBLE FOR IMPLEMENTING ACTIVITY	EVALUATION	COMMENTS
	Provide training to teachers and day care providers on making oral health part of their daily activities.	1-2 years	Short-term – Modify Open Wide curriculum for teachers and day care providers Short-term – Convene planning group to develop training program Long-term – Initiate training for teachers and day care providers		Child Health and Development Institute of Connecticut, Connecticut Charts a Course	
Head Start staff, parents, and school health staff do not know how to navigate the oral health care system.	Educate Head Start staff, parents, and school health staff about navigating the oral health care system.	1 year	Short-term - Initiation of training programs for Head Start staff, parents, and school health staff. Long-term – More families have access to oral health care.	Head Start sites, MCOs, health consultants, social service managers	Surveys of parents, supervisors, and staff on effectiveness of training. Referral satisfaction form. Evaluate staff effectiveness in getting children referrals.	Resource tool has been developed. Parent educational materials are needed.
Ineffective working relationships between Head Start sites and CHCs	Initiate referral agreements between Head Start sites and CHCs.	1-2 years	Short term – Initiate negotiation between key players in Head Start and CHCs. Long term – Model agreement developed. Long-term – Agreements executed.	Head Start, CHCs, CPCA	Number of Head Start children receiving oral health care at CHCs.	
	Place CHC representatives on Head Start Advisory Boards.	1 year				
Note: Need or issue underlying this recommendation was not identified.	Revise agreements between Head Start and MCOs	1-2 years	Short-term – Educate key players in Head Start and MCOs on opportunities to improve agreements. Long-term – Revised agreements finalized.	MCOs, Head Start		Referral form for tracking.

NEEDS/ISSUES	PROPOSED ACTIVITIES	TIMELINE	SHORT/LONG TERM OUTCOMES	AGENCY RESPONSIBLE FOR IMPLEMENTING ACTIVITY	EVALUATION	COMMENTS
Oral Health Promotion and Disease Prevention						
Increase parental modeling of proper oral health	Use Colgate "Bright Start, Bright Smiles" activity kit	1-2 years	Short-term – Kits obtained and used by every Head Start site Long-term -	Head Start and Early Head Start sites, CSDA, CDHA, health consultants	Parent feedback through surveys to assess how their oral health behavior has changed. Pre- and Post-test of parents to assess acquisition of knowledge related to oral health promotion. Self-assessment, similar in format to current self-assessments, at Head Start and Early Head Start sites related to oral health promotion activities. Health Advisory Boards discuss and evaluate on-site and collaborative events to determine effectiveness.	
	Educate parents about oral health and dental care when they are in the Head Start facility	1-2 years	Short-term – At least one oral health promotion workshop conducted during enrollment, open house, etc. Long-term – Every Head Start site will conduct at least 10 oral health promotion sessions during with parents per year.	Head Start and Early Head Start sites, CSDA, CDHA, health consultants		
	Provide incentives and rewards to parents for returning dental forms	1-2 years	Short-term – Identify and obtain appropriate rewards for returning dental forms. Long-term – Those rewards evaluated and proven effective used routinely.	Head Start and Early Head Start sites, CSDA, CDHA, health consultants		
	Use daily reminders and newsletters to remind parents about oral health	1-2 years	Short-term – Daily reports to parents contain tips on oral health promotion. Long-term -	Head Start and Early Head Start sites, CSDA, CDHA, health consultants		
	Conduct one-on-one education during home visits	1-2 years	Short-term – Every home visit includes discussion of oral health promotion. Long-term -	Head Start and Early Head Start sites, CSDA, CDHA, health consultants		

