

ORAL HEALTH ACTION PLAN

Sponsored by: Illinois Head Start Association
1903 E. Forestview Drive, Mahomet, IL 61853

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and HRSA Maternal and Child Health Bureau

PARTNERS

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ILLINOIS DEPARTMENT OF PUBLIC HEALTH, DIVISION OF ORAL HEALTH
**Illinois Oral Health Action Plans for
Head Start/Early Head Start Children
2002**

VISION: *“To create an integrated community-based service delivery system of oral health care for young children enrolled in Head Start/Early Head Start, with an adequate supply of dental providers to meet the need.”*

Although Illinois has made huge strides in improving oral health for low-income families, Head Start/Early Head Start (HS/EHS) children continue to experience problems in accessing dental health services. Based on the 2001 Head Start Program Information Report (PIR) data, 86% of the children received dental health screenings. Of these children, 24% of them were diagnosed as needing follow-up treatment; however, only 16% of the ones diagnosed received follow-up/treatment for oral health care. This disparity shows why we needed to develop a plan to assure dental treatment services for these children.

During August and September of 2002, the Illinois Head Start Association and State Collaboration Office brought together key decision makers, state agencies, advocacy groups, HS/EHS grantees and other stakeholders. The purpose of these meetings was to identify barriers, discuss solutions and build support for improving oral health services for children enrolled in HS/EHS throughout Illinois.

Over 50 participants attended the planning meetings held in five (5) different locations around the state. The issue of oral health access for these children is complex and challenging. These meetings gave participants an opportunity to look at oral health services statewide and to identify action steps to address barriers. The barriers identified by the members of the planning meetings affirmed those that have been prevalent in the field such as:

- **Lack of private practice dentists who serve young children.**
- **Lack of pediatric dentists for young children or children with special needs.**
- **Shortage of providers in areas where extensive treatment is needed - oral surgeons and other oral health specialists for young children are located two to four hours away from some communities.**
- **Fewer dentists than in the past accept children covered by Medicaid.**
- **The number of dental schools in the state has decreased by three within the past 5 years. There are now only two dental schools in the state.**
- **Fewer dentists opt to practice in underserved areas where Head Start programs are located.**
- **Lack of federal and state legislation to increase Medicaid reimbursement rate.**

Furthermore, access to dental services is compromised by insufficient capacity of safety net dental clinics, inadequate referral and tracking mechanisms, and inadequate funding, creating a lack of “dental homes and wrap around services.”

KEY ELEMENTS

- 1. Educate and change the Head Start/Early Head Start (HS/EHS) community’s perceptions regarding oral health and disease so that oral health becomes an integral part of general health.**

Action Step A. Encourage all HS/EHS programs to include oral health curricula in their daily schedule that is developmentally appropriate for young children. Curriculum should include activities and learning experiences that develop good oral health habits.

Approach – Encourage HS/EHS programs to implement user friendly, developmentally appropriate oral health curricula that includes prenatal care and other activities for use in

the classroom and with parents. Implement dental health activities during a specific Dental Health Week as part of the curriculum. Collaborate with public health department dental consultants for curriculum ideas, posters, and other materials. (See IDPH-oral health consultants)

Action Step B. Educate families, local oral health providers, the general public and decision makers about the effects oral health have on the overall health of young children. Emphasize prevention of early childhood caries, oral health issues for pregnant moms, removal of fear and misconceptions about going to the dentist, and behaviors that promote good oral health such as, daily oral hygiene, routine dental check-ups, nutrition, injury prevention, oral ramifications of birth defects and proper use of fluoride.

Approach – Promote media participation to educate people about the disparities in access. Write letters and educate state legislators about oral health access and funding issues. Inform the general public about the need for preventive and primary dental care. Provide parents with case management services regarding the importance of making and keeping appointments. Conduct local Health Fair’s in February to recognize Oral Health. Print articles on oral health in program newsletter. Invite local dentist to present a workshop at monthly parent meetings.

Action Step C. Develop partnerships with local dentists, dental schools and dental hygienists for “cross-sharing” of training, technical assistance and materials regarding oral health issues and young children.

Approach – Encourage collaboration between private & public sectors to support linkages among education, access, health promotion and caries prevention strategies.

