



**Idaho Head Start Association**  
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Date: February 15, 2005

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

Dear Ms. Geurink,

This is the final report regarding the Idaho Head Start Oral Health Forum held November 18 and 19, 2004 at the Boise Centre-on-the Grove in Boise Idaho.

### Background

Idaho's thirteen Head Start grantees serve over 4,000 children throughout the state. Most of them are four and five year olds. Eighty-nine percent of those children qualify because their family income is below the federal poverty level. The other eleven percent qualify on the basis of a disability. As the Idaho Head Start Association reviewed data gathered in Head Start centers, we found only about 61% of those children had access to a source of continuous dental care -- a dental home.

Head start programs must follow strict federal guidelines in order to qualify for the funds they receive. One of those requirements is that the children receive a dental examination. Yet, we found that only 46.3% had received preventive dental care, even though there is a considerable body of research showing that nearly all dental caries are preventable. We also found that 23.2% of the head start children who were examined needed treatment, usually for dental caries.

Six of Idaho's grantees operate an "Early Head Start" program. Those programs serve infants through age 3 and expectant mothers. We found that only 79 of the approximately 370 children served by those grantees during the 2002-03 program year had ever received a professional dental exam, even though the American Dental Association and the American Academy of Pediatrics both recommend a dental visit by a child's first birthday.

Upon reviewing information provided us by the Idaho Department of Health and Welfare's State Oral Health Program Office, we found a lack of adequate oral health care was not confined to just to head start children. Their data showed that forty-six percent of all Idaho children experience tooth decay by the time they

reach five years of age. Twenty-eight percent have unmet dental needs and about five percent need treatment due to pain or infection.

Because we could see there was a problem which went beyond head start, we sought federal and state support to bring it to the attention of Idaho's parents, dental providers and policymakers. In addition to the grant we were able to obtain from the Association of State and Territorial Dental Directors, we were also able to obtain funding from the State Maternal and Child Health Program and the Idaho Head Start Collaboration Project. The latter two are operated out of the Idaho Department of Health and Welfare.

Starting early last spring, we pulled together a committee of oral health professionals and head start staff from all over Idaho. Our objective was to create a way to initiate change. From the beginning, we wanted a collaborative effort. We saw no reason to play the blame game. We just wanted to attack the problem. We decided our effort should be called "The Idaho Head Start Oral Health Forum – Building the Framework for Action."

### Summary of the Forum

The Forum was held on November 18 and 19 at the Boise Centre-on-the-Grove. Eighty people were in attendance representing oral health care professionals, head start parents and professionals, dental insurers, and many others. Additionally, we were able to bring in several nationally recognized oral health professionals with expertise in providing care to children. Among them were Dr. Jack Dillenberg, DDS, MPH, Dean of Arizona's new School of Dentistry and Oral Health, who served as the Forum's keynote speaker, as well as Peter Milgrom, DDS, and Philip Weinstein, Ph D, both of whom are Professors of Dental Public Health Services at the University of Washington. Several of the consultants including Dr. Reginald Louie, DDS, MPH, a contractor with the federal Administration for Children and Families, came here at no cost to us.

The Forum lasted all day, Thursday, November 18 and one-half day on Friday, the 19<sup>th</sup>. It directly followed an "Early Years" conference sponsored by the Idaho Department of Health and Welfare's Infant Toddler program. Many of those who attended the Early Years conference were able to stay over for this conference.

After a welcome and introductions by myself, the participants heard from Dr. Dillenberg. He challenged them to be creative and to take advantage of the large body of research which exists regarding children's oral health care. He provided a very instructive power point presentation covering some of that research.

Following the keynote speech, a plenary session was held. Dr. Reginald Louie lead off with a review of the recommendations which had come out of a Region X Oral Health Forum held the previous January in Seattle. Allison Hertel, a Health Specialist with Region X CHES reviewed the latest head start Program Information Report (PIR) data dealing with Idaho and Mark Campbell, a Head Start Health Care Manager from the Pocatello-Chubbuck Head Start reviewed

the results of an April 2004 survey our planning committee had conducted the previous spring. It was entitled "Current Efforts, Unmet Needs and Solutions." The results of that survey are attached to this document. (See Attachment #1).

