

# **KANSAS EARLY CHILDHOOD ORAL HEALTH FORUM**

**Friday, December 6, 2002  
Holiday Inn West – Topeka, Kansas**

## **Final Report**

Sixty participants, including dentists, dental hygienists, pediatricians, Head Start staff, parents, policymakers and funders from throughout Kansas, attended the Kansas Early Childhood Oral Health Forum on December 6, 2002. The purpose of the Forum was to develop an action plan, including recommended strategies and roles for key players, in addressing the oral health needs of young children in our state, with specific attention to Head Start children.

The Forum was sponsored by the Kansas Head Start Association (KHSA) with co-sponsorship and funding from the Association of State and Territorial Dental Directors, the Maternal and Child Health Bureau of the Health Resources and Services Administration (HRSA), the Kansas Department of Health and Environment and the Kansas Head Start Collaboration Office.

### **Background Justification**

As outlined in our original proposal, Kansas is in an excellent position to benefit from this statewide oral health forum. Head Start programs continue to report challenges in securing dental care, despite new strategies for Head Start's to become Medicaid providers, build relationships with dentists and lower barriers for dentists to treat young, low-income children. However, positive momentum and partnerships have developed over the past two years, including:

- The ABCD Kansas program now being piloted in three communities
- The leadership of a state oral health consultant
- Educational initiatives, including a web-based program and several conferences, designed to build awareness and best practices
- Strong collaboration among multiple agencies, associations, funders and professionals working toward the common goal of improved oral health

Kansas also participated in the first regional joint meeting of ACF and HRSA to discuss oral health needs in Head Start in December 2001. Several of the ideas generated from that meeting carried over into the Kansas action plan presented as part of this report.

It is important to note that KHSA and our Head Start programs in Kansas have been addressing oral health needs through a strong collaboration with child care partners and others who serve young, low-income children. In order to build on this collaboration and develop the most meaningful action plan, we used the name "Kansas Early Childhood Oral Health Forum" and did not limit our planning or our dialogue only to Head Start.

However, we did ensure that we addressed needs and issues unique to our Head Start programs and the children they serve.

## **Planning Process**

The forum was planned by a 15-member committee, representing these organizations:

- Kansas Head Start Association, including 4 parent representatives and the executive director
- Kansas Department of Health and Environment, including the oral health consultant and director of the Primary Care Office
- Kansas Department of Social and Rehabilitation Services, represented by the Dental Program Manager for Medicaid
- Kansas Head Start Collaboration Project (collaboration director)
- United Methodist Health Ministry Fund (project officer)
- Region VII HRSA Dental Director
- QIC health consultant
- Kansas Dental Association (executive director)
- Kansas Dental Hygienists Association (immediate past president)
- Kansas Association for the Medically Underserved

The director of one of our Native American Head Start programs was invited but unable to serve on the planning committee but did attend the forum along with one of her staff members. The committee met monthly between August and November. An invitation list of over 100 persons was developed. Save the Date cards were sent out in early October, followed by an invitation packet in early November.

## **Methods to Develop an Action Plan**

The keynote speaker at the forum was Dr. Jim Crall from Columbia University, a nationally known pediatric dentist with the Maternal and Child Health Bureau's National Oral Health Policy Center. Kim Moore, President of United Methodist Health Ministry Fund, a major funder and leader in oral health, reviewed the "state of the state" and current initiatives, including the recently developed Oral Health Strategic Plan by UMHMF. Mary Baskett, Executive Director of KHSA, presented the results of a recent survey of Head Start programs in Kansas relative to oral health needs. *A copy of that presentation is included as a separate attachment.*

The forum was facilitated by Michael Felix, a national health consultant who has worked with six other states to develop oral health plans. Mr. Felix set the context of the day as the Surgeon General's "Framework for Action" which includes four components:

1. Change perceptions of oral health
2. Build effective health infrastructure
3. Remove barriers to oral health services
4. Accelerate building and application of science.

Three groups of participants identified priority strategies in the areas of Access, Policy and Financing, and Prevention and Education. Based on this work, the Planning Committee then developed a draft action plan, including long- and short-term outcomes, with Head Start-specific actions identified in italics. *This action plan is included as Appendix A. The full set of strategies developed at the forum is in Appendix B.*

## **Participants**

A participant list will be included in the report that will be mailed to ASTDD .

