Maine Head Start and Early Head Start
Oral Health Forum Report
and Action Steps

Working Together: Planning and Strategizing For Improved Oral Health Care

Maine Office of Child Care and Head Start and Maine Oral Health Program
Maine Department of Health and Human Services
Supported by a grant from the Association of State and Territorial Dental Directors, the Head Start Collaboration Grant and the Maine Oral Health Program.
Final Report
Early Head Start/Head Start
Maine Oral Health Forum

Working Together:
Planning and Strategizing for
Improved Oral Health Care

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Maine Head Start /Early Head Start
Oral Health Forum
Working Together:
Planning and Strategizing for Improved Oral Health Care

The Maine Department of Health and Human Services, Office of Child Care and Head Start and the Bureau of Health, Oral Health Program co-sponsored an Oral Health Forum for Head Start and Early Head Start on April 25, 2005. The forum brought together a multidisciplinary group of 65 stakeholders to develop an action plan to improve oral health care for Head Start and Early Head Start children. The forum was planned by a diverse group of interested professionals, and was supported by a grant from the Association of State and Territorial Dental Directors, the Maine Head Start Collaboration Office, and the Maine Oral Health Program.

Background
The Regional Oral Health Survey conducted in 2002 indicated that lack of access to oral health in Maine is a grave concern particularly for low-income families in all areas of the state. The Head Start Program Information Report (PIR) for the 2002-2003 program year indicated that only 4.44% of Early Head Start children received a dental screen during a well-baby exam and 4.61% had a professional dental exam. The rate is higher for preschool children in Head Start — 58.97% of children have a dental home by the end of the enrollment year. Of the children who had exams, 16% were diagnosed as needing treatment. Of that 16%, 71% received or were receiving treatment.

The following barriers were identified through a survey of the Maine Head Start Health Coordinators conducted in February 2005:

- A shortage of pediatric dentists
- Lack of funding to pay for dental care
- Poor access to private or public dental insurance
- The challenges of poverty can overwhelm oral health needs
- Transportation to available dental services

Maine Head Start programs have developed a number of creative programs, through partnerships, that provide oral health services to increase the availability of oral health services to children.

The process of planning an oral health forum, the forum itself, and the resulting action plan will support continued improvement in oral health practices for Head Start programs in Maine.
Forum Planning

Forum planning meetings took place on February 1, 2005 and March 2, 2005. The meetings included representatives from Head Start programs, Maine WIC, the Maine Dartmouth Family Practice Program, the Maine Chapter of the American Academy of Pediatrics, MaineCare, Maine Oral Health Solutions (a private, non-profit oral health agency), the Washington County Children’s Program (which coordinates school oral health programs and provides consultation to Head Start programs in that area of the state), Anthem Blue Cross Blue Shield, Maine’s Oral Health Program, and the State Head Start Collaboration Office. In addition, Technical Assistance staff from ACF, the Region 1 Head Start Health Specialist, and the Region 1 Head Start Oral Health Consultant participated in the planning for the Forum. (A list of Forum Planning Group members can be found in Appendix A.)

Information was shared regarding the collaboration between the Association of State and Territorial Dental Directors (ASTDD) and Region 1 and the grant funding the forum. The forum was envisioned to be an opportunity to bring together stakeholders in improving oral health for Head Start children and families in order to write an oral health action plan. The focus areas were determined to be prevention/education, increasing access, and policy/financing. The group decided to initiate a survey of Head Start Health Coordinators to gain a comprehensive understanding of current oral health practices and concerns.

Oral Health Forum Summary

The Maine Department of Health and Human Services, Office of Child Care and Head Start and the Bureau of Health, Oral Health Program co-sponsored an Oral Health Forum for Head Start and Early Head Start on April 25, 2005, at the Augusta Civic Center. The forum brought together a multidisciplinary group of 65 stakeholders to develop an action plan to improve oral health care for Head Start and Early Head Start children.

The day began with an introduction of the forum goals by Carolyn Drugge, Head Start Collaboration Director. The stated goals of the forum were:

- To improve the oral health of Head Start and Early Head children
- To bring together a multidisciplinary group of stakeholders to develop an action plan to address: prevention and education, increasing access, and financing and policy

Dr. John Rossetti, D.D.S., MPH, former chief dental officer for the Health Resources and Services Administration (HRSA) with the Maternal and Child Health Bureau (MCHB), was the keynote speaker. Dr. Rossetti provided an overview of the Inter-Agency Agreement between the Administration for Children and Families, Head Start Bureau, and HRSA’s MCHB, prioritizing oral health for Head Start children. He highlighted the following oral health issues facing Head Start children nationally:

