

**ASTDD Support For State CSHCN Oral Health Forums,
Action Plans And Follow-Up Activities**

**Interim Evaluation Summary
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Background

In 2005, the Association of State and Territorial Dental Directors (ASTDD) began a project to provide modest financial support to states for conducting oral health forums and developing action plans to promote the oral health of children with special health care needs (CSHCN). The project was identified as an ASTDD priority because few state oral health programs had conducted activities that specifically addressed this population's oral health needs.

ASTDD funds were made available through a cooperative agreement with the Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). The program to support state oral health forums and action plans for CSHCN was modeled after a successful ASTDD program targeted to children served by Head Start programs.

Between 2006 and 2008, the ASTDD provided \$5,000 in support to each of 17 states to plan and implement statewide oral health forums for CSHCN, and to develop state action plans that included recommendations for follow-up activities. Subsequently, the ASTDD has awarded \$2,500 in support to 8 states to conduct follow-up activities that were identified in their state action plans.

Project Purpose and Objectives

The broad purpose of the program is to support state efforts to promote the oral health of CSHCN. The goal is to increase state oral health programs' attention to the needs of CSHCN and their families. Specific program objectives are to:

1. Promote collaboration between state oral health programs and a diverse group of stakeholders that represent professional and family organizations concerned about the oral health of CSHCN
2. Support state-wide CSHCN oral health forums that provide opportunity for input and participation from a diverse constituency
3. Identify barriers that prevent CSHCN from realizing good oral health status and that impede access to oral health services
4. Develop a state action plan that identifies specific strategies, responsible parties, and timelines.



Preliminary Evaluation Methods

Forums

As a condition of ASTDD support, states were required to submit a final report that included information about how the forum was planned and implemented, the content of the state action plan, how funds were spent and what additional funds and resources were leveraged. Dr. Jay Balzer, ASTDD CSHCN consultant, reviewed all documents from each state to obtain information for this report.

Data elements obtained from the document review include: 1) sponsoring organization; 2) major project partners; 3) planning methods; 4) implementation methods; 5) major access barriers identified by forum participants; 6) other obstacles to oral health for CSHCN; 7) major strategies identified in the state action plan; and 8) source and amount of financial and in-kind support to supplement ASTDD grant funds.

Follow-Up Activities

Since many states are still completing their follow-up activities, a chart was constructed for this report for type of activity conducted. Further evaluation will be conducted next year after final reports are submitted.

Project Summary

Objective #1: Promote collaboration between state oral health programs and a diverse group of stakeholders that represent professional and family organizations concerned about the oral health of CSHCN

All 17 projects demonstrated significant collaboration between the state oral health program and other stakeholders. For 7 of the 17 states (41%), the state oral health program was the primary lead agency in soliciting collaboration with other stakeholders. For the remaining 10 state projects, an organization other than the state oral health program was the lead agency, with the state oral health program assuming a supporting role. Other project grantees included: 5 family support and advocacy organizations (29%); 3 oral health advocacy organizations (18%); and 2 state-level Head Start organizations (12%). See Figure 1 for individual states.

Table1. State Primary Contact/Lead Agency

Lead Agency	States
State Oral Health Program	DC, FL, MA, MS, SC, UT, WA
Family Support And Advocacy Organizations	AK, NJ, RI, VA, NE
Oral Health Advocacy Organizations	IL, KS, MO
State Head Start Organization	OK, MI



State oral health programs collaborated with a wide range of individuals and organizations, most commonly other state programs, health professional associations, and family support/advocacy organizations. Among other state programs, the most common collaborators were the state MCH/CSHCN (Title V) agency, the state Medicaid agency, state Head Start Offices, state Developmental Disability/Mental Retardation agencies, and state Offices of Primary Care.

Among health professional organizations, the most common collaborators included state dental associations, state oral health advocacy organizations, dental and dental hygiene educational institutions, and pediatric associations.