NEEDS/ISSUES	PROPOSED ACTIVITIES	TIMELINE	SHORT/LONG TERM OUTCOMES	AGENCY RESPONSIBLE FOR IMPLEMENTING ACTIVITY	EVALUATION	COMMENTS
	Collaborate with other groups (e.g., WIC) to educate consistently about oral health	1-2 years	Short-term – Conduct planning meeting with key collaborators in each Head Start community Long-term – Each Head Start site participates in a collaborative health fair involving parents and children once a year.	Head Start and Early Head Start sites,WIC sites, CSDA, CDHA, health consultants		
	Place oral health information in CHCs and Ob/Gyn offices.	1-2 years	Short-term – Identify or create appropriate oral health promotion literature. Long-term – Oral health promotion literature distributed to every CHC and Ob/Gyn office in Head Start site service area.	Head Start and Early Head Start sites, DPH, CSDA, CDHA, CHCs, CPCA		
	Put fliers in grocery stores and create coupon books to remind parents about oral health	1-2 years	Short-term – Culturally appropriate flyer developed and printed Long-term – Oral health promotion fliers in every grocery store frequented by Head Start parents.	Head Start and Early Head Start sites, DPH, CSDA, CDHA, health consultants		

NEEDS/ISSUES	PROPOSED ACTIVITIES	TIMELINE	SHORT/LONG TERM OUTCOMES	AGENCY RESPONSIBLE FOR IMPLEMENTING ACTIVITY	EVALUATION	COMMENTS
	Utilize Head Start Parent Councils to develop strategies for educating parents regarding oral health	1-2 years	Short-term – Convene Parents' Councils to discuss oral health promotion education programs for parents. Long-term – Implement and evaluation strategies identified by Parents' Councils.	Head Start and Early Head Start sites		
	Include oral health promotion messages in parents books such as the "What to Expect" series.	1-3 years	Short-term – Target appropriate books and other literature for inclusion of oral health promotion material. Long-term – Inclusion of oral health promotion messages in targeted parents books.	DPH, CtHSSCO,		
Education of non-dental health care providers	Expand delivery of Open Wide curriculum	On-going	Short-term – Increased number of non-dental providers trained. Long-term – Number of children receiving oral screening exam in primary care setting.	DPH, AHEC		
	WIC staff training on oral health promotion	1-2 years	Short-term – Number of WIC staff receiving oral health promotion training. Long-term – Number of Head Start children receiving oral screening exam or other oral health promotion services.	WIC, DPH		

NEEDS/ISSUES	PROPOSED ACTIVITIES	TIMELINE	SHORT/LONG TERM OUTCOMES	AGENCY RESPONSIBLE FOR IMPLEMENTING ACTIVITY	EVALUATION	COMMENTS
Tracking of pediatric oral health screenings and examinations.	Establish an oral health registry.	1-2 years	Short-term – Develop plans for creation of an oral health registry. Long-term – Centralized source of information on number of children receiving oral health screening and exams.	DPH, MCOs		
Increase the urgency of oral health	Require an oral health exam for entry into kindergarten.	1-2 years	Short-term – Revise entry regulations for kindergarten. Long-term – Every entering kindergarten student has oral health exam.	DPH, Connecticut State Department of Education		

NEEDS/ISSUES	PROPOSED ACTIVITIES	TIMELINE	SHORT/LONG TERM OUTCOMES	AGENCY RESPONSIBLE FOR IMPLEMENTING ACTIVITY	EVALUATION	COMMENTS
Data and Information Systems						
To develop and maintain a data and information system that will enable ongoing assessment and evaluation of oral health programs for young children.	Convene planning committee to identify individuals for 4 workgroups: Group 1: Evaluation tools and protocols Group 2: Appropriate oral health measures Group 3: Oral health outcome objectives Group 4: Best practices	6 months	Short-term – Planning committee convened by October 2003. Long-term – Members of workgroups identified by November 2003.	DPH, Head Start leadership	Assessment of the oral health status and oral health care utilization of Head Start and Early Head Start children and their families. Assessment the quality, availability, capacity and distribution of existing oral health programs, resources, and providers. Assessment of new, evidence-based programs that enhance oral health for children age 0-5 years	
	Develop recommendations for state and national audits related to evaluation tools and protocols, appropriate oral health measures, oral health outcomes objectives, and best practices.	1 year	Short-term – Work groups convened by December 2003 Long-term – Workgroups complete deliberations and submit recommendations by June 2004	DPH, Head Start leadership		
	Pilot project to assess evaluation tools and protocols	2 years	Short-term – Plans of implementation of pilot project developed by June 2004 Long-term – Pilot project completed by June 2005.	Head Start		Pilot project to include: 3 to 5 sites: urban, rural, small town, including HS and EHS sites Scope and timeline Quality control

