

**OPTIMUM ORAL HEALTH FOR  
CHILDREN WITH SPECIAL HEALTH CARE NEEDS  
ORAL HEALTH KANSAS AND PARTNERS**

---

---

**BACKGROUND:**

In 2000, Kansas Head Start Association launched a long-term oral health initiative in partnership with its 29 programs, and in 2003 the association conducted a two-year demonstration project designed to prevent dental decay in infants and toddlers enrolled in Early Head Start. However, none of these activities were specifically devoted to children with special needs.

Therefore, in December 2005, KHSA implemented a planning grant from American Academy of Pediatrics to explore the challenges, needs, and opportunities regarding optimum oral health for children with special health care needs (CSHCN). That session, which was based in Wichita, Kansas, attracted twenty-five participants, representing special needs and health staff from the public school, pediatric physician and nurses focusing on children with special needs, and state government staff responsible for programming and monitoring services for CSHCN. As part of a needs assessment, more than thirty specialists – nurses, speech/language therapists, occupational therapists – participated in an electronic survey; they identified the need for formal oral health education for themselves and families. In addition, Oral Health Kansas conducted electronic and paper surveys of parents of children with special needs. Their responses confirmed the need for education and training about the variety of ways to prevent oral disease.

The Wichita/AAP planning session identified three major strategies designed to ensure optimum oral health for CSHCN. They are in order of priority: 1) provide knowledge and skills on preventing oral disease for all education and health professionals serving CSHCN; 2) build the skills of parents of CSHCN to maintain their children's optimum oral health; 3) establish a system of communication and coordination – such as an oral health liaison -- between parents/caregivers of CSHCN and dental providers to ensure safe and responsive oral health services; 4) incorporate services for CSHCN into Kansas' emerging expanded oral health delivery system.

When Association of State and Territorial Dental Directors (ASTDD) Grant became available, Oral Health Kansas and Kansas Head Start Association began a dialogue with Kansas Office of Oral Health about oral health services for CSHCN. Oral Health Kansas chose to apply for ASTDD's grant funds in order to involve more people from all parts of the state as well as additional state agency and association staff. To prepare for the all-day planning session, participants had the opportunity to review Dr. Paul Casamassimo, Chief of Dentistry at Columbus Children's Hospital, findings about the oral health system barriers for children with special needs, as well as findings from Wichita planning and survey results. The report of the session follows in Appendix A.

## **OVERALL FINDINGS FROM NATIONAL AND STATE ASSESSMENTS TWO CSHCN PLANNING SESSIONS**

---

To aid in setting goals to reach the vision of optimum oral health, participants identified these assets and issues. These will support a strong foundation to implement the goals and strategies.

- ◆ **Office of Oral Health: A newly developed state agency coordinating its agenda with oral health strategies being developed by other state agencies and organizations**
- ◆ **Oral Health Kansas: A strong statewide coalition generating advocacy, leadership, funding**
- ◆ **More than twenty private practice dental offices that serve CSHCN and willing to foster the development of other dental practices to serve CSHCN**
- ◆ **An emerging statewide system of safety-net clinics as dental hubs**
- ◆ **Emerging Advanced General Dentistry Education Program beginning in 2008**
- ◆ **Community prevention/early identification services through RDH Extended Care Permits**
- ◆ **Office of Oral Health is building the competence of pediatric and family practice offices to determine children's oral health status, educate parents, and apply fluoride varnish**
- ◆ **Well organized family education and advocacy statewide program from Families Together, Inc and Head Start**
- ◆ **Commitment to optimum oral health by Part C/Kansas Infant and Toddler Program**
- ◆ **State Medicaid office coordinates its planning with Office of Oral Health and Oral Health Kansas**

Kansas will be able to advance its vision of optimum oral health for CSHCN by designing strategies to address these issues:

- ◆ **Most general dentists and dental hygienists do not have the experience or confidence in providing oral health services to CSHCN**
- ◆ **Most dentists serving CSHCN are located in the larger cities, far away from the rural and frontier areas of Kansas**
- ◆ **Physicians and nurses serving CSHCN do not have complete knowledge or skills to address oral health for their patients and families**
- ◆ **Early childhood, school educators and developmental specialists do not have the knowledge, skills, or confidence to provide daily oral hygiene or parent education to CSHCN**
- ◆ **Kansas has not designed nor accumulated materials that specifically present staff and family education for providing daily hygiene care to CSHCN**
- ◆ **Parents know only one decay preventing practice – toothbrushing – and report that valuable oral hygiene practice is difficult to achieve on a regular basis**
- ◆ **Kansas does not have a regular communication strategy to educate key stakeholders such as legislators, state administrative staff, dental and medical professionals, or education professional about oral health for CSHCN**