Among family support and advocacy organizations, the most common collaborators included state Family Voices, Parent-to-Parent Health Information Centers, and state Head Start collaboration offices.

Each state also promoted the involvement of individuals with special health care needs and their families; these individuals and families constituted a significant proportion of forum participants.

Objective #2: Support statewide CSHCN oral health forums that provide opportunity for input and participation from a diverse constituency

The 17 projects used a variety of approaches to maximize participation from diverse stakeholders. For example, 13 states chose to conduct a single event to bring all parties together in a central location or in conjunction with a significant statewide event such as an annual meeting. Alternatively, 4 states chose to conduct several smaller regional meetings throughout the state that facilitated the participation of individuals who might not be able to travel long distances.

All projects utilized planning groups to solicit input from stakeholders concerning the most important issues that should be addressed at the forum.

In 4 states, a planning group of major stakeholders identified issues for discussion at the forum (“top-down” method of issue identification). In 13 states, a smaller planning group solicited input from stakeholder

organizations and individuals via town hall meetings, surveys, and questionnaires (“bubble-up” method), and then used this information to identify the most important issues for discussion at the forum.



Table 2. Models for Conducting Forums

Single Vs. Multiple Regional Forums	States
Single state-wide forum	13 states: AK, DC, KS, MS, MO, NE, NJ, OK, RI, SC, UT, VA, WA
Multiple regional forums	4 states: FL, IL, MA, MI
Identification of Strategies For Discussion	States
Predominately “bottom up” approach	13 states: AK, DC, IL, KS, MA, MI, MS, MO, NJ, RI, UT, VA
Predominately “top down” approach	4 states: FL, NE, OK, SC

Regardless of how each project obtained stakeholder input during the planning process, all projects provided ample opportunity for participant input during the forum itself.

Through a structured process of problem-identification and problem-solving, all forum participants were afforded the opportunity to contribute to the state action plan for CSHCN.

Most forums utilized a “breakout” design where participants could participate in discussion of one or more topics. Most commonly, the forums were divided into a morning or initial session where participants provided input into the identification of problems, and then a subsequent session where they helped to identify solutions.

The number of participants in each CSHCN forum ranged from a low of 12 in the Nebraska forum, to a high of 151 in South Carolina and 150 in Oklahoma. On average, there were 63 persons who participated in each state’s forum. The number of participants tended to be high in states that scheduled the forum in conjunction with a related meeting (e.g., SC), in states that effectively utilized existing networks of interested parties (e.g., OK) and in states that held multiple regional meetings (e.g., IL and MA). The number of participants tended to be low in states that purposely limited the number as a means of promoting a high level of personal interaction between families and professionals (e.g., NE) or where geography limited participation (e.g., AK).

As a result of effective collaboration among project partners, ten of the 16 completed projects (63%) reported they were successful in leveraging ASTDD funds to obtain additional local support.

This support included both additional funding and in-kind services. The amount of local support ranged from \$0 - \$12,743 per project, with an average of \$4,552 among projects reporting some level of local support. Four

states reported \$5,000 or more, and 6 reported between \$800 and \$4,200; the rest have not yet report this information.



Eleven of the 16 completed projects (69%) provided an opportunity for participants to evaluate the forum.

The results of these evaluations were generally very positive and can be accessed in the final reports on the ASTDD website. Since a specific evaluation methodology was not required by ASTDD, methodologies varied among projects. Most projects used an evaluation instrument that solicited participant feedback using both numerical rating scales for specific items as well as open-ended questions. Common evaluation topics included ratings of invited speakers, the forum agenda, opportunities for providing input, effectiveness of break-out sessions, and usefulness of information obtained during the forum. Planning for evaluation, especially selecting a variety of evaluation strategies, is one area where states continue to need assistance.