## **Follow-Up to Forum**

Follow-up steps include:

1. Distribution of forum summary and action plan to all participants
2. Shared leadership in meetings, to begin February 7<sup>th</sup>, to discuss the creation of a statewide oral health coalition. This concept was introduced at the forum as a natural evolution of the UMHMF Oral Health Advisory Group and received the support of participants
3. Meetings of the three strategy task forces to follow up on the action plans, including the definition of lead organizations and time frames; a listing of task force members is included in Appendix B—“Followup Work.”
4. Specific efforts within KHSA and our programs to implement Head Start-specific actions identified in the plan; however, current resource constraints limit our ability to move forward with the speed and intensity we would like.
5. Plans for a second forum for mid- to late-2003 to review the work of the task forces and the coalition; this is contingent on HRSA funding which was available for such a purpose as of fall 2002.

## **Budget/Actual Costs**

Forum revenue and expenses include the following:

<u>Revenue:</u>		
ASTDD	\$	5000.00
KDHE		2000.00
Head Start Collaboration Project		1500.00
<b>Total</b>	<b>\$</b>	<b>8500.00</b>

<u>Expenses:</u>		
Facilitation Services	\$	2500.00
Travel expenses (facilitator, conference planner)		2405.00
Facility rental, equipment chgs.		400.00
Conference planning and logistics		640.00
Conference supplies (packets, badges, etc.)		161.00
Printing of final report		108.00
Postage		158.00
 Meal expense		 1219.00
Survey of Head Start programs		420.00
 <b>Total</b>	 <b>\$</b>	 <b>8011.00</b>
 <b>Balance</b>	 <b>\$</b>	 <b>489.00</b>

The balance will be carried over to support task force work in the coming months.

### **Next Steps**

The immediate next step is to convene the three task forces to begin working on action plan implementation. The task forces will meet on March 28, 2003, as part of an initial organizational meeting for a statewide oral health coalition. We are anticipating that the ongoing work of these task forces will be integrated into the overall work of the coalition. The coalition will be addressing an appropriate organizational structure, staffing and other resource needs to support its defined mission and goals. The momentum in Kansas which has led us to forming a coalition will help ensure that our action plan will be implemented and lead to positive changes for Head Start and other young children in our state.

### **Challenges and Resource Needs**

The primary challenge in implementing the action plan for Head Start in Kansas is resources. KHSA has depended on the support of our health consultant from the Quality Improvement Center, who has been instrumental in all our oral health work to date. Changes in the national training/technical assistance priorities within the Head Start Bureau have significantly limited the availability of consultants. Also, the retirement of our Region VII HRSA Dental Director has meant the loss of his clinical expertise and guidance. KHSA has only one contracted executive director with a quarter-time assistant. In order to implement this plan, we will have to have additional resources.

*Appendix A*  
**KANSAS EARLY CHILDHOOD ACTION PLAN**

**Action Area:** ACCESS

<b>Short-Term Outcome:</b>	Public awareness of access issues is heightened in targeted communities. <i>Head Start programs participate in awareness building in targeted communities.</i>
<b>Long-Term Outcomes:</b>	Local access systems are developed in targeted communities. Case management services expand access at the state and community level. <i>Head Start programs expand their case management capacity to increase access.</i>

**Strategies:**

- 1. Use Mission of Mercy (MOM) events as a means of introducing and promoting oral health in targeted communities (Garden City in February and Wyandotte County in November).**
- 2. Build awareness of access problems among dental and health professionals, plus community leaders**
- 3. Increase the use of case management at the state and community levels to reduce barriers and help consumers navigate the system.**

<b>Action</b>	<b>Lead Organization</b>	<b>Time Frame</b>	<b>Resources Needed</b>
Promote Mission of Mercy events. 1. Secure local media coverage. 2. Market the prevention message to the general public. 3. Communicate access issues within the profession, with legislators and with the public.		In conjunction with February and November events	Promotional materials; PowerPoint for community presentations
Create follow up strategy post-MOM's. 1. Hold a stakeholder meeting after the events.		In conjunction with February and November events	