NEEDS/ISSUES	PROPOSED ACTIVITIES	TIMELINE	SHORT/LONG TERM OUTCOMES	AGENCY RESPONSIBLE FOR IMPLEMENTING ACTIVITY	EVALUATION	COMMENTS
	Develop data and information system	1-2 years	Short-term – Develop and submit proposal to fund implementation of data and information system by June 2003 Long-term – Data and information system pilot operating by January 2004	DPH		Approximate cost - $25,000

NEEDS/ISSUES	PROPOSED ACTIVITIES	TIMELINE	SHORT/LONG TERM OUTCOMES	AGENCY RESPONSIBLE FOR IMPLEMENTING ACTIVITY	EVALUATION	COMMENTS
Advocacy						
Improve access to oral health care for Head Start and Early Head Start children	Provide public recognition and awards to dental providers that serve Head Start children.	1 year	Short-term – Identify appropriate awards and recognition and eligible dental providers. Long-term – Initiate process or making awards on a regular basis. Long-term – Raise awareness of Head Start in the dental community.	Head Start		Head Start Health Consultants fall meeting will focus primarily on oral health. 1) Developing press release to recognize dentists who serve Head Start children 2) How to educate dentists regarding Head Start 3) Monitoring federal Head Start legislation. 4) Understanding the relationship between Head Start and MCOs. 5) Incorporating Open Wide into Head Start day-to-day activities. 6) Open Wide training session for Head Start Health Managers.
	Ensure that Head Start is represented on each Oral Health Consortium	1 year	Short-term – Assess status of Head Start participation in Oral Health Consortia Long-term – Where necessary, initiate area Oral Health Consortium with Head Start participation.	Head Start, CtHSSCO		
	Invite Oral Health Consortia members to Head Start fall meeting	4 months	Short-term – OHC members to actively participate in Head Start fall meeting. Long-term – Integrate oral health into agenda for Head Start quarterly meetings.	Linda Miklos, Head Start		

NEEDS/ISSUES	PROPOSED ACTIVITIES	TIMELINE	SHORT/LONG TERM OUTCOMES	AGENCY RESPONSIBLE FOR IMPLEMENTING ACTIVITY	EVALUATION	COMMENTS
Advocate with legislators to increase access to oral health.	Develop long–term collaborative relationship between COHI and Head Start	1 year	Short-term – Head Start becomes members of COHI Long-term – Improved access to oral health care for Head Start children is a top priority for COHI	Head Start, CtHSSCO, COHI		
	Invite legislators to meet with Head Start communities in roundtable discussion.	1 year	Short-term – Initiate planning for legislator visits Long-term – Every legislator on key committees has visited a Head Start site at least once.	Head Start sites, CtHSSCO		
	Develop relationship with voter registration groups in Head Start communities	1 year	Short-term – Identify organizations engaged in voter registration in each Head Start community. Long-term – Develop and implement voter registration drive for Head Start and Head Start eligible parents.	Head Start sites		
	Develop or improve relationships between Head Start and CSDA and CDHA.	1 year	Short-term – CSDA and CDHA representatives attend fall Head Start Health Consultants meeting Long-term – Head Start, CSDA, and CDHA regularly collaborate on improving access to and quality of oral health care for Head Start children	Head Start, CSDA, CDHA		