Table 3. State Forum Evaluations

State	Forum Evaluation Methodology
AK	9-item questionnaire used; mixture of multiple choice and open-ended questions
DC	23-item questionnaire used; ratings on 5 point scale + 4 open-ended questions
IL	16-item questionnaire used to assess usefulness of steering committee meetings; no evaluation of town hall meetings
MA	Participants' evaluation of forum summarized in the final report; questionnaire itself not included in final report
MO	Participants' evaluation of forum summarized in the final report; questionnaire itself not included in final report
NE	6-item questionnaire used; mixture of multiple choice and open-ended questions
OK	5- item questionnaire used; mixture of multiple choice and open-ended questions
RI	5- item questionnaire used; mixture of multiple choice and open-ended questions
SC	13- item questionnaire used; mixture of multiple choice and open-ended questions
VA	Participants' evaluation of forum summarized in the final report; questionnaire itself not included
WA	Participants' evaluation of forum summarized in the final report; questionnaire itself not included



Objective #3: Identify barriers that prevent CSHCN from realizing good oral health status and that impede access to oral health services

Prior to the forum most states provided participants with background materials that discussed barriers that prevent CSHCN from realizing good oral health. Some of these materials were developed by the states themselves, while others were ordered from resources jointly developed by the ASTDD and the National Maternal and Child Oral Health Resource Center.

The list of barriers identified in the state forums were rather extensive; the most common were:

During the forum, participants had an opportunity to discuss barriers they had personally experienced or that they believed were important.

- Difficulty locating dentists who accept CSHCN who have behavioral challenges
- High cost of specialized care
- Dental insurance exclusions and lack of coverage for operating room services
- Children's uncooperative behavior in the dental office
- Inadequate dentist availability due to low participation in Medicaid/SCHIP
- Inadequate educational preparation of dentists to manage CSHCN with challenging behaviors
- Gaps in caregiver knowledge to promote oral health
- Inability of many CSHCN to perform oral self-care.

Objective #4: Develop a state action plan that identifies specific strategies, responsible parties, and timelines

Forum participants played a major role in developing the state action plans. In some states participants created the plans during the forum itself, while in other states deliberations of the forum participants were used by project staff to create the plan. The specific needs and concerns of forum participants and the oral health care environments of their communities were reflected in the state plans.



Although the state plans differed from one another, there was much similarity with regard to strategies identified to improve the oral health of CSHCN.

Strategies most commonly included in the state action plans were:

1. Improving the clinical skills of the dental workforce to serve CSHCN, through continuing education and improved undergraduate training
2. Improving reimbursement rates for dentists who serve CSHCN, in Medicaid/SCHIP as well as in commercial insurance
3. Assisting families to locate dentists who accept CSHCN, such as dentist directories, dental case management activities and dental home projects
4. Improving the oral health personal care skills of caregivers
5. Improving capacity of family support organizations, such as Family Voices and Family to Family Health Information Centers, to promote oral health for CSHCN.

Some states (AK, FL, IL) have already used the action plans developed at the CSHCN forum to incorporate objectives and strategies related to CSHCN into their State Oral Health Plan (SOHP). Other states (MI, MO, WA) indicated that CSHCN strategies developed during the forum will be incorporated into their SOHP in the near future. Still other states (DC, MA, UT) indicated that the CSHCN action plan will serve as an official document of the state oral health program but did not describe plans to formally incorporate it into the SOHP. Lead agencies that are not state oral health programs (e.g., KS, NE, OK, RI, VA) will use the Action Plans for their own program purposes but did not indicate plans to incorporate it into the SOHP.

Follow-up Activities

Eight follow-up projects were funded by ASTDD to assist states that had previously conducted a CSHCN forum to implement selected strategies from their action plan. These projects are summarized in Table 4 on the next page. Many of the states are still completing their projects and have not yet turned in their final reports. When they are completed, ASTDD will conduct interviews to determine specific outcomes from the forum, action plan and follow-up activities as well as continuing needs.