After a short break, a second plenary session entitled "Best Practices and Solutions – What Works!" was held. It began with a presentation by Dr. Milgrom on "Early Childhood Caries Prevention and Oral Health Promotion." His presentation was followed with one by Dr. Wenstein on "Motivating Parents to Prevent Tooth Decay in Their Young Children." We then heard from a Boise dentist, Dr. John McMurray about how we could "Work with Dentists to Improve Dental Access," and from the Director of the Idaho Migrant Head Start Program, Alejandra Rebolledo, about how staff called "Promodoras" are reaching migrant families to improve their oral health outcomes. The final presenter was Carolyn Kiefer, Director of the Idaho Head Start Collaboration Project, who discussed "Integrating Oral Health into the Head Start Curriculum."

These presentations were followed by lunch, during which the participants viewed a premier showing of a ten minute videotape which had been developed by Delta Dental of Idaho entitled "Your Baby's Healthy Teeth Start with You." It is geared to the parents of infants and toddlers. Copies were made available to all participants who wished to receive them.

After lunch the participants were allowed to self select one of three facilitated breakout sessions. One dealt with "Prevention," a second with "Education" and a third with "Access." Their instructions were to spend two hours reviewing problems they see in Idaho pertaining to each of those three areas. After an afternoon break, the participants again broke into the same groups, but, this time, they were asked to focus on solutions and to make recommendations about items that ought to be included in an Idaho specific "Plan of Action."

The next morning we re-convened and heard reports of the preliminary recommendations of each breakout group. A panel consisting of Dawn Bowman, RDH, President of the Idaho Dental Hygienists' Association, Dr. Scott Kido, DMD, representing the Idaho Dental Association and Dr. Dillenberg then reacted to those proposals. After a short break the three breakout groups convened for the last time and developed their final recommendations.

Those recommendations have since been reviewed and considered by a large multi-disciplinary group, many of whom attended the Forum and others who were participants on the Forum's planning committee. Review and comment on the recommendations also occurred at a January, 2005 meeting attended by most of the Head Start Health Care Coordinators in the state. The result is the Idaho Plan of Action which appears in attachment #2 to this report.

#### Next Steps ( Resources needed and challenges to implementation of the plan)

As the reader can see the initial focus of this plan will be on prevention and education. The planners felt this to be necessary to the success of any following steps. Implementation of the plan will require a significant commitment in time

and money by the Idaho Head Start Association (to create public service messages, etc) as well as individual Idaho head start grantees. As an early step, the Association hopes to find funding for the state's Head Start Health Care Coordinators to meet at least on a semi-annual basis to make certain the aspect of the plan for which grantees are responsible are carried out.

We will also be relying heavily on the Idaho Oral Health Program located in the Department of Health and Welfare's Division of Health and the Idaho Oral health Alliance as well as the private and public oral health delivery community. Collaboration among all of those entities will be essential to the successful implementation of this plan.

Our hope is to implement all of the elements of the plan within two years.

### Acknowledgements

The Idaho Head Start Association gratefully acknowledges the time and financial commitment provided by the Association of State and Territorial Dental Directors, the federal Maternal and Child Health Bureau, the Health Resources and Services Administration, and the Head Start Bureau within the federal Administration for Children and Families (particularly its Region X Office). We are particularly indebted to Lisa Penny, Director of the Idaho Department of Health and Welfare's Oral Health Program and Carolyn Kiefer, Director of the Idaho Head Start Collaboration Program for their commitments of time and resources. Without their support this Forum would not have been possible.

