Massachusetts Head Start Oral Health Initiative

2005 Massachusetts Head Start Oral Health Action Plan

**Overall Goal:** Improve the oral health of Head Start and Early Head Start children and their families.

**Strategy:** Education and Training

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<th>Tools/Activity</th>
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<th>Qualitative Outcomes</th>
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<tr>
<td></td>
<td>Increase oral health awareness and knowledge among:</td>
<td>Oral health education and training sessions</td>
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</table>
| • Head Start Performance Standards | Head Start Staff and Administrators | • Basic Screening Survey (BSS)  
• Embracing Our Future video  
• Open Wide Modules and Presentations | • Increase knowledge and instruction skills of staff  
• Increase recognition of early disease (white spot lesions) and ECC  
• Deliver/develop culturally appropriate information/materials | Sept. 2005 to June 2007 | Pre/post test surveys to assess competencies and understanding of distinct cultural issues | Year 1: 15 (50%) grantees will be trained |
| • Healthy People 2010 | | | | | | Year 2: (100%) Additional 16 grantees will be trained |
| • MCHB National Performance Standards | | | | | | |

Topics to include:
- OH and risk assessment
- Fluoride assessment/supplemental use of fluorides
- Disease disparities/cultural diversity
- Collaborating w/dental community

Pre/post test surveys to assess competencies and understanding of distinct cultural issues

Year 1: 15 (50%) grantees will be trained

Year 2: (100%) Additional 16 grantees will be trained
## Strategy: Education and Training

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<td>HS Performance Standards</td>
<td>Increase Oral Health Awareness and Knowledge Among:</td>
<td>Oral Health Education/Skill Building re:</td>
<td>Solicit “champion” to provide training to colleagues at Grand Rounds or monthly assoc. meetings</td>
<td>Training beginning in October 2005</td>
<td>Non-dental child health providers will become aware of the oral health and oral disease conditions affecting young children</td>
<td>By June 2006: 25% of child health care provider network will participate in oral health sessions</td>
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<tr>
<td>Healthy People 2010</td>
<td>Non-dental child health care (CHC) providers</td>
<td>Basic Screening Survey (BSS) Embracing Our Future video Open Wide</td>
<td>Topics to include: OH and risk assessment Disease prevention/ transmission from mother to child Fluoride assessment/ application of fluoride varnish Diet and daily home care by parents Collaborating w/dental community The first dental visit</td>
<td>By-yearly Training sessions</td>
<td>Pre/post test surveys to assess knowledge See Descriptions (left)</td>
<td>By June 2007: 50% of child health care provider network will participate in oral health sessions</td>
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<tr>
<td>MCHB National Performance Standards</td>
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By June 2006:
- 25% of child health care provider network will participate in oral health sessions

By June 2007:
- 50% of child health care provider network will participate in oral health sessions
## Strategy: Education and Training

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<tr>
<td>• HS Performance Standards</td>
<td>OB-GYN health care providers</td>
<td>Develop presentation for OB-GYN community. Information to include:</td>
<td>Solicit “champion” to provide training to colleagues at Grand Rounds or monthly assoc. meetings Training provided will:</td>
<td>Spring 2006</td>
<td>TBD</td>
<td>TBD</td>
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<tr>
<td>• Healthy People 2010</td>
<td></td>
<td>Relationship between periodontitis/pre-term, low-birth weight infants Diet promotion Disease prevention/transmission from mother to child Importance of oral hygiene during pregnancy Routine professional oral health care during pregnancy The child’s first dental visit</td>
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Strategy: Oral Health Surveillance of EHS/HS Children

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<td></td>
<td>Assess oral health status and access to oral health care services among HS children</td>
<td>Conduct statewide oral health survey of HS children</td>
<td>Using the BBS, a statewide representative sample of HS will be screened. Measures include:</td>
<td>• Survey completed in 2004</td>
<td>• Effective statewide collaborative effort</td>
<td>1,673 HS children (20% enrolled) were screened.</td>
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- Performance Standards
- Healthy People 2010
- MCHB National Performance Standards

Partners include:
- MDPH/OOH
- MHSA
- MHSCO
- Region I ACF
- Delta Dental Plan of MA
- MDS
- MCPHS/Forsyth
- MDHA

- Family dentist
- Dental insurance
- Hx of disease
- Untreated disease
- Treatment urgency
- White spot lesions
- ECC

- Survey published in June 2005
- 2007 next survey to include EHS and HS children

1,673 HS children (20% enrolled) were screened.