Table 4. States that Received ASTDD Support for Follow-Up Activities

State/Lead Agency	How ASTDD funds helped to implement strategies identified in the state CSHCN OH Action Plan
FL/ FL Dept of Health	ASTDD supported efforts of the Special Needs Workgroup to improve access to anesthesia/sedation services for CSHCN by eliminating onerous preauthorization requirements.
IL/ IFLOSS Coalition	ASTDD supported the work of a steering committee to develop interventions to reduce early childhood caries among CSHCN and other high risk children.
KS/ Oral Health Kansas	ASTDD supported the development of a pre-visit CSHCN assessment form that summarizes child behaviors and history as well as parents' concerns.
MA/ MA Dept. of Public Health	ASTDD supported a series of seminars for medical and dental professionals at community health centers to improve CSHCN oral health assessment and referral.
NE/ Parent Training Institute (PTI) of NE	ASTDD supported: 1) a statewide family survey; 2) a meeting to promote collaboration between parents and dental school faculty; 3) development of a pre-visit form and fact sheets for families of CSHCN.
OK/ OK Assoc. of Community Action Agencies	ASTDD supported the development of a document, "Oral Health Standards of Practice for Parents and Providers," to improve oral health care for CSHCN.
SC/ SC Dept of Health	ASTDD supported data collection for a grant proposal to promote parent/caregiver knowledge and skills to improve the oral health of CSHCN, and 3 meetings to discuss the adoption of CSHCN educational materials.
UT/ UT Dept of Health	ASTDD supported development and maintenance of a web-based dentist directory and a printed resource guide of dentists who serve CSHCN.
WA/ WA State Dept Health	ASTDD supported two regional meetings to review statewide progress in implementing the CSHCN action plan and to strengthen partnerships with CSHCN agencies and providers.



Case Studies



Case studies were selected for this report to reflect differences in which organization took the lead and what other activities or outcomes resulted from the forums.

Illinois



This project was sponsored by the IFLOSS Coalition--a public/private partnership of more than 90 local and state organizations committed to improving the oral health of Illinois residents through prevention, education, treatment, and advocacy. The purpose of the project was to Offer an opportunity for families and professionals concerned with the oral health of CSHCN to provide input into the development of the newest state Oral Health Plan (Oral Health Plan II). A shortcoming of the previous state Oral Health Plan was that it had given inadequate attention to meeting the oral health needs of CSHCN.

To obtain broad public and professional input into the development of Oral Health Plan II, IFLOSS partnered with the Illinois Rural Health Association to conduct a series of 7 regional town hall meetings throughout the state, leading to a statewide oral health summit in October 2006. At each of these meetings, participants identified barriers to oral care and strategies for improvement for all population groups, including special populations such as CSHCN. Many of these recommendations concerning CSHCN made their way into the Oral Health Plan II, *Oral Health Care in Illinois: Comprehensive Care for Children & Families – Action Plan with Policy Goals specific to Children with Special Health Care Needs*, posted on the ASTDD website.

Subsequent to the CSHCN forum, IFLOSS is convening meetings of an Early Childhood Caries Steering Committee to implement programs for children, including CSHCN. The ASTDD has awarded follow-up support to IFLOSS to assist in this activity.

Kansas

Oral Health Kansas, a statewide oral health advocacy group, sponsored a CSHCN oral health forum as a means of addressing oral health issues that were raised during an earlier dental home project in Wichita. In that AAP-supported project, Oral Health Kansas brought together developmental pediatricians, childcare advocates and dental professionals to develop stronger connections between the medical and dental home.



