

Iowa Head Start/Early Head Start Oral Health Forum Summary Report

The Iowa Head Start/Early Head Start Oral Health Forum was held on April 17, 2003, in Newton, Iowa. Approximately 50 participants, representing Head Start, public health, state agencies, and dental professionals, gathered to discuss the current status of oral health among Head Start children in Iowa, and to develop recommendations and action plans to address identified needs.

Georgia Sheriff, President of the Iowa Head Start Association, welcomed the participants and described the four outcomes of the Forum:

- Increased collaboration
- Increased public awareness of need and prevention
- Increased successful advocacy
- Increased resources

She then introduced Marcia Manter of Community Development Institute to discuss the Association of State and Territorial Dental Directors (ASTDD) Task Force project. She also thanked MCHB and HRSA. Dr. Mike Kanellis of the University of Iowa then presented, "The State of Oral Health Care for Young Children and Their Families in Iowa." Following Dr. Kanellis was a panel presentation on "Models and Emerging Issues in Prevention" featuring Hayley Harvey, DDS; Mary Kelly, RDH; Mary Buchholz and Kristi Engstrom. The facilitator for the forum was Mary Baskett of MarketPLAN Associates in Shawnee, Kansas.

Recommendations by Outcome

Participants then met in mixed groups to address the Forum outcomes. Each group identified the current status in their topic area, key challenges to be addressed, and then developed recommendations, as follows:

Increased Collaboration

1. Identify alternative funding to pay for oral health services – Title V (Maternal Child Health), ABCD, Proteus, Head Start, Billing Medicaid (including payment for treatment with dentists and paying dental hygienists for screenings.)
2. Improve training opportunities for healthcare professionals, as well as improving retention and loan repayment options.
3. Identify advocates or advocacy opportunities – collaboration with state, legislators, healthcare professionals, professional organizations (IDA), empowerment.

Increased Public Awareness of Need & Prevention

1. Design a consumer marketing campaign to increase the public awareness of public health as an entity representing the health of the entire community and to integrate oral health as a component of holistic health.
2. Increase involvement of health care community in oral health education and referrals and add preventative oral health curriculum to the preparatory education of public health and the general health community.
3. Develop an advocacy advisory relationship with insurance companies and use Delta Dental as a dental champion for children.

Increased Successful Advocacy

1. Use ABCD model to educate families “how to be a good dental health consumer.”
2. Increase public awareness of demand for preventative services for poor children (press kit). Increase awareness of need for expanded services by hygienists (talking points).
3. Increase dentists’ awareness of need for infant care at 1 yr. (work with IDPH) – dental advisory group) (EPSDT Registry).

Increased Resources

1. Educate families regarding keeping appointments or canceling visits to insure availability of providers.
2. Access community colleges to utilize dental residents and dental hygiene students to provide education and dental care for children who have no access to care.
3. Tie in oral health concerns with other health issues in regard to diet, health care issues such as diabetes, obesity, dental decay.

After lunch, participants worked in professional groups (Head Start, public health, dental professionals and state agencies) to develop action plans. Each group was asked to identify the three recommendations from the morning roundtables which they believed to be most critical or most immediate. The action plans are presented on the following pages.

The recommendation addressed by all four groups was the development of a consumer marketing/public awareness campaign to educate people on the importance of prevention through simple, consistent and repetitive messages. Other common themes included:

- increasing awareness and utilization of resources currently available through state agencies, community colleges and other professional programs;
- integrating oral health into overall approaches to health (prevention, service delivery, etc.);
- seeking alternative funding and additional reimbursement for dental services.

A follow up meeting is scheduled for Wednesday, August 28. The contact person is Tom Rendon, Iowa State Collaboration Director (tom.rendon@ed.state.ia.us).

ACTION PLAN

PROFESSIONAL GROUP: State Agencies

Recommendations to Be Addressed:

1. Identify alternative funding
2. Design a consumer marketing campaign.
3. Increase awareness of state resources available.