- Barriers that families face in obtaining appropriate care
  - ✓ Health literacy and communication
  - ✓ Navigating the complex oral health system
  - ✓ Cultural and language issues
  - ✓ Financial and insurance limitations
- Medical and dental health provider knowledge in working with and treating young children
- Access to dental health providers

Dr. Rossetti closed with these words of advice for facing challenging issues:

- Don’t take no for an answer.
- People make programs work.
- Follow up, follow up, follow up
- Good things happen incrementally
- Bad things happen cataclysmically

Mary Foley, RDH, MPH, Region 1 Head Start Oral Health Consultant provided an update on activities occurring throughout the region. Ms. Foley described the role of the Regional Oral Health Consultant as one which provides education and technical assistance through the Head Start Training and Technical Assistance (T/TA) system. Ms. Foley’s presentation included information on the:
• Formation of a Region I Oral Health Advisory Committee. The purpose of this committee is to provide input and technical assistance to Region I ACF staff and other Head Start administrators.

• Need to build oral health capacity through the integration of oral health into Head Start and other professional child health care systems.

• Value of collaborative processes to implement the action plan and achieve goals.

• Role of the Regional Consultant as a liaison to all of the fore-mentioned child health and developmental systems including federal partners and other regional consultants.

• Frequently Asked Questions

Judith Feinstein, MSPH, Director of Maine’s Oral Health Program, provided an overview of Maine’s oral health infrastructure. Her presentation highlighted:

• Information around access to treatment for pregnant women and school children

• Fluoridation of community water supplies

• Maine’s oral health infrastructure and that most oral health care is delivered by small, independently operating private practices

• Trends that indicate that the oral health workforce is not keeping pace with the service need

• Access to oral health services by MaineCare members and low rates of reimbursement for services

• Current opportunities for change: changes in practice status and scope for dental hygienists and increased involvement in oral health care by non-dental health professionals

Linda Capone-Newton, MS, Maine Head Start Oral Health Forum Project Coordinator, reviewed the Head Start Performance Standards for oral health.

• The Head Start Team – teachers, family service workers, health manager, the dental health consultant – work together towards this vision:

° dental home for every child; access to comprehensive dental services that are competent, culturally appropriate, child centered, and welcoming to families; and improved oral health for children through education, prevention, and early intervention.

• Program Information Report (PIR) data for 2004 was shared. Maine data was comparable to the region but within Maine there was considerable variability noted between programs

• Information from a survey of Head Start Health Coordinators was also shared

Resources

A variety of resources were displayed and made available throughout the day. Programs that shared resources were various Head Start programs, the Maine Oral Health Program, Maine Oral Health Solutions (a local non-profit agency) and its Early Smiles program, and WIC. A power point presentation entitled, “Importance of Oral Health in Childhood”, developed for the March 2005 Health & Safety in Childcare Conference by Dr. Jonathan Shenkin, a pediatric dentist in Bangor, was available for viewing throughout the day.

After all of the presentations were completed, the forum attendees were divided into three workgroups to discuss (1) prevention and education; 2) increased access to oral health care services; and 3) financing and policy). The workgroups were facilitated by the Region I Head Start Technical Assistance staff: Maureen Hickey, Patricia Tripp, and Karen Welford. Issues were identified in each area and strategies for an action plan were developed. The large group reconvened and each small group reported out, resulting in the following action plan.

The monitoring of the Head Start Oral Health Plan will be the responsibility of the Head Start Collaboration Director and the Director of the Start Oral Health Program. They will meet with the Head Start Health Coordinators to discuss progress on the action plan and update at regular intervals. The Head Start Oral Health Action Plan will be integrated into the State of Maine Oral Health Improvement Plan currently under development.
Challenges and Priorities

1. Families may be negative role models & give conflicting messages
2. More education related to children’s developmental stages and oral health is needed
3. The impact of bottled water consumption on fluoride intake
4. Impact of generation values on oral health practices
5. Challenge of educating families around the importance of keeping dental appointments
6. Challenges of parents leaving workplace to keep appointments
7. Head Start staff and others need appropriate materials, funding, and time for training
8. Each of us must recognize our personal biases
9. Difficulties in “finding the time” for enhanced oral health practices in the classroom
10. More collaboration with partners – transportation; other health professionals
11. Provide consistent messages
12. Policy makers: Funding needed for prevention and education activities
13. Deliver message of importance of prevention vs. treatment
14. Importance of accurate data collection
15. Increase knowledge base of dental health providers regarding developmentally appropriate strategies for young children