**OPTIMUM ORAL HEALTH FOR CHILDREN WITH SPECIAL NEEDS  
ORAL HEALTH KANSAS AND PARTNERS LONG-TERM PLAN**

---

After the two planning forums, the deliberations and findings were discussed with directors from Kansas Office of Oral Health (OOH), Oral Health Kansas (OHK), Kansas Head Start Association, Kansas Head Start Collaboration Office, Families Together, Inc., and Kansas Association for the Medically Underserved (KAMU). They recognize that increasing the capability of dental and medical professionals would be a multi-year task. They also agreed that finding and/or producing parent-friendly and culturally competent education materials on oral health for CSHCN might take more resources than can be accomplished in 2007.

They identified these long-range goals to be completed by 2009.

- ◆ Establish optimum oral health for children with special health care needs as a permanent agenda item at Kansas Office of Oral Health and its partners to address systems and access to care, financial models, prevention and education
- ◆ Increase the number of dental professionals providing services to children with special health care needs and their families using existing and developing continuing education organizations and academic programs in Kansas and Missouri.
- ◆ Increase the competence and confidence of parents, caregivers, and educators to ensure that CSHCN maintain optimum oral health

**STRATEGIES TO BE DEVELOPED OVER THE NEXT THREE YEARS:**

1. Create and implement a system of case management services available to children and families needing assistance in finding and building a relationship with dental providers. The goal: to design increased opportunities for children to be served consistent, family-centered oral health offices, responsive to each child's needs for special care.
2. Create and implement ongoing continuing education for dental assistants, dental hygienists, and dentists. The goal: to increase the number of dental offices and community sites that provides consistent, family-centered oral health offices, responsive to each child's needs for special care.
3. Identify or design family and children's oral health educational materials that reflect the special care needs of children with disabilities that call for adaptations in oral hygiene and oral health services. The goal: to increase family participation in maintaining optimum oral health for CSHCN.

**ORAL HEALTH KANSAS  
CSHCN ACTION PLAN FOR 2007**

---

Directors from Kansas Office of Oral Health (OOH), Oral Health Kansas (OHK), Kansas Head Start Association, Kansas Head Start Collaboration Office, Families Together, Inc. agreed on the following actions to be completed in 2007. Complete action planning grids can be found in Appendix B.

1. **Increase the knowledge, skills, and confidence of parents to play a more comprehensive role in keeping their children cavity-free by building on three existing parent education Kansas organizations**
  - ◆ **Kansas will build on a three existing formal systems – Families Together, Inc., Kansas Head Start Association, Kansas University Medical Center Developmental Pediatric Offices -- to educate and support families to increase the family members' capabilities and confidence to maintain optimum oral health for their children, focusing especially on children needing special care because of developmental, emotional, or cognitive challenges**
  
2. **Increase the awareness, knowledge and commitment of key stakeholders to advocate for the oral health needs of children with special health care needs**
  - ◆ **Kansas will publish and distribute a paper on oral health for children with special health care needs that will educate key legislative, agency and association stakeholders and advocate for strategies to maintain optimum oral health for children with special health care needs**

**PARTNERS: KSDE Office of Oral Health, Kansas State Department of Education, Kansas Coordinated School Health, Families Together, Inc. Kansas Individuals with Disabilities Act/Part B & C, Kansas Head Start Association, Kansas Head Start Collaboration Office, Kansas Division of Early Childhood, Kansas Dental Association, Kansas Dental Hygienist Association, Kansas American Academy of Pediatrics, Kansas Parent Information Resource Center, REACH Foundation, Delta Dental of Kansas Foundation, ECHO/university and college faculty in special education, Kansas Special Olympics, Kansas State Interagency Coordinating Council, Kansas Action for Children**