- 53% have family dentist
- 65% Medicaid dental insurance
- 37% history of disease
- 29% untreated disease
- 8% treatment urgency
- 38% white spot lesions
- ECC data N/A
### Strategy: Collaboration

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|                       | Expand network of national, state and community based partners interested in improving and promoting the oral health of EHS/HS children and their families | - Participate in national, regional and local conference calls and training sessions  
- Communicate regularly with the Region I HS OH consultant  
- Participate in MA Head Start Collaborative Advisory Committee meetings  
- Meet with other key MA stakeholders (right) to update and request input for implementation of state action plan | MA Head Start Partners include:  
- MDPH, Office of Oral Health  
- MA Head Start Collaborative Office  
- Region I ACF/Head Start Office  
- Region I Head Start Oral Health Consultant  
- Region I Head Start Health Specialist  
- MA Head Start Grantees  
- Dental Service of Massachusetts  
- Tufts Dental Facilities/Community Outreach Program  
- Boston University Dental School  
- Commonwealth Adolescent Mobile Oral Health Services Program  
- Massachusetts Dental Society  
- Massachusetts Dental Hygienists’ Association  
- Massachusetts League of Community Health Centers | Quarterly or as needed | - 100% EHS/HS children establish and maintain oral health  
- 100% EHS/HS children are assessed by a dentist upon enrollment and receive the necessary preventive and treatment services recommended  
- 100% EHS/HS children have a continuous source of comprehensive oral health care services |
### Strategy: Disease Prevention and Dental Caries Management

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<tr>
<td><strong>Performance Standards</strong></td>
<td>Increase Access to EPSDT Oral Health Related Services among all EHS and HS Children</td>
<td>• Establish system for grantees to track oral health assessments and referrals of EHS/HS children by PCPs</td>
<td>• Tracking system TBD</td>
<td>• Tracking system TBD</td>
<td>• Improved oral health status of all EHS/HS children TBD by oral health care provider</td>
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<td>Increase % of EHS/HS children who receive an oral health assessment, risk assessment, fluoride information, fluoride assessment and referral to dentist during well child PC visit</td>
<td>• Establish a mechanism for the delivery and reimbursement of preventive OH services (fluoride varnish) within the well child PC visit</td>
<td>• Expand Tufts On-site Community Prevention Program to include all HS Grantees who wish to provide on-site screening, prophylaxis, and fluoride varnish to HS children</td>
<td>• Onsite services established in December 2003</td>
<td>• Increased % of HS children who receive preventive and treatment services</td>
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<td>Increase % of HS children who receive a yearly dental examination by a dentist</td>
<td>• Develop state regs. regarding fluoride varnish application in public health settings</td>
<td>• Expansion</td>
<td>• Expansion Ongoing</td>
<td>• Increased % of HS children with a family dentist</td>
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<td></td>
<td>Increase % of EHS/HS children who receive preventive oral health services</td>
<td>• Collaborate with MA Chapter of AAP &amp; MassHealth to establish protocol and reimbursement mechanism for fluoride varnish applications in pediatric PC settings</td>
<td>• Ongoing</td>
<td>• Ongoing</td>
<td>• Decreased % of HS children with untreated dental disease</td>
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<td>Increase % of EHS/HS children who report having a private family dentist/dental home</td>
<td>• Decreased % of children with urgent dental needs</td>
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- Using data obtained from 2004 HS Oral Health Survey in MA as baseline:
  - Decreased prevalence of dental disease among EHS and HS children
  - Decreased % of HS children with untreated dental disease
  - Decreased % of children with white spot lesions
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| • Collaborate with MDS to link HS children to a *private dentist*  
  • Assess access to CWF and assure access to fluoride supplements if determined at risk | • Expand CAMOHS Program to include all HS Grantees who wish to provide on-site comprehensive oral health care services to HS children |   |
## Strategy: 100% Access to Oral Health Care Services – The Dental Home

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<td></td>
<td>Increase % of EHS/HS children who have access to a dental home</td>
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<td>Increase HS Parents’ and Caregivers’ awareness of importance/ability to obtain dental care services for their child</td>
<td>Adopt a Smile (mentoring/case management program in collaboration with MDHA)</td>
<td>• Establish a statewide network of dental hygienists who will adopt a HS family and provide oral health education, support and liaison services to the dental community</td>
<td>• RDH will assist HS parents/caregivers in recognizing the importance of, and obtaining a continuous source of dental care for their child</td>
<td>Three home visits per year</td>
<td>• HS parents will recognize the importance of routine dental care services</td>
<td>• 100% EHS/HS children establish and maintain oral health</td>
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<td>Increase number of dental providers willing to treat EHS/HS children</td>
<td>Give Kids A Smile</td>
<td>Collaborate with MDS and the GKAS campaign to increase access to treatment services for underserved EHS/HS children</td>
<td>Yearly campaign</td>
<td>• Ongoing</td>
<td>• 100% EHS/HS children have a continuous source of routine comprehensive oral health care services</td>
</tr>
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- HS Performance Standards
- Healthy People 2010
- MCHB National Performance Standards
- RDH = Registered Dental Hygienist