ACTION STEPS	Point Person	Target Date	Measures of Success
Utilize state Head Start health consultant to create matrix identifying MCH/WIC and HS linkages.	Rita Ann Carpenter		
At state level, continue to educate MCH and WIC contractors about how they can work with Head Start.	Oral Health Bureau		Improved collaboration between MCH/WIC and HS
Continue to revise interagency agreement at state level to improve MCH/WIC/HS linkage (i.e., who can provide dental screenings, when, etc.)	Jan Steffen Rita Ann Carpenter		Uniform standards regarding oral health for HS in Iowa
Identify possible sources of funding for marketing opportunities (Carver?)	?		
Work with HCCI, IHSA to create advocacy instructions/packets using available NCEMCH information/materials for distribution to legislators, physicians, schools, empowerment	Georgia, Kim Tichey, Rita Ann		
Educate public health folks on available resources from state—work through IHSA	Tom, Delora, Sara, Tracy		
Investigate additional funding to pay for resources (Delta Dental)	Oral Health Bureau		Increased number of resources available
Create listserv	Mike Kanellis		Improved communication

ACTION PLAN

PROFESSIONAL GROUP: Public Health

Recommendations to Be Addressed:

1. Increased involvement of health care community in oral health education and referrals; add preventative OH curriculum to the preparatory education of PH and the general health community.
2. Access community colleges to utilize dental residents/dental hygiene students to provide education and dental care for children who have no access to care.
3. Design a consumer marketing campaign to increase public awareness of PH as an entity representing the health of the entire community. . .also tying in oral health concerns with other health issues (diet, health care issues, etc.)

ACTION STEPS	Point Person	Target Date	Measures of Success
Invite community members (RDH, DDS, MD, CC, pharmacists, clinical personnel) to HAC meetings for input. project planning to better meet dental needs.			
Educate professionals at health advisory boards. Advocate for curriculum change in college programs—DDS, RN, SW. Present facts to dentists at HAC with statistics.			
Ask for community involvement of RDH/DDS students (ABCD?); ask students to share back to their practice; ask to utilize facilities for dental clinics after hours.			
Develop repetitive messages that are clear, simple and truthful, including a “message for the month or quarter”; advertise to all people wherever they are; Arm the public for demanding oral health care.			

ACTION PLAN

PROFESSIONAL GROUP: Dental Professionals

Recommendations to Be Addressed:

1. Advocate for more money for dental services (insurance companies, legislators, professional organizations).
2. Educate on the need/demand for preventive services.
3. Expand the ABCD model.

ACTION STEPS	Point Person	Target Date	Measures of Success
Educate state insurance associations on a dental prevention model vs. a medical treatment model.			
Contact legislators through e-mail.			
Educate on age 1 dental visits (AAP, AAPD); Utilize statistics to increase demand for preventive services (e.g., 51 million school hours missed/year due to tooth pain); use media (newspaper, television)			
Influence dental school curriculum to start teaching dentists early about serving young children. Focus dental continuing education on pediatrics.			
Promote auxiliaries working with young children (1-3 years)			
Have all practices use the ABCD mentality.			

ACTION PLAN

PROFESSIONAL GROUP: **Head Start**

Recommendations to Be Addressed:

1. Develop successful marketing campaign in the community to promote the importance of dental care by age 1 and the relationship of oral health to learning and overall good health
2. Educate families about the importance of oral health.
3. Tie in oral health concerns with other health issues such as diet, diabetes, obesity, etc.

ACTION STEPS	Point Person	Target Date	Measures of Success
Contact local colleges (graphic design and marketing classes) to develop advertising that is professional and effective regarding OH issues, so message is consistent .			
Each Head Start develop ways to tap into advertising in local communities after ads are produced.			
Distribute ads to collaborative groups in the community, such as WIC, schools, hospitals, dental offices, physician offices.			
Implement dental prevention curriculum with families, including importance of dental health, keeping appointments, dental home, having insurance and understanding coverage.			
Collaborate with/implement ABCD model; collaborate with Hawk-I and Title XIX.			
Develop a parent packet to educate families, using a panel of physicians, dentists, special needs professionals, dietitian, PH nurse		12/03	Increased awareness of oral health and how it affects whole person; less absence, dropouts, behavior problems