Sincerely,

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James C. Wilson,  
Executive Director

## Attachment #1

### Idaho Head Start Oral Health Forum April 2004 Pre-Survey of Current Efforts, Unmet Needs and Solutions

#### SUMMARY OF RESPONSES

15 completed survey questionnaires returned

| <b>PREVENTIVE CARE</b>   |  |
|--|--|
| <b>CURRENT EFFORTS</b>   | <b>UNMET NEEDS &amp; SOLUTIONS</b>   |
| <p><b>What is being done to promote children's oral health?</b></p> <p>15/100% Children brush teeth at the center<br/>                     9/60% brush once a day<br/>                     4/27% brush twice a day</p> <p>11/73% Children use fluoride toothpaste at the center</p> <p>8/53% Toothbrushes and toothpaste are provided to family for home use</p> <p>9/60% Children have fluoride varnish applied by District dental hygienist</p> <p>3/20% Children have fluoride varnish applied by another practitioner:<br/>                     <i>IHS dental clinic; ISU dental hygiene students; dental assistant</i></p> <p>10/67% Children receive topical fluoride application at dentist's office</p> <p>2/13% Other: <i>fluoride tablets; videos, handouts, visit by SWDH hygienist</i></p> <p><b>How do you store the children's toothbrushes?</b></p> <p>15/100% store in holders that separate toothbrushes and allow air-drying; many mentioned that a mesh cover is used and brushes are placed in a closed cabinet/closet</p> <p><b>How often are the children's toothbrushes changed?</b></p> <p>13/87% every 2-3 months<br/>                     4/27% other: as needed; monthly or after illness; 4 times per year</p> <p><b>Number of toothbrushes provided per child per year</b></p> <p>14/93% provide 3 or more toothbrushes per child per year (range 3-9)</p> <p><b>Have you been advised to <i>sanitize</i> toothbrushes in the dishwasher?</b></p> <p>14/93% no (1 person said yes; 1 person specified "only the holder")</p> <p><b>What is your program doing to promote oral health of Early Head Start pregnant women</b></p> | <p><b>What works? What are challenges? What issues would you like to see addressed at the forum?</b></p> <ul style="list-style-type: none"> <li>• Medicaid dental coverage needed for parents and pregnant women</li> <li>• Create a plan for dentists to provide free or reduced rate services for <u>parents</u> of Head Start kids, who don't have insurance</li> <li>• Limited number of dentists who accept Medicaid patients</li> <li>• Attitude of dental office staff - humiliate families, making it difficult to get them to return to dental office for follow-up</li> <li>• Having to restrain children with harnesses so they won't move while the dentist works on their teeth</li> <li>• Educate dentists about Head Start and requirements of Head Start</li> <li>• Biggest challenge is getting some families to see the importance of preventive care and importance of child's dental check-up every 6 months</li> <li>• How to get pregnant moms seen and motivated</li> <li>• Partnerships with dentists for preventive care for birth to 3 years</li> <li>• Getting dental care for uninsured children is a major problem, especially when hospitalization is required for treatment</li> <li>• Transportation issues – parents don't get children to dentist – no pediatric dentists in rural areas – distance they have to drive is a barrier to getting a child's dental treatment completed in a timely manner</li> <li>• Even after being educated about importance of dental exam and quick treatment, parents are very slow at getting it done, especially in rural areas</li> <li>• Parents' work and life schedules are so full that dental and health needs are not a priority – they are stressed about other things</li> <li>• Oral visits done before children come to school</li> <li>• Have a list of local dentists to provide to parents</li> </ul> |

## PREVENTIVE CARE

| CURRENT EFFORTS  | UNMET NEEDS & SOLUTIONS |
|--|-------------------------|
| <p><b>and children under age 3 years?</b> (9 responses)<br/>Encourage dental exam and help to establish a dental home (6/67%); screening, risk assessment, referral to dentist or health district (4/44%); educate/give information about oral health, role modeling, self-care, care of infant's mouth; fluoride (6/67%).</p> |                         |



## PRIMARY CARE

| PRIMARY CARE                                    |  |
|---|--|
| CURRENT EFFORTS                                 | UNMET NEEDS & SOLUTIONS  |
| Easy<br><b>Mean: 3.3</b><br><b>(Range: 1-5)</b> | patients or Medicaid at all<br><ul style="list-style-type: none"><li>• Challenges: helping parents find affordable dentists or dentists that accept Medicaid</li><li>• Issue to address – dental hygienists doing oral exams</li></ul> |