NEEDS/ISSUES	PROPOSED ACTIVITIES	TIMELINE	SHORT/LONG TERM OUTCOMES	AGENCY RESPONSIBLE FOR IMPLEMENTING ACTIVITY	EVALUATION	COMMENTS
Engage parents as advocates for improved access to and quality of oral health care.	Present Open Wide training at PTO meetings	1-2 years	Short-term – PTOs in Head Start communities contacted and offered Open Wide training. Long-term – All PTOs in Head Start communities have received Open Wide Training.	Head Start sites, DPH		
	Provide Open Wide training to all Head Start health consultants	1 year	Short-term – Open Wide training scheduled for upcoming quarterly meeting of health consultants Long-term – All health consultants have received Open Wide training.	Head Start, DPH		
	Train Head Start providers and parents as Open Wide trainers.	1-2 years	Short-term – Recruit cohort of providers and parents for trainer training. Long-term – Cohort of Head Start providers become Open Wide trainers	Head Start, DPH		
	Convene workgroup of Head Start staff, parents, and consultants who have already had Open Wide training to determine next steps for Open Wide in Head Start.	1 year	Short-term – Schedule and develop agenda for meeting. Short-term - Invite staff, parents, and consultants that have attended Open Wide Training. Long-term – Recommendations from meeting implemented.	Head Start sites, DPH		

NEEDS/ISSUES	PROPOSED ACTIVITIES	TIMELINE	SHORT/LONG TERM OUTCOMES	AGENCY RESPONSIBLE FOR IMPLEMENTING ACTIVITY	EVALUATION	COMMENTS
	Determine how to best use existing Open Wide resources (e.g., video, brochures, Bingo, etc.) at Head Start sites.	1 year	Short-term – Inventory existing Open Wide resources. Short-term – Assess quantity needed for appropriate use for resources at Head Start sites Long-term – Open Wide resources used fully and appropriately at Head Start sites.	DPH, Head Start		
	Develop training for parents on advocating for improved access to dental care.	1 year	Short-term – Develop appropriate training curriculum. Short-term – Identify opportunities to provide advocacy training. Long-term – Cohort of Head Start parents has received advocacy training and actively engaged in advocacy for improved access to oral health services.	Head Start, AHEC		AHEC has easily adaptable advocacy training curriculum.

State of Connecticut Department of Public Health

HEAD START / EARLY HEAD START

ORAL HEALTH FORUM

JUNE 23, 2003

Evaluation Results

Rating scale used: **1 (Very Much So…)** to **5 (Not At All…)**, or **N/A (Not Applicable):**

The extent to which you felt this conference motivated you to actively pursue improved oral health care in the Head Start / Early Head Start setting.

1 (21) 2 (21) 3 (4) 4 (0) 5 (1)

Average = 1.7

The extent to which this conference allowed you to contribute to the development of strategies to improve oral health in the Head Start / Early Head Start setting.

1 (21) 2 (21) 3 (5) 4 (1) 5 (1)

Average = 1.8

How well did each of the following contribute to the development of strategies to improved oral health care in the Head Start / Early Head Start setting.

Greetings 1 (16) 2 () 3 () 4 () 5 ()
Average = 2.2

Introductions 1 (16) 2 (14) 3 (8) 4 (3) 5 (2)
Average = 2.1

Forum Goals 1 (17) 2 (18) 3 (6) 4 (2) 5 (0)
Average = 1.8

State Perspectives 1 (16) 2 (20) 3 (7) 4 (1) 5 (2)
Average = 2.0

Facilitated Small Groups 1 (28) 2 (11) 3 (6) 4 (1) 5 (1)
Average = 1.6

What would you like to see included in future Community Oral Health Conferences?

Follow-up on the previous year's accomplishments.

More outdoor activities / "get to know each other" icebreaker games

Recommend that the Forums be WIC, Food Stamps, DSS, Head Start, DPH, Board of Education, and whoever is going to be selected as managed care program for dental.