2. *Assist the State of Illinois in developing an effective oral health infrastructure that includes Head Start/Early Head Start (HS/EHS) families.*

Action Step A. Support state effort to increase Medicaid funding to raise reimbursement rates to a minimum floor of 75 percent of the 50th percentile of fees charged by private dental practices.

Approach – Advocate for and encourage the legislature to pass legislation that increases the current reimbursement rate for Medicaid recipients. Invite legislators to visit HS/EHS sites and parent meetings.

Action Step B. Support dental associations in lobbying for tax credits for serving low-income & rural families.

Approach – Advocate for and support efforts in local communities to allow dentists serving low-income and rural families to receive tax credit, exemptions, and loan forgiveness.

Action Step C. Develop leadership and ensure that Head Start/Early Head Start is represented at both the state and local level on planning groups/committees that address health/oral health issues.

Approach – Explore ways to establish training for staff and parents on oral health issues. Work with the Quality Improvement Center (QIC) to design a dental screening initiative to teach staff how to perform initial dental screenings on children. Encourage health managers to attend local Dental Society & other dental group meetings and invite local

dentists to serve on Health Services Advisory Committees. Offer to attend local meetings to discuss HS/EHS services for low-income families.

Action Step D. Collaborate with the Illinois Department of Health –Oral Health Division and others in gathering data and maintaining tracking systems to determine oral services provided for children enrolled in HS/EHS.

Approach - Review oral health forms used by Medicaid program to determine their adaptability for use by HS/EHS. Share dental services data base information from the annual Program Information Report (PIR) with the IDPH-Oral Health Division. Use computer technology to integrate information for a full report by county.

3. *Remove known barriers between young children and oral health services.*

Action Step A. Empower parents to make positive decisions regarding oral health care services for their children. Provide oral health education for parents/guardians.

Approach – Collaborate with WIC and other health professionals in developing and distributing informational packets for parents about good dental health practices. Invite Women, Infant & Children (WIC) and community health professionals to parent trainings and meetings to share information on oral health and sound preventive practices. Assist parents in making dental appointments, keeping appointments and following dentist instructions. Ensure that Family Service Workers provide case management for families regarding dental care.

Action Step B. Partner with other community agencies to increase oral health services in underserved communities and for children with special needs.

Approach – Facilitate local community meetings and invite dental and other health providers (e.g. pediatricians, obstetricians & nurses) to attend and participate in community needs planning around oral health issues. Partner with Special Care Dental Association, oral health advocacy groups and Child Care Resource & Referral Nurse Consultants. Facilitate enrollment of children in KidCare so that more children are eligible for Medicaid services.

Action Step C. Increase the access to appropriate oral health services for children enrolled in Head Start/Early Head Start.

Approach – Partner with dental and dental hygienist students to ensure that they recognize and understand the oral health needs of pregnant women, new moms, and young children. Replicate models used in other programs (i.e., mobile dental units, recruit retired dentists, etc.). Market HS/EHS programs within the community to recruit dentists/dental hygienists to provide services for children with a medical card or who are uninsured/underinsured at a reduced cost. Endorse efforts to pass legislation to allow general supervision of dental hygienist to increase access to preventive oral health services.

Action Step D. Implement strategies to create resources to pay for dental services for children who are uninsured or underinsured.

Approach – Educate legislators about the need to increase the Medicaid reimbursement rate so that more dentists will accept the children who have medical cards. Write proposals for grants that are targeted for oral health services for low-income children. Contact other social service agencies that may financially support oral health services for young children who need extensive services.

4. *Complete a statewide oral health needs assessment for Head Start/Early Head Start grantees.*

Action Step A. Develop an oral health needs assessment tool to collect data on statewide oral health services (strengths and areas of need) that will serve as a baseline for providing services and for determining progress toward oral health care for all HS/EHS children in the State.

Approach - Establish a committee of 5 to 10 oral health leaders from HS/EHS programs in the state who will design a comprehensive and informative survey instrument. Include all entities that may provide dental services for young children. (e.g., emergency rooms, pediatric & general dentists, public & private dental clinics, etc.). Include oral health services provided for children with special needs. Use data from the Head Start Program Information Report (PIR), information from IDPH-IPLAN tracking system and IDHS Maternal Child and Health Services.

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The following individuals attended one of the planning meetings and made recommendations for this document. Their contribution is to be commended and is very much appreciated by the Head Start/Early Head Start community.

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