## EDUCATION / OUTREACH

| CURRENT EFFORTS  | UNMET NEEDS & SOLUTIONS  |
|--|--|
| <p><b>Have you or your staff attended oral health training in the last 12 months?</b><br/>Yes - 6/40%</p> <p><b>If yes, when?</b> within last 2 years – only 3 responses to question</p> <p><b>Who provided the training?</b> Health specialist, volunteer dental assistant: Washington Dental Foundation; NTI-CCHC Trainer’s Course in N.C.; district health department; State of Utah; Lisa Cecil;</p> <p><b>Who attended the training? (please check all that apply)</b><br/>1/7% Head Start director and/or center manager<br/>2/13% teachers<br/>5/33% health services coordinator<br/>2/13% family services worker<br/>1/7% parents<br/>1/7% other: <i>operations manager</i></p> <p><b>Do you need oral health training or technical assistance?</b><br/>5/33% no<br/>3/20% yes, for director and/or center manager<br/>7/47% yes, for teachers<br/>6/40% yes, for health services coordinator<br/>7/47% yes, for family services worker<br/>8/53% yes, for parents<br/>1/7% other: <i>teachers follow procedures &amp; feel it’s sufficient</i></p> <p><b>What are you doing to teach children about oral health?</b><br/>13/87% classroom presentations, videotapes and/or activities<br/>5/33% guest speaker(s)<br/>9/60% use a classroom oral health curriculum: <i>Cavity Free Kids; Colgate Bright Smiles; Head Start Dental Health Curriculum; I Am Amazing; Toddler Time classroom oral health care teaching</i></p> <p>Related comments: <i>Dental curriculum, brushing teeth during school, supplying toothbrushing materials for the child’s use at home during dental awareness month and sending out resources to the families. Having the child seen by the dentist within 90 days. Resources during parent meetings. Health Advisory team.</i></p> | <p><b>What works? What are challenges? What issues would you like to see addressed at the forum?</b></p> <ul style="list-style-type: none"> <li>• Challenge: getting families to see the importance of oral health and follow through with dental visits</li> <li>• would like more toothbrushes available for families</li> <li>• Issues: educating parents</li> <li>• Create a statewide information brochure to give to all families of Head Start children, to educate them on the importance of regular ongoing oral health care</li> <li>• How to get parents to brush their children’s teeth</li> </ul> <p><b>In what areas do you see a need for training or technical assistance related to oral health?</b></p> <ul style="list-style-type: none"> <li>• Curriculum and use</li> <li>• Classroom activities</li> <li>• Supporting parents in promoting oral health</li> <li>• Teaching children proper oral health care</li> <li>• Any and all info that we can use to better educate children’s parents</li> <li>• Educating families, educating dentists about our families’ needs and where they’re coming from so that the dentist will work more with the family</li> <li>• Dental community needs some training on community health care</li> <li>• All areas – just some basic knowledge and information would be helpful</li> <li>• Parent education, but how do we do it so that parents attend workshops?</li> <li>• Approaches to use w/ dentist about providing care for our families</li> <li>• Pregnancy and adult oral health issues</li> </ul> <p><b>Do you need information on choosing and/or implementing an oral health curriculum or parent materials?</b><br/>6/40% yes, selecting an oral health curriculum<br/>7/47% yes, implementing a curriculum<br/>4/27% yes, selecting &amp; using materials for Early Head Start parents<br/>10/67% yes, selecting &amp; using materials for Head Start parents<br/>4/27% no<br/>1/7% other: <i>integration of health (oral and general) into development/language curriculum</i></p> |