Nice use of time. This format was effective. Good facilitation. Lots of great ideas – new partnerships - ↑motivation.

Fruit – healthier food.

Sharing success stories by groups. Obstacles encountered by groups in implementing programs.

Breakfast! A bagel, something! Lunch was great!

Caitrin was excellent as an advocate – articulate, focused.

Individual Head Starts that have an established and successful oral health program in their community.

More DDS's present and invited.

How to motivate parents, grandparents to the fact that oral health as well as physical health is important, without crossing or hurting cultural beliefs.

More oral health prof. represented.

The participation of parents.

Bringing all the players together. Groups are too fragmented.

Let's address the problems the dentists have "paperwork" office visits etc.

Do the managed care providers have as many hurdles to jump over?

Cultural competency and how do you address "parents needs" as well as child.

Presentations from stakeholders and non-traditional oral health partners – inventory and capacity on what is / is not happening in entitlement programs, agencies. In oral health Ed and services – what's possible given existing infrastructure and guidelines.

Literature for purchase or free to implement in programs. Childcare on site for parent participants.

More participation of practicing dentists.

Policy making officials present.

More parent involvement.

Teenage, adults, young adults, their involvement. More parents in conference.

Involvement of young adults. Teenagers get more parents from Head Start involve in these conferences.

Free toothbrushes and floss.

More providers and managed care organizations and legislators.

Follow-up on discussions.

Developing more coordination of the collaboratives to better utilize limited resources; sharing of capacities.

Strategies that are working. Have dental community input.

Representatives of community health centers.

Further Comments:

Very important information, because it can help our children to grow up healthy.

All the information was very beneficial. The format was great, very conducive to freely express ones thoughts, ideas, etc. Thanks

The room was too cold!

Thank you!!

There is inconsistency between what DPH says is a priority in the State of Connecticut and what is funded. The greetings don't match the state actions. I think this forum is helpful in generating relationships / ideas. I think it would be helpful to have an expert speak on behavior change and increasing what people do to increase oral health.

Great job. Thanks. Looking forward to taking the next steps with you.

Excellent day. Very open, comfortable, effective approach! Thanks.

Well done!

Look forward to hearing the results and proceedings from the conference.

Thank you for being advocates for HS in putting on this forum. We appreciate your commitment and energy.

Great meeting. Facilitator could have been a little less talkative herself and listened to participant input – but who am I - I've never facilitated and have no idea. Lots of great ideas – more parent reps needed – legislators need to come to these meetings! DPH to follow through.

Many important strategies shared today.

Please do not say you will have breakfast if you are not. I counted on that this morning. When I see breakfast on a flyer I do not eat. I was hungry and could not concentrate on our important task. I came at 8:30 for this reason and sat from 8:30 – 9:30. I felt this was ridiculous.

Group #5 facilitator – Excellent – lots of energy, skilled leader. Small point but represents a poor image – Don't advertise continental breakfast – I heard grumbling around me – where is it? Personally, I didn't care, except as a reflection of a shadow over good work.

Very informative.

It would be helpful for all parties to better understand each others' programs and perspectives.

Cut down student cost – have community service as payment to educators. Involve educators – Dental Schools and legislators. How do we make the process "streamlined" to be more understandable and doable.

Parents benefit tremendously from this event. The forums must be more conducive to including families as a whole.

Enjoyed learning more about Head Start and how we in Milford can be more involved with the programs.

Many teens – young adults, especially over eighteen, don't even know where to turn for dental problems and health insurance – due to that they are no longer covered by their parents.

Gave me a chance to network and gain profitable info on oral health and what was going politically as well.

This was a good training for me, because I did not know that there were so many problems with children going to see the dentist.

It seems we continue to “preach to the choir.” Much of this has been covered repeatedly with regard to issues – who to educate, barriers, access.

Location great; Breakfast and snacks at breaks preferable.

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