**ACTUAL BUDGET**

<b>Item</b>	<b>Amount of grant funds spent</b>	<b>Amount and source of in-kind or other \$</b>
<b>Family Travel Stipends: 6 family representatives for travel expenses @ \$100. each</b>	<b>0</b> -- (\$100 budgeted but 0 needed)	<b>0</b> --\$500 budgeted by Kansas Head Start Collaboration Office, but 0 needed)
<b>Participant Planning Documents – Pre and Post Planning Reports: Printing for 60 participants</b>	<b>0</b>	<b>\$200.00</b> Kansas Office of Oral Health
<b>Participant Planning Documents: Postage for 60 participants</b>	<b>0</b>	<b>\$100.00</b> Kansas Dental Association
<b>Participant education materials on CSHCN oral health: Lift the Lip video; USC Planning Guide; Special Olympics \$10 per set x 60 participants</b>	<b>0</b> --(\$600 budgeted but not used; materials not necessary)	
<b>Meeting Room in Topeka, complete with audio-visual equipment</b>	<b>0</b>	<b>\$200 value; in-kind contribution of Kansas Social and Rehabilitative Services Conference Center</b>
<b>Project Coordinator: \$ 400 per day for 7 days</b>	<b>\$ 2,800.00</b>	
<b>Project Facilitator: \$500 per day for 3 days; preparation, planning day, and reporting process</b>	<b>\$ 1,500.00</b>	
<b>Post-forum facilitator, to maintain regular communication among partners (e.g. by conference calls) and to keep implementation activities on track (28 hours @ \$25)</b>	<b>\$700.00 (pending approval from ASTDD)</b>	
<b>TOTAL</b>	<b>\$ 5,000.00</b>	<b>\$ \$500.00</b>

## KANSAS 2007 PLANS FOR CSHCN ORAL HEALTH

**Long-term outcome:** Parents of young children needing special dental care will have the knowledge, skills, and oral hygiene supplies they need to maintain their children's optimum oral health.

**Short-term outcome:** Seminar participants will have the knowledge and parent education materials they need to nurture parents' ability to maintain their children's optimum oral health.

**Measurement & Tracking:** Participants will take a pre & post test at seminar, complete back home plans which will be collected and monitored six months after the seminar

<b>ACTION #1: Head Start seminar on optimum oral health for children with special needs</b>	<b>TARGET DATE</b>	<b>PARTNERS/PARTICIPANTS</b>	<b>OUTCOMES</b>
Create a seminar design team of EHS/HS disability and health specialists, along with guidance from dental, pediatric, and developmental specialists	2/07	Kansas Head Start Association, Oral Health Kansas, Kansas AAP, Kansas Division of Early Childhood	Seminar designed: outcomes, measurement and evaluation strategies, target audience, agenda, types of speakers, materials
Engage Kansas state agency partners, family organizations, and Kansas Special Olympics to contribute expertise about early childhood special needs optimum oral health	2/07	Kansas AAP, Kansas Department of Education, Kansas Part B & Part C, Kansas Division of Early Childhood, Families Together, Inc, Kansas Dental Association, Kansas Dental Hygienist Association, Kansas Special Olympics	Funding and suggestions for other resources to support the seminar
Identify a date in late fall, 2007, in harmony with other early childhood and special needs educational programming	2/07	KHSA, OHK	Conference scheduled
Announce the seminar to all EHS/HS programs and selected partners in Kansas	3/07	KHSA, OHK, KDEC, Kansas ICC	Electronic announcement on KHSA and partner websites
Prepare grant proposals, if necessary, to underwrite costs of the seminar; speaker fees, materials, family travel	3/07	KHSA, Oral Health Kansas, Delta Dental of Kansas Foundation, REACH Foundation, Kansas Dental Charitable Foundation, Kansas Head Start Collaboration Office, Office of Oral Health	Seminar participants will have materials and oral hygiene supplies necessary to support parents' knowledge and skill development
Finalize seminar design and evaluation tools, guest speakers, seminar location	4/07	KHSA, Oral Health Kansas	Seminar design is finalized, including agreements with guest speakers, location, participant materials, funding for family travel and guest speakers, family oral health tool kits
Establish seminar registration system; advertise seminar to all EHS/HS programs and partner organizations in Kansas	5/06	KHSA, OHK and partners	Registration is available on KHSA, OHK, and partner websites
Conduct seminar	10-12/07	OHK, KHSA	Participant evaluations and back-home plans document objectives were met

## KANSAS 2007 PLANS FOR CSHCN ORAL HEALTH

Assemble and report on evaluations to design team, sponsors and funders	12/07	OHK, KHSA	OHK, KHSA, funders and partners have a report on feedback from seminar evaluations, back-home plans and pre/post tests
---	-------	-----------	--

**Long-term outcome:** Parents of young children needing special dental care will have the knowledge and guidance they need to maintain their children's optimum oral health.