## EDUCATION / OUTREACH

| CURRENT EFFORTS   | UNMET NEEDS & SOLUTIONS  |
|---|--|
| <p><b>What are you doing for parent outreach?</b><br/>                     13/87% home visits<br/>                     10/67% parent meetings or presentations<br/>                     7/47% other: <i>newsletters; handouts sent home w/ children for parents; parent teacher conferences; parent info list; health team attends socializations and presents health related info to parents; parent training; staff training; Lift the Lip for home visitors.</i></p> | <p><b>What other oral health education resources do you need, either for Head Start or Early Head Start children and/or parents?</b></p> <ul style="list-style-type: none"> <li>• Good curriculums</li> <li>• Anything that would be helpful for educating families and staff of the important of oral health</li> <li>• More materials for the teachers to use in the classroom to teach the children about good dental hygiene</li> <li>• Info for parents</li> <li>• We need a lot of Spanish materials: education materials and resources for adult dental care, information and resources for adults who have no insurance and need dental care, pregnancy dental care</li> <li>• Brochures</li> <li>• Helpful information/statistics</li> </ul> <p><b>Do you need information on doing outreach or outreach materials? What kind?</b><br/>                     4/27% no<br/>                     10/67% yes, parent outreach<br/>                     7/47% yes, community outreach</p> <p><b>Other Comments:</b><br/>                     Getting staff to understand the importance and what their job is with regards to connecting parents with resources, as well as reaching out to parents to help them understand the importance of oral health. We are looking at having a social service coordinator who will train staff specifically in these areas, and work more individually with staff and families.</p> |

## COMMUNITY PARTNERSHIPS

| CURRENT PARTNERS   | POTENTIAL PARTNERS   |
|--|--|
| <p><b>Names of current community partners.</b></p> <p><u>Pocatello Head Start</u><br/>           ISU Dental Hygiene Program<br/>           ISU Family Dentistry</p> <p><u>Shoshone Bannock Early Childhood Programs – Head Start</u><br/> <i>Community Partners</i><br/>           Indian Health Services Dental Clinic<br/>           Pocatello Dental Group<br/>           Dr. Misner<br/>           Dr. McWhorter</p> <p><u>Bear River Head Start &amp; Preschool Head Start</u><br/>           Drs. Misner, Bybee, McWhorter - Pocatello<br/>           Drs. Stokes, Iverson, Hull – Preston<br/>           Dr. Thorpe - Malad<br/>           Drs. Hammond, Weston – Montpelier<br/>           Dr. Harris – Soda Springs<br/>           Dr. Murdoch – Grace</p> <p><u>Eastern Idaho Special Services Agency Head Start</u><br/>           Pocatello Dental Group<br/>           Bingham Crisis Center<br/>           Westwind Dental<br/>           Foothills Dental<br/>           Idaho Falls Family Dental<br/>           District 7 Health Department – Idaho Falls</p> <p><u>Salmon Head Start</u><br/>           District 7 Health Department - Salmon<br/>           Dr. Kenneth Rodgers - Salmon<br/>           Dr. Gregory Hollbrook</p> <p><u>EISSA Head Start – Driggs Center</u><br/>           Drs. Bowman, Strobel, Kerr, Bell</p> <p><u>WICAP Head Start – Southwest Idaho</u><br/>           Dr. A.E. Borghalhaus – Payette<br/>           Dr. Dunker – Ontario, OR<br/>           Southwest District Health Department – Caldwell<br/>           Valley Family Health Care – Payette</p> <p><u>Friends of Children and Families Head Start - Boise</u><br/>           Aspen Dental Care – Dr. John McMurray &amp; Dr. Roy Rogers<br/>           Willow Tree Dental<br/>           Drs. Robertson, Barney, Higer<br/>           Central District Health Department - Boise<br/>           Dr. Richard Murray<br/>           Dr. Allyson Van Steenberg, Primary Care<br/>           Dr. Mike Sexton<br/>           Dr. Sarah Toevs, BSU</p> | <p><b>Please provide the names and addresses of persons or entities that you would like invited to the forum.</b></p> <p>Names of community partners, advisory board members and others provided by survey respondents will be entered into a mailing label file and/or email distribution list.</p> |