Promising Practices and Strategies

1. Maximize use of Public Health Supervision status for hygienists
2. Importance of Mobile services
3. Dental hygiene schools as resources
4. Further implementation of “Maine Smiles Matter”
5. Head Start Performance standards – incorporating more dental health into classroom curriculum
6. Incorporating tooth brushing into daily routine
7. Increase Early Smiles (and other similar) programs in schools and Head Start centers
8. Collaborations with other dental providers (e.g., Community Dental) to bring services to the sites
9. Coordination with nutrition programs (menus, education) – enhance coordination & communication

Collaborators and Resources: State Head Start Collaboration Office, Maine Head Start Directors Association, Head Start Health Managers, Region I Head Start Training/Technical Assistance System, Maine Oral Health Program, ME Dental Access Coalition and Education Committee (coordinates use of Maine Smiles Matters Curriculum), ME Dental & Dental Hygienists’ Associations, University of New England and University of Maine Dental Hygiene education programs, ME Chapter American Academy of Pediatrics, private health insurers, private health-related foundations, and others to be determined.
<table>
<thead>
<tr>
<th>Objectives</th>
<th>Strategies/Activities:</th>
<th>Timeline</th>
<th>Responsible Party</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Increase awareness among</td>
<td>a. Implementation of Watch Your Mouth (WYM) education curriculum in</td>
<td>Fall 2005</td>
<td>Judy Feinstein with the Head Start Health Coordinators, Health Coordinators, State</td>
<td>Pre/Post survey of coordinators around use of Watch Your Mouth curriculum</td>
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<td>Head Start families and staff of</td>
<td>Head Start and representation of Maine Head Start on “Watch Your Mouth” Steering</td>
<td></td>
<td>collaboration office, State collaboration office, Oral Health Program</td>
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<td>appropriate oral health</td>
<td>Committee</td>
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<tr>
<td>practices</td>
<td>b. Health Coordinators will be responsible to disseminate WYM messages at local levels</td>
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<td></td>
<td>c. At state level – include in Head Start newsletters</td>
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<td>d. Integrate into existing communication strategies, such as: newsletters, etc.</td>
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<td>2. Regional/local Oral Health</td>
<td>Ongoing, program year 2005-06</td>
<td>HS collaboration office</td>
<td></td>
<td>Evaluations from forums indicate sharing of successful strategies for</td>
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<td>forums will be encouraged in</td>
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<td>improved oral health outcomes</td>
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<td>all areas of the state and</td>
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<td>PIR Data indicates improved outcomes for Head Start and Early Head Start</td>
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<td>increased collaborations with</td>
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<td>children</td>
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<td>oral health advocacy groups</td>
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<tr>
<td>and potential new partners</td>
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<td>a. Head Start Health Advisory</td>
<td>Ongoing</td>
<td>Vicki Helstrum (ACAP</td>
<td>Increased awareness of preventive oral health practices and consistent oral</td>
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<td>Groups will work with the ME</td>
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<td>Head Start)</td>
<td>health promotion messages for staff and families</td>
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<td>Dental Access Coalition</td>
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<td>b. Health &amp; Nutrition Coordinators will include local Oral Health collaboration efforts in their monthly agendas (enhance communication)</td>
<td>Ongoing</td>
<td>Head Start Health Coordinators</td>
<td></td>
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<td>c. ME Parent Federation will be encouraged to include Oral Health in their monthly newsletters &amp; resources</td>
<td>September 2005 for initial contact</td>
<td>Cheryl Socquet, SKCDC</td>
<td></td>
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<td>3. Use &amp; optimize current</td>
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<td></td>
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<td>Legislation is sponsored to improve funding of preventive oral health</td>
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<tr>
<td>resources for preventive oral</td>
<td>a. Educate policy makers on the importance of oral health &amp; establish a funding source</td>
<td>Ongoing starting in July 2005</td>
<td>Collaborations with Oral Health Program, state Oral Health advisory committee</td>
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<tr>
<td>health activities</td>
<td>for inclusion of preventive oral health services in medical settings (including policies for medical reimbursement)</td>
<td></td>
<td>(starting July 05) and Watch Your Mouth Steering Committee</td>
<td>Increased numbers of Head Start children receiving oral health services from</td>
</tr>
<tr>
<td></td>
<td>b. Utilize &amp; optimize Public Health Supervision status for Registered Dental</td>
<td></td>
<td></td>
<td>Registered Dental Hygienists.</td>
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</table>
Challenges & Priorities