**Short-term outcome:** Seminar participants will have the knowledge and parent education materials they need to nurture parents' ability to maintain their children's optimum oral health.

**Measurement & Tracking:** Participants will take a pre & post test at seminar, complete back home plans which will be collected and monitored six months after the seminar

<b>ACTION #2: Build the capacity of Families Together and developmental pediatric office staff to incorporate oral health into its services to families</b>	<b>TARGET DATE</b>	<b>PARTNERS/PARTICIPANTS</b>	<b>OUTCOMES</b>
Conduct a dialogue with Families Together staff and Kansas University Medical Center developmental pediatric staff about what their needs are for knowledge and parent materials	2/07	Oral Health Kansas, Families Together, Inc., Kansas AAP, Kansas developmental pediatric offices (Kansas University Medical Center – Kansas City & Wichita), Oral Health Kansas	Participant learning needs will be identified
Create a plan of action and design educational sessions based on Families Together and developmental pediatric offices' operating systems, client/patients needs, and program of work, including staff and parent education and family resource materials	2/07	Families Together, Inc., developmental pediatric offices (Kansas University Medical Center – Kansas City & Wichita), Oral Health Kansas	Staff education sessions designed; parent education materials identified
Identify and collect staff and parent oral health education materials relevant to the ages and special needs of children	/07	National Oral Health Resource Center, National Institute of Dental and Craniofacial Research, Special Olympics/Special Smiles, Special Care Dentistry Association, American Academy of Pediatric Dentistry	OHK will have a list of relevant materials to order for staff and parents
Prepare grant proposals, if necessary, to underwrite costs of the seminar; speaker fees, materials, family travel	3/07	Oral Health Kansas, Delta Dental of Kansas Foundation, REACH Foundation, Kansas Dental Charitable Foundation, Kansas Head Start Collaboration Office, Office of Oral Health	Seminar participants will have materials and oral hygiene supplies necessary to support parents' knowledge and skill development
Design and conduct Families Together staff training; design and conduct developmental pediatric office staff training	3/07 – 4/07	Families Together, Inc., Oral Health Kansas, Rebecca Scott, oral health trainer, Kansas Head Start Collaboration Office	Staff educational sessions conducted in a manner that takes into account staff availability and learning style preferences

## KANSAS 2007 PLANS FOR CSHCN ORAL HEALTH

**Long-term Outcome:** The State of Kansas will increase funding to prevent oral disease in CSHCN; an increased number of children's organizations will advocate for improved oral health services for CSHCN; an increased number of medical and dental practitioners will implement prevention programs throughout the state

**Short-term Outcome:** Key stakeholders will have a policy bulletin documenting the facts, issues, and strategies related to optimum oral health for children and adolescents with special health care needs

**Measurement & Tracking:** Oral Health Kansas will track and report the number of organizations and individuals receiving the policy briefs; OHK will conduct a survey of children and special needs advocacy organizations to determine activities implemented to support increased services related to optimum oral health for children with special health care needs.

<b>ACTION #3: Increase the awareness, knowledge and commitment of key stakeholders of the oral health challenges and needs of children with special health care needs</b>	<b>TARGET DATE</b>	<b>PARTNERS/PARTICIPANTS</b>	<b>OUTCOMES</b>
Develop draft of paper designed to brief key stakeholders	2/07	Office of Oral Health, Kansas American Academy of Pediatrics Kansas Dental Association, Kansas Dental Hygienist Association, Kansas State Department of Education, Kansas State Interagency Coordinating Council	
Publish briefing paper	2/07	Office of Oral Health, Kansas Dental Association, Kansas Dental Hygienist Association, Kansas American Academy of Pediatrics, Kansas American Academy of Pediatric Dentists,	
Distribute briefing paper	4/07	Kansas Office of the Governor, Kansas Senate and House of Representatives, Kansas Dental Association, Kansas Dental Hygienist Association, Kansas American Academy of Pediatrics, Kansas American Academy of Pediatric Dentists,	Key stakeholders will have facts about oral health for children with special needs and action steps to better ensure optimum oral health for CSHCN