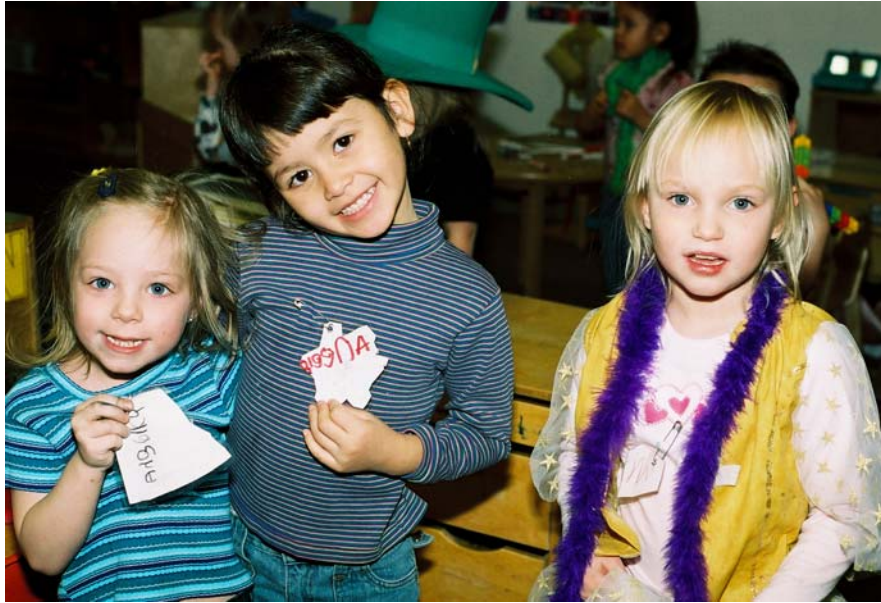
## COMMUNITY PARTNERSHIPS

| CURRENT PARTNERS  | POTENTIAL PARTNERS |
|---|--------------------|
| <p>CKFA<br/>TRHS<br/>Family Practice Residency<br/>St. Luke's Hospital<br/>Treasure Valley Pediatrics</p> <p><u>Lewis Clark Early Childhood Program</u><br/>Asotin County Health Department – Clarkston, WA<br/>North Central District Health Department -<br/>Lewiston</p> <p><u>Mountain States Early Head Start – North Idaho</u><br/>Panhandle District Health Department – Kootenai<br/>&amp; Bonner Counties<br/>WIC and Infant Toddler Program</p> <p><u>North Idaho College Head Start</u><br/>Panhandle Dental Society Give Kids A Smile Day</p> <p><i>Summarized by Lisa Penny, IDHW Oral Health<br/>Program Manager – May 11, 2004</i></p> |                    |

Attachment #2

# Oral Health Plan of Action

Resulting from the  
Idaho Head Start Oral Health Forum  
November 18 - 19, 2004



Sponsored by:

**Idaho Head Start Association**

200 North Fourth, Suite #20

Boise, Idaho 83702

<http://www.idahoheadstartassoc.net>

In Partnership With:

**Idaho Department of Health and Welfare**

Oral Health Program

Head Start Collaboration Project

Funding Sources:

Association of State and Territorial Dental Directors (ASTDD)

HRSA Maternal and Child Health Bureau

Administration for Children and Families

## Background

After several months of planning by a broad-based committee representing Idaho Head Start grantees, the Idaho Department of Health and Welfare Oral Health Program and Head Start Collaboration Project, District Health Department representatives, as well as oral health care providers and advocates, the Idaho Head Start Oral Health Forum was held November 18 and 19, 2004 in Boise, Idaho.

The Forum Goals were:

- To build a framework for a Plan of Action which would address the needs of children;
- To improve children's oral health;
- To increase children's access to preventive dental services and needed treatment; and
- To improve communication and collaboration among stakeholders who deal with children.

Eighty persons representing both public and private sector oral health care providers as well as the same interests reflected by the planning committee attended the Forum. Dr. Jack Dillenberg, Dean of the Arizona School of Dentistry and Oral Health, was the keynote speaker. He challenged the participants to be innovative and open-minded and to reflect upon programs that have proven effective in other parts of the country.



Following plenary sessions on challenges, best practices and solutions that work, participants divided into facilitated discussion groups over the two day period and provided input in three areas: (1) Prevention; (2) Education; and (3) Access. What follows is a plan which incorporates many of the

recommendations that came out of the Forum. It is divided along the same lines as the Forum's discussion areas.

