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

National Significance	Objective	Tools/Activity	Descriptions	Timetable	Qualitative Outcomes	Quantitative Outcomes
	Increase oral health awareness and knowledge among:	**Oral health education and training sessions**				
• Head Start Performance Standards • Healthy People 2010 • MCHB National Performance Standards	**Head Start Staff and Administrators**	• *Basic Screening Survey* (BSS) • *Embracing Our Future* video • *Open Wide Modules and Presentations* Topics to include: • OH and risk assessment • Fluoride assessment/ supplemental use of fluorides • Disease disparities/cultural diversity • Collaborating w/dental community	• 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 • All 31 HS Health Managers will receive oral health training in *Open Wide* and *BSS* • Follow-up sessions by request • *Open Wide* Modules for new staff training • OHHSC will provide oral health updates at quarterly HM meetings	• Pre/post test surveys to assess competencies and understanding of distinct cultural issues • All children living in non-fluoridated community will have access to fluoride supplements • All screeners will be calibrated to assess oral health status based on the BSS	• Year 1: 15 (50%) grantees will be trained • Year 2: (100%) Additional 16 grantees will be trained

Strategy: Education and Training

National Significance	Objective	Tools/Activity	Descriptions	Timetable	Qualitative Outcomes	Quantitative Outcomes
	Increase Oral Health Awareness and Knowledge Among:	Oral Health Education/Skill Building re:				
• HS Performance Standards • Healthy People 2010 • MCHB National Performance Standards	**Non-dental child health care (CHC) providers**	• *Basic Screening Survey* (BSS) • *Embracing Our Future* video • *Open Wide* 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	Solicit "champion" to provide training to colleagues at Grand Rounds or monthly assoc. meetings Training provided will: • Increase awareness of oral health, disease transmission and prevention, and caries management • Train providers to recognize early disease (white spot lesions) and ECC • Train providers to teach daily oral hygiene to parents/caregivers • Provide information on diet/bottle feeding • Promote routine dental care beginning at age 1 • Promote fluorides/ Chlorohexidine rinses	• Training beginning in October 2005 • By-yearly Training sessions	• Non-dental child health providers will become aware of the oral health and oral disease conditions affecting young children • Pre/post test surveys to assess knowledge • See Descriptions (left)	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

National Significance	Objective	Tools/Activity	Descriptions	Timetable	Qualitative Outcomes	Quantitative Outcomes
	Increase Oral Health Awareness and Knowledge Among:	Oral Health Education/Skill Building re:				
• HS Performance Standards • Healthy People 2010 • MCHB National Performance Standards	**OB-GYN health care providers**	Develop presentation for OB-GYN community. Information to include: • 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	Solicit "champion" to provide training to colleagues at Grand Rounds or monthly assoc. meetings Training provided will: • Promote fluorides/ Chlorohexidine Rinses • Promote oral health/care during pregnancy • Promote infant oral health/care	• Spring 2006	TBD	TBD

Strategy: Oral Health Surveillance of EHS/HS Children

National Significance	Objective	Tools/Activity	Descriptions	Timetable	Qualitative Outcomes	Quantitative Outcomes
	Assess oral health status and access to oral health care services among HS children					
• Performance Standards • Healthy People 2010 • MCHB National Performance Standards		Conduct statewide oral health survey of HS children Partners include: • MDPH/OOH • MHSA • MHSCO • Region I ACF • Delta Dental Plan of MA • MDS • MCPHS/Forsyth • MDHA	Using the BBS, a statewide representative sample of HS will be screened. Measures include: • Family dentist • Dental insurance • Hx of disease • Untreated disease • Treatment urgency • White spot lesions • ECC	• Survey completed in 2004 • Report published in June 2005 • 2007 next survey to include EHS and HS children	• Effective statewide collaborative effort	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

National Significance	Objective	Tools/Activity	Descriptions	Timetable	Qualitative Outcomes
	Expand network of national, state and community based partners interested in improving and promoting the oral health of EHS/HS children and their families				
• Performance Standards • Healthy People 2010 • MCHB National Performance Standards	**Increase collaborative activities aimed at promoting oral health and increasing access to care for all EHS/HS children**	• 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