July 2005
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<tr>
<th>HS Performance Standards</th>
<th>Healthy People 2010</th>
<th>MCHB National Performance Standards</th>
<th>Increase Capacity of Dental Safety-net</th>
<th>Community Health Centers</th>
<th>Expand capacity of Community Health Center dental clinics and School Based Health Center dental clinics to serve EHS/HS and preschool aged children</th>
<th>Annually</th>
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<td>Increase capacity of on-site dental services to include all HS locations desiring on-site dental treatment services</td>
<td>Commonwealth Adolescent Mobile OH Services Program (CAMOHS)</td>
<td>Expand system of on-site services to include all grantee locations wishing to provide continuous/routine oral health services to HS children</td>
<td>Monthly</td>
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The Massachusetts Head Start Oral Health Initiative – July 2005 Update

The Head Start Oral Health Initiative has accomplished many of the objectives outlined in the Massachusetts Head Start Oral Health Action Plan. These objectives include:

1) to conduct a statewide oral health survey of HS children to assess oral health status and access to prevention and treatment services, and publish report; (competed June 2005);
2) to develop a Massachusetts Head Start and Early Head Start Oral Health Action Plan;
3) to increase awareness among Head Start parents/caregivers about the importance of oral health and its link to overall health and development; (ongoing);
4) to increase oral hygiene knowledge and skill among parents and young children; (ongoing);
5) to increase oral health knowledge among HS and EHS staff and other early childhood non-dental professionals; (ongoing);
6) to increase the percentage of Head Start children who receive routine preventive dental services; (% has been increased; ongoing);
7) to increase the percentage of Head Start children with a dental home (continuous source of oral health care services); (% has been increased; ongoing)

Statewide Oral Health Survey
In FY’04 and FY’05, the Office of Oral Health in collaboration with Massachusetts Head Start Grantees, Head Start Collaborative Office, Delta Dental Plan of Massachusetts and ASTDD conducted the first statewide oral health survey of HS children in Massachusetts. From December 2003 to June 2004, 1,673 Head Start children received oral health screenings as part of this statewide effort. In June 2005, the Massachusetts Head Start Association in collaboration with the Massachusetts Oral Health Collaborative published the results. The report of the 2004 Oral Health Survey of Head Start Children in Massachusetts reveals that 37% of Massachusetts
Head Start children between the ages of 3 and 5 have experienced dental disease, 29% have untreated observable disease, 8% have urgent unmet needs, and 38% have white spot lesions or decalcification, which represents the early stages of dental decay on their primary teeth. The report further reveals that only 53% of parents of Head Start children report having a dentist for their child. These survey results demonstrate two major needs among Massachusetts’ Head Start children: 1) lack of sufficient preventive services; and 2) lack of access to necessary dental care.

State Action Plan


Oral Health Education

In an effort to address Objectives 3, 4 and 5, noted above, the Office of Oral Health partnered with the Massachusetts Dental Hygienists Association to develop an oral health education program for EHS/HS Grantees and their families. The Adopt a Smile program is a mentoring program in which volunteer dental hygienists ‘adopt’ an EHS or HS family to provide oral health
education, technical assistance and anticipatory guidance. During the home visit, dental
hygienists provide oral health education including proper nutrition, the benefits of fluoride
(toothpaste, professional treatments, vitamin supplements etc.) and proper oral hygiene
techniques to parents and children. Other topics such as the importance of routine dental visits
and the effectiveness of dental sealants on permanent teeth are also discussed. Parents learn how
to recognize normal tooth development, healthy oral conditions and early signs of dental disease.
The pilot program will train the first dental hygienists in July 2005.

Access to Prevention

Recognizing the access barriers to oral health care services for Head Start children in
Massachusetts, the Office of Oral Health facilitated the development of an oral health services
network between the Massachusetts Head Start Grantees and the dental community. The
program has several components providing onsite oral health services as well as education to all
Head Start children and staff. Prevention and treatment services are available to all interested
HS Grantees and those HS children who are unable to access dental services. The Tufts Dental
Facilities Community Outreach Program provides onsite preventive services (prophylaxis and
fluoride varnish) to HS and EHS children. In FY’05, thirty-nine (39) individual Head Start sites
participated and over 1,100 children were served.

Access to Continuous Source of Oral Health Care Services

In November 2004, the prevention program noted above expanded its service capacity by
partnering with the Commonwealth Adolescent Mobil Oral Health Services Program
(CAMOHS) to provide on-site restorative and other follow up services. To date, over fifteen (15)
program sites have participated. In addition, school-linked services are being coordinated in conjunction with the Massachusetts Dental Society’s Give Kids a Smile Campaign, which is ongoing throughout the year and the Massachusetts’ dental safety net.

**Trends, Significant Problems and Constraints**

Despite these broad efforts and the increase in services more still needs to be done. Many HS children still have unmet dental needs. Time and budgetary restraints under current funding only allows for a fifteen-hour work week commitment for program coordinator. This time frame prohibits the availability of oral health technical assistance required to meet the demands of the numerous Head Start agencies throughout Massachusetts and fully develop the aforementioned program components. The Office of Oral Health will continue to expand public and private collaborative activities to support these program efforts.