## Key Elements, Strategies, and Action Steps

### Prevention:

**Strategy** – Engage oral health care partners in a collaborative effort to formulate a clear evidence-based message about preventive practices that work.

| <b>Action Steps</b>  | <b>Who Does it?</b>  | <b>Time Frame</b>                   |
|--|--|-------------------------------------|
| Engage in a collaborative effort with oral health care provider organizations to clarify “the message” about effective prevention practices.   | Idaho Head Start Association<br><br>Head Start Directors<br><br>IDHW Oral Health Program<br><br>Head Start Collaboration Project | Summer – Winter 2005 and thereafter |
| Ask the Idaho Oral Health Alliance Education, Advocacy and Policy Development Committee to take the lead in developing a paper, for use with policy makers, outlining oral health issues and recommending effective preventive strategies. | Idaho Head Start Association   | Winter, 2005                        |

**Strategy** – Work with oral health care providers to establish partnerships geared to prevention.

| <b>Action Steps</b>  | <b>Who Does it?</b>  | <b>Time Frame</b>                    |
|--|--|--------------------------------------|
| Determine what preventive resources are available in all geographic areas of the state, including dentists, retired dentists, dental hygienists, dental residents, district health departments, community health centers, medical residents, ob/gyns, and pediatricians. | IHSA Health Care Committee<br><br>IDHW Oral Health Program           | Summer – Fall 2005                   |
| Form relationships with local dental and medical professionals.  | Head Start grantees  | Spring – Summer 2005 and thereafter. |
| Partner with local dental assisting and dental hygiene schools to educate Head Start students about prevention.  | Head Start grantees  | Spring – Summer 2005 and thereafter. |
| Develop a consistent interpretation of Head Start performance standards regarding who can perform screenings and the concept of “dental home.”   | IHSA Health Care Committee<br>Administration for Children & Families | Fall, 2005                           |

**Strategy** – Provide educational training and support regarding prevention to families, providers and staff.

| <b>Action Steps</b>   | <b>Who Does it?</b>   | <b>Time Frame</b>           |
|---|---|-----------------------------|
| Provide education and training regarding successful preventive practices such as the application of fluoride varnish.                 | Oral health care providers facilitated by Head Start grantees | Winter - Spring, 2005, 2006 |
| Conduct “Open Wide” oral health training for non dental health professionals.   | Oral health care providers facilitated by Head Start grantees | Winter - Spring, 2005, 2006 |
| Conduct staff meetings to show “Brushing Baby Teeth Daily” and other resources.   | Oral health care providers facilitated by Head Start grantees | Winter - Spring, 2005, 2006 |
| Ask community dentists and dental hygienists to log onto toothpaste web sites for free samples and donate them to Head Start grantees | Oral health care providers facilitated by Head Start grantees | Winter - Spring, 2005, 2006 |

**Education:**

**Strategy** – *Make parents aware that good oral health, particularly children’s oral health, is affected by many things, including diet, lifestyle, and the individual’s commitment to maintaining good health overall.*

| <b>Action Steps</b>  | <b>Who Does it?</b>   | <b>Time Frame</b>  |
|--|---|--------------------|
| Develop targeted public service messages aimed at parents of young children and pregnant mothers that stress the importance of preventive care and continuing follow-up when oral health problems are found. | Idaho Head Start Association public relations contractor.<br><br>IDHW Oral Health Program<br><br>Idaho Oral Health Alliance | Summer – Fall 2005 |
| Ensure that the oral health care message is consistent and culturally appropriate when shared with Head Start staff, parents, and community partners.  | Local Head Start Directors, Policy Councils and Health Services Advisory Committees   | Ongoing            |
| Invite/ involve dental health professionals to attend and make presentations at Head Start parent meetings and staff in-service training.  | Local Head Start Directors, Policy Councils and Health Services Advisory Committees   | Ongoing            |