<p>2. Identify consumers in need, determine eligibility and find them dental homes.</p> <p>3. Build local support systems which provide transportation, case management and enrollment.</p> <p>4. Support recruitment process.</p> <p><i>Ensure Head Start programs in Garden City and Wyandotte County are engaged in planning process and followup activities.</i></p>	KHSA	Immediately	
<p><i>Work with Head Start programs in communities with “dental champions” to begin expanding local access systems.</i></p>	KHSA	April 2003	
<p>Expand the use of community case managers using the ABCD model as a foundation.</p>		2004	
<p>Explore new models which expand access in areas not served by private providers; e.g, Appletree Dental, mobile dentistry, teledentistry.</p>			

**Action Area: POLICY AND FINANCING**

<b>Short-Term Outcome:</b>	The Practice Act is passed and signed into law. <i>Head Start programs understand the implications of the Practice Act and begin using dental hygienists in their expanded roles.</i> <i>Head Start grantees participate actively as Medicaid providers</i>
<b>Long-Term Outcomes:</b>	Kansas has a state dental director. The number of dental students graduating and returning to practice in Kansas increases.

**Strategies:**

- 1. Identify and implement policy changes that increase the workforce.**
- 2. Make changes in Medicaid which expand access by maximizing existing resources.**
- 3. Reinstate the state dental director position to provide leadership, address policy issues and attract additional federal dollars.**

<b>Action</b>	<b>Lead Organization</b>	<b>Time Frame</b>	<b>Resources Needed</b>
Support the proposed Practice Act legislation. 1. Create and distribute one-page fact sheets to educate policymakers about the need. 2. Mobilize grass roots networks to contact legislators as needed.	KDA, KDHA  KHSA in support of above organizations	Immediate	
Explore statutory change which would require an Office of Oral Health.	KDHE		
Reapply for a CDC grant to support a dental director.	KDHE		
<i>Increase the number of Head Start programs that are Medicaid providers and that bill for services.</i>	KHSA, SRS	April 2003	<i>Training program materials dental/Medicaid representatives who will implement the action.</i>

<ol style="list-style-type: none"> <li>1. <i>Educate programs about the benefits of being a provider (using Springfield, MO experience).</i></li> <li>2. <i>Provide training as necessary.</i></li> <li>3. <i>Address issues among grantees, where appropriate.</i></li> </ol> <p>Develop and implement a plan to increase number of dental students in regional schools, and to encourage more students to return to underserved areas.</p> <ol style="list-style-type: none"> <li>1. Explore needs with Board of Regents.</li> <li>2. Consider addition of requirement for students to be Medicaid providers and serve populations in need.</li> <li>3. Promote dentistry as a career among younger students.</li> </ol>			
<p>Promote advanced general dentistry residency in central Kansas.</p>			
<p>Secure funding to support loan forgiveness, office set-up and equipment.</p>			
<p>Explore increased use of Medicaid administrative funds for case management services (per ABCD model).</p>			
<p>Explore potential of foundation (e.g., Robert Wood Johnson) support to assist with Medicaid issues.</p>			

**Action Area: PREVENTION AND EDUCATION**

<b>Short-Term Outcome:</b>	<i>Staff and parents in Head Start and child care programs receive consistent, user-friendly information about good oral hygiene practices and oral hygiene supplies to support these practices. An increased number of Head Start programs incorporate fluoride varnish in their oral health practices.</i>
<b>Long-Term Outcome:</b>	Fluoride varnish (or alternative effective treatment) is routinely applied to at-risk children. Fluoride is included in the water supply of __ percent of Kansans. Kansans understand why and how to prevent oral disease.

**Strategies:**

1. **Expand the use of fluoride as a key preventative.**
2. **Design and implement an advertising/media campaign.**
3. **Conduct train the trainer workshops for early childhood training specialists**
4. **Expand nutrition education as a key element in prevention.**
5. **Implement statutory requirement for dental exam for children entering school.**

<b>Action</b>	<b>Lead Organization</b>	<b>Time Frame</b>	<b>Resources Needed</b>
<i>Distribute "Show Me Your Smile" education materials to Head Starts and child care partners.</i>	KHSA, KDHE	May 2003	Funding to purchase materials
<i>Develop and conduct early childhood oral health "train the trainer" workshops for early childhood college faculty, Child Care Resource and Referral training specialists, Head Start and Early Head Start health specialists</i>			Funding to purchase the training package materials
<i>Expand partnership with WIC, KNN to ensure nutrition and OH education are</i>	KHSA, KDHE		Funding to purchase materials