Oral Health Kansas built upon the lessons learned in Wichita to implement a statewide CSHCN oral health forum in partnership with the state Title V and oral health programs, the Kansas Head Start Association, and numerous other agencies. Their goal

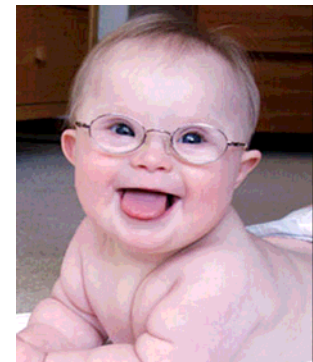


was to bring families and oral health professionals together to identify needs and strategies for CSHCN that could be incorporated into the state Oral Health Plan and the strategic plans of other agencies. As a result of several planning meetings and the statewide forum, an action plan was developed that identified three major strategies to guide activities over the next 3 years: 1) create a statewide dental case management system to connect CSHCN to dental care; 2) create continuing education offerings for dental professionals to improve care of CSHCN; and 3) develop oral health educational materials for families of CSHCN.

An activity that was assigned a very high priority by forum participants was the development of a “pre-dental visit” form that would be completed by the family prior to the child’s first dental visit. The form is a valuable adjunct to treatment because it communicates to the dentist the child’s dental and medical history and any behaviors that might impact dental care. ASTDD provided follow-up support to Oral Health Kansas to help develop this form; it can be viewed on the ASTDD website under Resources. Kansas also successfully applied for a HRSA TOHSS grant, under which their coalition is developing a number of other materials related to CSHCN, providing training of dental providers to increase services, and using Extended Care Hygienists to provide preventive dental services to CSHCN in community-based locations.

Rhode Island

Family Voices at the Rhode Island Parent Information Network (RIPIN) received a grant from the ASTDD to conduct a statewide oral health forum for CSHCN in collaboration with the state oral health program. Prior to this project, there had never been a statewide meeting to discuss the barriers to oral health services for CSHCN, nor had there ever been a meeting that brought oral health professionals together with families of CSHCN and organizations such as Family Voices that advocate for them.



Working together, Family Voices and the state oral health program organized a planning committee to develop topics and identify speakers for a one-day forum held in Warwick in November 2006. A major benefit of this collaborative approach was the recruitment of a diverse group of participants that included excellent representation from both the CSHCN and oral health communities. Over 60 persons attended the forum; 30% represented medical and dental professionals, 23% represented families and family advocates, 37% represented the staff of state and community agencies and 10% were representatives of insurers, other payers and managed care plans.

Forum participants focused on 6 issues: screening CSHCN for oral disease, the medical/dental home, organization of services for CSHCN, dental insurance, family roles, and transition to adulthood. Discussion was organized within an Action Plan Logic Model that identified, for each issue, inputs, priority Strategies, products and



outcomes. The results of these deliberations were incorporated into an oral health action plan for CSHCN. The final report and action plan from the Rhode Island CSHCN forum can be viewed on the ASTDD website.

Utah



The Utah Oral Health program assumed the lead role in planning and implementing their state CSHCN oral health forum, but they worked closely with numerous organizations, particularly the state Title V/CSHCN agency, the Utah Oral Health Coalition, Head Start, Medicaid, and Family Voices. The forum was held in September 2006 in Salt Lake City and was designed to build upon the results of a meeting convened by the Utah Oral Health Coalition a year earlier in which the oral health of CSHCN was

identified as an emerging issue that warranted attention.

To obtain valuable information prior to the forum, the planning committee conducted a special survey of parents of CSHCN to determine their oral health concerns and also administered a more general survey of all forum participants as part of the registration process. The responses to these surveys helped the planning committee develop a relevant agenda. Over 70 individuals attended the forum; they discussed the following topics: Reimbursement and Funding; Challenges in Preventive Oral Care; Multiple Treatment Challenges; Medical/Dental Home; Training and Education; Communication and Outreach; Parent Education and Involvement; Organizational Challenges; and Diversity Issues. As a result of discussions at the forum, an action plan was developed that contained multiple strategies for improving the oral health of CSHCN.