National Significance	Objectives	Tools/Activity	Descriptions	Timetable	Qualitative Outcomes	Quantitative Outcomes
	Increase Access to EPSDT Oral Health Related Services among all EHS and HS Children					
• Performance Standards • Healthy People 2010 • MCHB National Performance Standards	**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*** **Increase % of HS children who receive a yearly dental examination by a dentist** **Increase % of EHS/ HS children who receive preventive oral health services** **Increase % of EHS/ HS children who report having a private family dentist/dental home**	• Establish system for grantees to track oral health assessments and referrals of EHS/HS children *by PCPs* • Establish a mechanism for the delivery and reimbursement of preventive OH services (fluoride varnish) within the well child PC visit • Establish a system for grantees to track oral health examinations and preventive services by *oral health care providers* • Establish and expand *on-site dental preventive services* for HS children who do not have access to a family dentist	• Tracking system TBD • 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 • Develop state regs. regarding fluoride varnish application in public health settings • Collaborate with MA Chapter of AAP & MassHealth to establish protocol and reimbursement mechanism for fluoride varnish applications in pediatric PC settings	• Tracking system TBD • Onsite services established in December 2003 • Expansion Ongoing • Ongoing	• Tracking system TBD • Improved oral health status of all EHS/HS children TBD by oral health care provider • Increased % HS children who receive preventive and treatment services • Increased % of HS children with a family dentist	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 HS children with urgent dental needs • Decreased % of children with white spot lesions

		• 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

National Significance	Objective	Tools/Activity	Descriptions	Timetable	Qualitative Outcomes	Quantitative Outcomes
	Increase % of EHS/HS children who have access to a dental home					
	Increase HS Parents' and Caregivers' awareness of importance/ ability to obtain dental care services for their child	*Adopt a Smile* (mentoring/case management program in collaboration with MDHA) • 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	• RDH will assist HS parents/ caregivers in recognizing the importance of , and obtaining a continuous source of dental care for their child	• Three home visits per year	• HS parents will recognize the importance of routine dental care services • HS parents will be empowered to obtain dental services for their child	• 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 routine comprehensive oral health care services
• HS Performance Standards • Healthy People 2010 • MCHB National Performance Standards	**Increase number of dental providers willing to treat EHS/HS children**	• *Give Kids A Smile* Private Dentists • Regular meetings with MDS and district dental societies regarding access to care for EHS/HS children	• Collaborate with MDS and the GKAS campaign to increase access to treatment services for underserved EHS/HS children • Collaborate with MDS and district dental societies to establish regional/community network of dental providers willing to assist HS Grantees and treat EHS/HS children on a continuous basis	• Yearly campaign • Ongoing		

• HS Performance Standards • Healthy People 2010 • MCHB National Performance Standards	**Increase Capacity of Dental Safety-net**	Community Health Centers • Attend and present at Massachusetts League of CHC Dental Directors' meetings • Attend and present at SBHC NP meetings	• Expand capacity of Community Health Center dental clinics and School Based Health Center dental clinics to serve EHS/HS and pre-school aged children	• Annually		
• HS Performance Standards • Healthy People 2010 • MCHB National Performance Standards	**Increase capacity of on-site dental services to include all HS locations desiring on-site dental treatment services**	Commonwealth Adolescent Mobile OH Services Program (CAMOHS) • Continue to meet with CAMOHS Director	• Expand system of on-site services to include all grantee locations wishing to provide continuous/routine oral health services to HS children	• Monthly		

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. 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

The Massachusetts Head Start Oral Health Action Plan is the product of a series of activities, which began with the two state oral health forums in the fall of 2003, several meetings of stakeholders and the 2005 published results of a statewide oral health survey of HS children. Upon reviewing the results of the *2004 Oral Health Survey of Head Start Children in Massachusetts*, the Office of Oral Health re-assessed, refined and completed the Massachusetts Oral Health Action Plan for HS and EHS Children. The three major components of the State Action Plan include: Education, Prevention and Access to Care. A copy of plan may be viewed on the ASTDD website: www.astdd.org.

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.