<i>linked.</i>			
<i>Work with local dentists and hygienists in targeted communities to implement fluoride varnish programs.</i>	KHSA	Fall 2003	
<i>Identify a consistent source of toothbrushes and other oral hygiene supplies.</i>	KHSA	Fall 2003	Funding and/or donation community campaign
Implement a broad-based public awareness campaign such as “Watch Your Mouth.”			
Expand availability of parent education mats. to all child care providers, WIC, etc			Funding needed to purchase materials

## *Appendix B*

### **STRATEGY RECOMMENDATIONS**

#### **ACCESS**

##### **Strategy 1: Use Mission of Mercy events as a means of introducing and promoting oral health in targeted communities.**

- Marketing strategies
  - Raise awareness within the profession, legislators and the general public (marketing strategy)
  - Market the message of prevention
  - Secure local media support to promote the event and the message
- Identify consumers in need, determine eligibility and find them dental homes.
- Build local support systems which provide transportation, case management and enrollment
- Recruit volunteers among young practitioners
- Follow-up strategy:
  - Stakeholder meeting post-event
  - Build on support generated by event
  - Process “what we’ve learned”
  - Support recruitment activities.
  
- Community development approach to oral health
  - Build local ownership
  - Broaden the constituency (recruit other partners)
  - Inventory and leverage resources
  - Educate and train other service providers (e.g., hospital staff)

##### **Strategy 2: Improve and expand the information and referral system**

- Problems: eligibility, access and enrollment
- Case management
  - State level: Interagency agreements to create uniform forms and one-time enrollment
  - Local community: Don’t leave case management to the provider; need community case managers to navigate the system.
- Make referral lists more widely available and timely; don’t assume there is a list in all cases.

##### **Strategy 3: Build awareness of access problems**

- Shine light on the oral health status of kids and the problem of access to care.
- Tell the stories that come from within the communities; use word of mouth.
- Find the right place/person to provide information to population in need.

- Representatives from within the population (example: Promotores)
- Provide the kinds of support the population defines as needed.
- Use information about needs from formal and informal feedback.
- Engage in one-on-one interviews and provide summarized feedback.

**Strategy 4: Create/expand incentives for providers**

- Case management to simplify provision of care for existing practitioners
- Enhanced reimbursement
- Recruitment
  - Loan forgiveness (NHSC, state programs)
  - Technical assistance
  - High-level state activity (governor’s initiative)

**Strategy 5: Design and implement a state-level community development approach.**

- State level stakeholders group
- Dental school acceptance
  - 20 Kansans/year (at UMKC)?
  - 4 (+/-) in Nebraska
  - Formerly at Creighton
  - Potentially at Oklahoma
- Student recruitment plan
  - Opportunity list
  - Loan repayment
- Dental residency location
- Dental school financing, fewer faculty
- “Safety net” as a project of the professional association and not competition

**Priority to lead these efforts: A state dental director**

## **POLICY AND FINANCING**

### **Strategy 1: Identify and implement policy changes that increase workforce.**

- Practice Act
  - Support current proposal
  - Educate at community level through grass-roots networks
  - Emphasize that current legislation is not meeting needs, and changes must be made.
- Slots for Kansas dental students:
  - Identify what needs to be done; talk with Board of Regents.
  - Explore the addition of requirements for working with underserved populations (e.g., commitment to being a Medicaid provider, serving low-income populations, or to underserved geographic areas; commitment will determine percent of write-off)
- Promote dentistry as a career
  - Career fairs
  - Statewide recruitment plan, including dentists
  - Shadow program for students
- Promote advanced general dentistry residency in central Kansas (UMKC is interested; maybe Medicare dollars would be available for hospital-based position)
- Secure funding to support loan forgiveness, office set-up and dental equipment
  - Dollars to match federal funds that KDHE can obtain for loan forgiveness.
  - Local community funds to support new dental offices

### **Strategy 2: Make changes in Medicaid which expand access by maximizing existing resources.**

- Build relationships between Medicaid and dentists.
- Implement a case management system.
- Tap into administrative funds (federal)
- Revisit reimbursement rates; reimbursement needs to be at least 70 percent of usual and customary.
- Review claims processing; streamline enrollment and eligibility process
- Stabilize third-party providers; changes are upsetting provider network.
- Seek technical assistance from Robert Wood Johnson.
- Promote licensure change that would require all licensed dentists to serve a certain percentage of Medicaid patients (by 2010).
- Expand number of Head Start programs which are Medicaid providers and increase activity among programs which are providers.