**Strategy** – *Educate communities throughout the state about the importance and benefits of good oral health care for infants and young children.*

| <b>Action Step</b>   | <b>Who Does it?</b>   | <b>Time Frame</b>  |
|--|---|--------------------|
| Develop continuous and meaningful education programs for community partners about the benefits of good oral health care for pregnant mothers, infants, young children and the parents of young children geared to achieving behavioral change among parents.<br><br>Make use of the video <i>Your Baby’s Healthy Teeth Starts with You</i> developed by Delta Dental of Idaho. | Head Start Grantees<br><br>Health Services Advisory Committee members<br><br>Health Care Coordinators | Fall – Winter 2005 |

**Strategy** – Establish an Idaho Head Start Association-wide health care committee to:

| <b>Action Steps</b>   | <b>Who Does it?</b>  | <b>Time Frame</b> |
|---|--|-------------------|
| Develop a systematic approach within the Head Start community to deliver the message about oral health care and to ensure that the message is consistent when shared with staff, parents, community partners, etc.                          | IHSA   | Spring 2005       |
| Ensure that Head Start Health Care Coordinators are themselves on the same page regarding effective oral health care prevention strategies by facilitating information and best practice sharing discussions on at least a quarterly basis. | IHSA<br>Head Start Directors<br>IDHW Oral Health Program<br>Head Start Collaboration Program | continuous        |
| Aid in staff development.   | IHSA<br>Newly formed health committee  | continuous        |
| Assist in policy development and analysis of costs of prevention vs. treatment.   | IHSA<br>Newly formed health committee  | continuous        |

**Access:**

**Strategy** – *Make it as easy as possible for oral health providers to see Head Start and other children who have difficulty obtaining access to oral health care.*

| <b>Action Steps</b>   | <b>Who Does it?</b>            | <b>Time Frame</b>   |
|---|--------------------------------|---------------------|
| Meet with pediatricians, ob/gyns, hospitals and district health departments. Discuss how to best implement this strategy. | Individual Head Start Grantees | Spring – Fall, 2005 |
| Develop individual Head Start area plans for implementing strategy.   | Individual Head Start Grantees | Fall – Winter, 2005 |
| Implement plans.  | Individual Head Start Grantees | Spring, 2006        |

**Strategy** – *Advocate for the adoption of Washington State’s ABCD (Access to Baby and Child Dentistry) program in Idaho.*

| <b>Action Steps</b>   | <b>Who Does it?</b>                     | <b>Time Frame</b>   |
|---|---|---------------------|
| Enter discussions with the Idaho Department of Health and Welfare’s Division of Medicaid about the feasibility of implementing the program, or at least aspects of it, such as the case management component. | IHSA – Jim Wilson<br>IDHW - Arla Farmer | Winter, 2005        |
| Approach Delta Dental for seed money.   | IHSA<br>Delta Dental                    | Winter, 2005        |
| Seek any federal waivers that may be necessary.   | IDHW                                    | Summer – Fall, 2005 |
| Implement program if support is obtained.   | IDHW                                    | Spring, 2006        |

**Strategy** – *Engage pediatricians, ob/gyns, hospitals and district health departments in the provision of oral health services to Head Start and children who have difficulty accessing oral health services.*

| <b>Action Steps</b>                            | <b>Who Does it?</b>                                    | <b>Time Frame</b>           |
|--|--|-----------------------------|
| Prepare education package explaining the need. | IHSA Health Care Committee<br>IDHW Oral Health Program | Summer – Fall, 2005         |
| Attend provider meetings.                      | Local Head Start Health Coordinators                   | Fall – Winter, 2005         |
| Identify advocates                             | Local Head Start Health Coordinators                   | Fall – Winter, 2005         |
| Host events at Head Start centers              | Local Head Start Health Coordinators                   | Winter, 2005 – Spring, 2006 |

**Strategy** – Advocate for establishing a full time state dental director.

| <b>Action Steps</b>                                       | <b>Who Does it?</b>   | <b>Time Frame</b>          |
|---|---|----------------------------|
| Seek partners.  | IHSA  | Winter, 2005 – Winter 2006 |
| Get the message out at October 2005 IHSA general meeting. | IHSA health care committee members                              | October, 2005              |
| Advocate before Idaho Legislature.                        | IHSA health care committee members<br><br>IHSA Parent Affiliate | Winter – Spring, 2006      |