One of the strategies that generated special interest was to develop an online directory of Utah dentists who are willing to serve CSHCN with various conditions and insurance coverage. In 2007 the state oral health program, in partnership with the Medical Home Portal Project and the Utah Dental Association, surveyed all state dentists to determine their interest in being listed in such a directory. Once the list was compiled, the next step was to create the web site and enter the data. The state oral health program requested and was awarded ASTDD CSHCN follow-up funds to help support the cost of creating and maintaining this online dentist directory.

Washington State

The state oral health program assumed the leadership role for the CSHCN oral health forum, but worked closely with the state Title V/CSHCN program. As a result of these efforts, a CSHCN oral health forum was held in September 2006 at the





Dumas Bay Retreat Centre in Federal Way, Washington. The forum was an opportunity to build upon the recommendations of a University of Washington-sponsored 2001 conference, *Promoting Oral Health of Children with Developmental Special Health Care Needs and Other Special Health Needs*, that identified training and research agendas to improve the oral health of CSHCN with developmental disabilities.

The planning process emphasized the participation of individuals representing many agencies that serve CSHCN as a means of building a lasting collaborative partnership of CSHCN oral health advocates. Agency participation was encouraged through a series of conference calls and the creation of a new statewide listserv to facilitate communication on CSHCN oral health topics. Prior to the forum, the listserv allowed participants to provide input into the planning process; after the forum, the listserv made it easier for participants to comment on drafts of the action plan and to communicate with each other on related matters. As a means of providing essential background information to all forum participants, the state oral health program developed a comprehensive *Data Brief on Oral Health and Children with Special Health Care Needs (CSHCN)*. The *Data Brief* is provided as Appendix D to the Final Report that can be viewed on the ASTDD website.

Approximately 50 participants representing 32 organizations attended the forum; they developed an action plan with specific strategies to guide future efforts. One of the high priority strategies was to follow the forum with subsequent regional meetings to re-evaluate progress and to maintain the group's momentum. The ASTDD provided support for 2 follow-up meetings, one in the Seattle-Tacoma area and another in eastern Washington (Moses Lake) in 2008. Another strategy identified in the action plan was to obtain grant funds to support future activities. Due in large part to the progress already made as a result of the CSHCN forum, especially the creation of a diverse statewide partnership, the state was awarded a HRSA Targeted Oral Health Service System (TOHSS) grant to continue CSHCN oral health activities.

Oklahoma

The Head Start State collaboration office conducted a successful state Children's Oral Health Forum in 2003 with ASTDD assistance. As a result of that forum an Oral Health Coalition was created; it subsequently merged with the Oklahoma Commission on Children and Youth Dental Task Force to become the Children's Oral Health Coalition. In 2006 the Coalition applied for and received support from ASTDD to conduct a statewide oral health forum to focus on the oral health needs of CSHCN specifically. ASTDD funding was leveraged to obtain support from other partners, such as the OK Dental Foundation, United Way, Special Olympics and even from a private dental practice.





The Coalition, with support from the Head Start State collaboration office, developed plans for a statewide forum entitled “Smiles for Special Kids.” The forum attracted 150 attendees, including oral health and other medical professionals; Head Start grantees including family service workers, disabilities managers, and services managers; educators; non-profit service providers; staff of the state Department of Health and Human Services; public health providers; and private practice dentists as well as dental students. Many of the participants had attended the Head Start oral health forum 3 years earlier.

The forum agenda included expert panelists who discussed oral health issues related to the six outcome measures of the MCHB National Agenda for Children with Special Health Care Needs. Following these presentations, participants developed strategies for inclusion in the state CSHCN oral health action plan. The action plan was then incorporated into a final report that was published and distributed to all participants and collaborating organizations. One of the high priority outcomes of the action plan was to develop a tool kit for parents and providers as part of a broader goal to organize community services so families can use them easily. ASTDD supported the development of the toolkit as follow-up to the original CSHCN forum; the toolkit can be accessed via a link on the ASTDD website.