**Strategy 3: Increase advocacy and education.**

- Community awareness
  - Link to and support other ongoing efforts (e.g., school readiness)
  - Address smokeless tobacco issue
- Policymakers
- Grass roots/community advocacy (utilize Head Start parent network)
- Dental community

**Strategy 4: Reinstate state dental director position**

- This would allow us to access more federal dollars; also shows more state commitment and addresses policy issues.
- Pursue statutory change which would require office of oral health.
- Apply for CDC grant
  - Having an oral health consultant and potentially a statutory change may help show commitment and increase possibility of securing grant.
- Talk with Dr. John Rosetti of HRSA about possible support.

## PREVENTION AND EDUCATION

- Target audiences for prevention/education messages:
  - Parents, families, grandparents
  - Nutritionists
  - Dental students – dentists, hygienists, assistants
  - Child care providers – Parents as Teachers, Early Head Start and partners, Healthy Start
  - Children
  - Community citizens
  - Pregnant women
  - Fathers
  - Non-dental health providers, include Ob-Gyn
  - Elected officials

### Considerations:

- Tie the messages to school readiness
- Tap into early literacy focus: identify and promote early childhood literature that addresses oral health include the role of parents as role models and active partners in brushing
- Recognize the level of adult literacy in low-income families

### **Strategy 1: Design and implement an advertising/media campaign.**

#### **Elements:**

- Information that people respond to
- Show early childhood caries pictures – before and after
- Show consequences of bad hygiene and nutrition
- Give the 1) Knowledge 2) What to do about it
- Use TV, which is what people watch
- All health professionals giving the same message
- Messages that people remember – similar to handwashing, immunizations
- Use the “local community person” to be the dental spokesperson
- Send message on oral health home from hospital with parents

### **Strategy 2: Expand the use of fluoride as a key preventative.**

**Priority #1: Fluoride in all city/community water**

**Priority #2 Fluoride varnish applied for children at risk (*not defined*)**

Argument for:

A positive action that is easy to begin  
Easily applied  
Stays on; better than rinse  
Involves parents/families involved when the child’s first  
Tooth comes in; educates them

Reaches the population at risk  
Shows child and parents how easy it is to open mouth

Argument against:

Takes funds from already low dental Medicaid \$  
Parents may be complacent thinking no brushing is needed  
No protocol or research yet on primary teeth  
Child will go without dental exam

**General agreement IF:**

- 1) The training targets dental professionals first.
- 2) There is a formal training (*one that is better than North Carolina's*)
- 3) Parent education is incorporated into the process
- 4) Offered by dental professionals at public health settings
- 5) Doesn't drain \$ from fund for exams and treatment

**Strategy 3: Expand nutrition education as key element in prevention.**

- Consistent messages, connected to developmental milestones
- Show in messages – Good food and Bad food
- Adopt and promote Ellen Satter's message: The parents decide what to serve and when. The child decides what and how much to eat.
- Form a solid partnership with the nutrition organizations, for one message
- Implement "Good for You" Nutrition Curriculum
- Stop: Grazing, Sippy cups, ongoing sipping of sugar drinks
- Look closely at where children are being fed: home, preschool, day care

**Strategy 4: Implement required (by law) dental exam for children entering school.**

**Other Ideas:**

Needed: \$ for oral health supplies that can become a well-organized state/community campaign – donations at dentist offices and churches

Link community dental hygienists with EHS, PAT, and Healthy Start home visitors for an organized training to do basic screenings

## **Followup Work**

Participants committed to working on one of three task forces to address these issues.  
The task force members are:

### **Access**

Pat Collins, RDH  
Dennis Cooley, M.D.  
Barbara Gibson\*  
Ed Manda, DDS  
Mike McCunniff, DDS  
Bill McEachen, M.D.  
Dawn McGlasson, RDH  
David Nelson (ABCD)  
Suanne Rhodes (ABCD)  
Geri Summers (KAMU)

### **Policy and Financing**

Bonnie Branson, RDH, PhD  
Barry Daneman  
Judy Eyerly  
John Fasbinder, DDS  
Ann Koci  
Kevin Robertson/Greg Hill  
Barbara Gibson\*  
Linda Kenney  
Carolyn Weinhold

### **Prevention and Education**

Bonnie Branson  
Paul Kittle, DDS  
Dawn McGlasson, RDH  
Mary Weathers