Technical Assistance

ASTDD provided technical assistance to states throughout the project.

During the pre-application period, ASTDD informed potential applicants of the availability of support using multiple listservs, notices at professional meetings such as the National Oral Health Conference, and through informal channels. Family support organizations were notified through communication channels established by Family Voices. Head Start organizations were notified through the networks established during the HRSA MCHB and ACF HSB Inter-agency Agreement.

ASTDD also provided technical assistance (TA) to states during the proposal review process. A team of ASTDD reviewers evaluated all proposals and provided comments and recommendations for improvements to all applicants.

During the project implementation phase, the ASTDD consultant provided TA to the projects and monitored their progress. For two projects (KS and WA), the consultant participated in the state forum as a presenter. For many of the other projects, the consultant provided information resources developed by ASTDD, the National Maternal and Child Oral Health Resource Center, and others. See Table 5 for a summary of TA activities.



Table 5. Technical Assistance (TA) Provided to States



Type of TA	States Receiving TA
Pre-application TA at request of applicant	12 forum projects and 6 follow-up projects
Application review and recommendations for project improvement	17 forum projects and 8 follow-up projects
At request of state, identification of CSHCN resources developed by ASTDD, NMCOHRC and others	5 forum projects and 3 follow-up projects
On-site assistance/participation at the state CSHCN forum	2 forum projects (KS and WA)
General project administration TA	6 forum projects and 4 follow-up projects

ASTDD Information Dissemination and Advocacy

The technical assistance and other professional support provided to states is only one part of a broader effort by ASTDD to disseminate information about and advocate for the oral health of CSHCN. Some examples of ASTDD information dissemination and advocacy activities for CSHCN include:

- Development of an *ASTDD Best Practices Approach Report on the Oral Health of Children, Adolescents and Adults with Special Health Care Needs*. This report can be viewed on the ASTDD website.
- Presentation of concurrent sessions and roundtable discussions on CSHCN oral health topics at the National Oral Health Conference for the past 3 years.
- Presentations at other professional meetings including the Association of Maternal and Child Health Programs, MCHB Partnership conference, MCHB TOHSS grantee meetings, and Special Care Dentistry Association.
- Participation on the MCHB Expert Panel on the Oral Health of CSHCN and contribution to the summary document, *Priorities for Action*.
- Participation in the American Academy of Pediatric Dentistry 2006 Special Needs Symposium, with published paper, *Improving Systems of Care for People with Special Needs: The ASTDD Best Practices Project in Pediatric Dentistry*, Mar/Apr 2007.
- Development of tip sheets and policy briefs on the oral health of CSHCN published by NMCOHRC and available on their website and ASTDD's website.
- Collaboration with the CDC Division of Oral Health and ASTDD Data Committee to help state oral health programs more easily find and use oral health data sources, including those for CSHCN.



Summary and Recommendations

The project has been successful so far in supporting 17 state CSHCN forums and 8 follow-up projects. The CSHCN forums created an opportunity for diverse constituencies, including health professionals and families, to collaborate in developing state-specific CSHCN action plans that define strategies to improve the oral health of CSHCN. The follow-up support assisted 8 states that conducted a previous CSHCN forum to begin implementing one or more of the strategies contained in the action plan.

In many states, program activities that support the oral health of CSHCN are quite limited and few State Oral Health Plans contain goals that address CSHCN specifically. This project elevated awareness of the barriers that impede access to oral care for CSHCN and helped to bring parties with a common interest in the oral health of CSHCN to the table.

The forums themselves can't erase the barriers to dental care that confront CSHCN, but they have initiated a process that will lead to improvement. Several states have noted that the forums represented the first time that dental professionals and families of CSHCN had the opportunity to discuss these issues and to come together for a common purpose.

ASTDD will continue to monitor progress and evaluate additional outcomes from the forums and action plans, including legislative and policy changes.

To promote further progress, ASTDD recommends that:

- 1. Results of the forums and follow-up projects continue to be disseminated to states that have not yet participated, to stimulate their interest**
- 2. Partnerships with family support, child health, and other non-dental organizations continue to be encouraged to assist state oral health programs in promoting and documenting the oral health of CSHCN**
- 3. HRSA MCHB continue to support activities related to the oral health of CSHCN, including funding additional states to conduct forums, follow-up projects and oral health needs assessment and surveillance**
- 4. National and state agencies and organizations continue to collect, disseminate and advocate for promising models and best practice approaches to improve the oral health of CSHCN**
- 5. States incorporate CSHCN oral health goals into state oral health plans and other strategic plans as well as future funding opportunities and advocacy initiatives. Healthy People 2020 and Health Care Reform present good opportunities for doing this.**



Additional Information

More detailed information about these projects is available in the final reports and action plans that were submitted to ASTDD by the states. These can be viewed on the CSHCN page of the ASTDD website. The reader can also obtain further information by contacting project staff directly; project contacts are listed in the following table.

Table 6. State Contacts to Obtain Further Information

State	Forum and/or Follow-up Activities	Contact Information
Alaska	Forum	Cheri Scott – Stone Soup Group Phone: 907-561-3701 Email: CheriS@stonesoupgroup.org
District of Columbia	Forum	Emanuel Finn - DC Department of Health Phone: 202-442-9395 Email: emanuel.finn@dc.gov
Florida	Forum + Follow-up activities	Douglas Manning - Florida Dept of Health Phone: 850-245-4333 Email: douglas_manning@doh.state.fl.us
Illinois	Forum + Follow-up activities	Lisa Bilbrey – IFLOSS Coalition Phone: 217-789-2182 Email: info@ifloss.org
Kansas	Forum + Follow-up activities	Marcia Manter - Oral Health Kansas Phone: 913-894-6843 Email: mmanter@aol.com
Massachusetts	Forum + Follow-up activities	Lynn Bethel - MA Dept Public Health Phone: 617-624-6074 Email: Lynn.Bethel@state.ma.us
Michigan	Forum	Jeremy Reuter - Head Start-State Collaboration Office Phone: 517-371-9000 Email: reuterj@michigan.gov
Mississippi	Forum	Nicholas Mosca - MS Dept of Health Phone: 601-576-7500 Email: Nicholas.Mosca@msdh.state.ms.us



Missouri	Forum	Sarah Grim - Missouri Coalition for Oral Health Phone: 573-875-3004 Email: sarahagrim@aol.com
Nebraska	Forum + Follow-up activities	Nina Baker - PTI Nebraska Phone: 888-490-9233 Email: nbaker@pti-nebraska.org
New Jersey	Forum	Diana Autin - Statewide Parent Advocacy Network Phone: 973-642-8100 Email: diana.autin@spannj.org
Oklahoma	Forum + Follow-up activities	Kay C. Floyd - OK Association of Community Action Agencies Phone: 405-949-1495 Email: kfloyd@okacaa.org
Rhode Island	Forum	Dawn Wardyga - Rhode Island Parent Information Network Phone: 401-727-4144 Email: familyvoices@ripin.org
South Carolina	Forum	Christine Veschusio - SC Dept of Health & Environmental Control Phone: 803-898-0830 Email: Veschucn@dhec.sc.gov
Utah	Forum + Follow-up activities	Peggy Bowman - Utah Department of Health Phone: 801-538-9177 Email: peggybowman@utah.gov
Virginia	Forum	Dana Yarbrough - Parent to Parent of Virginia Phone: 804-795-1481 Email: PTPofVA@aol.com
Washington	Forum + Follow-up activities	Joseli Alves-Dunkerson - Washington State Department of Health Phone: 360-236-3524 Email: Joseli.Alves-Dunkerson@doh.wa.gov