1. Reduce number of broken appointment (expensive and jeopardizes relationship with provider)
2. Transportation challenges—distance to dental health providers, lack of reliable means of transportation
3. Increase parent compliance with treatment plans
4. Raising awareness of the importance of oral health practices among parents, families, Head Start staff (Family Support Workers and others)
5. Financial issues—challenges around Medicaid and private insurance coverage for services
6. Workforce issues—limited numbers and distribution of dentists, limited participation in MaineCare
7. Expand capacity of general practice dentists so that they will see more and younger children
8. Continued separation of oral health from other health issues impacts insurance and care
9. Insurance limitations (families w/o insurance; policies that don’t cover kids; dual insurance that results in no one paying
10. Lack of a dental school in Maine limits the number of dentists
11. Medical insurance plans don’t incorporate any dental coverage; medical insurance doesn’t necessarily mean dental benefits

Promising Practices and Strategies:

1. Relationships & collaborations between Head Start programs and local dental providers for treatment services (e.g., Maine Oral Health Solutions clinics, Jessie Albert Dental Center, Community Dental clinics)
2. Some expansion of the safety net (more clinics)
3. Some parental education occurring in HS/EHS programs around early intervention—e.g., invitation to parents to attend dental screening day (parent participation), Home Visit including oral health education, parent meetings

Collaborators and Resources: State Head Start Collaboration Office, Maine Head Start Directors Association, Head Start Health Managers, Region I Head Start Training/Technical Assistance System, ME DHHS – Oral Health Program, Bureau of Medical Services/EPSDT, Maine Care Member Services; Maine Dental Access Coalition, ME Dental & Dental Hygienists’ Associations, University of New England and University of Maine Dental Hygiene education programs, ME Chapter AAP, private health insurers, private health-related foundations, and others to be determined.
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<td>Responsible Party</td>
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<tr>
<td>Outcomes</td>
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<tr>
<td>1. Reduce Broken Appointments</td>
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<tr>
<td>a. Offer Direct Parent Support</td>
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<tr>
<td>1. Information about resources</td>
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<tr>
<td>2. Engage parents</td>
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<tr>
<td>Current program year 2005-06</td>
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<tr>
<td>Head Start Health Coordinators and Head Start staff working with families using Watch Your Mouth curriculum</td>
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<tr>
<td>Decrease number of missed appointments and compliance with recommended oral health practices</td>
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<tr>
<td>b. Parent Education</td>
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<tr>
<td>1. Information about resources</td>
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<td>2. Engage parents</td>
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<tr>
<td>Current program year 2005-06 and ongoing</td>
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<tr>
<td>Head Start Health Coordinators and Head Start staff working with families</td>
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<tr>
<td>Improved compliance with recommended preventive oral health practices: tooth brushing, scheduling of preventive care and treatment, diet changes as reported by parents and observed by staff</td>
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<td>c. Staff Education</td>
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<td>Ongoing</td>
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<td>Increased use of oral health education materials in lesson plans</td>
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<td>Increased use of Family Partnership Agreements to set goals around oral health</td>
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<td>d. Support use of transportation resources</td>
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<tr>
<td>1. Make sure parents have information</td>
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<tr>
<td>2. Keep updated resources</td>
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<tr>
<td>Ongoing</td>
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<tr>
<td>Head Start Family Support Workers</td>
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<tr>
<td>Local transportation agencies and the entity at state level that works with these resources</td>
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<tr>
<td>Decrease in the number of families who report transportation as barrier</td>
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<td>e. Communication</td>
</tr>
<tr>
<td>1. Develop tracking system so Family Advocates can work in collaboration with family &amp; dental provider to establish services and assist with appointment-keeping behaviors</td>
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<tr>
<td>2. Oral Health “bulletin board” at Head Start programs to support &amp; enhance care</td>
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<tr>
<td>Ongoing</td>
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<tr>
<td>Health Coordinators working with Head Start program Technical Assistance staff</td>
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<tr>
<td>Increased collaboration with providers, decreased number of missed appointments as evidenced by PIR report</td>
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### Objectives

#### Strategies/Activities:

<table>
<thead>
<tr>
<th>f. Linkages</th>
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<tr>
<td>1. Increase collaboration with dental providers (esp. dentists) – get a dentist who is a MaineCare provider on Head Start Health Advisory Committee</td>
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<td>2. Increase communication with non-participating (MaineCare) dentists</td>
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<td>3. Continue collaboration with the ACF Regional Office</td>
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<td>4. Increase # dentists who see children, who see MaineCare children and who work with Head Start programs</td>
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<tr>
<th>Timeline</th>
<th>Responsible Party</th>
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<tr>
<td>Ongoing</td>
<td>Collaborate with ME Dental Assn. &amp; Bureau of Medical Services to identify Carolyn Drugge and Mary Foley Head Start advisory committee members do outreach in local areas</td>
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**Outcomes:**
- Increase number of dentists seeing Head Start children for preventive care
- Head Start programs have access to and are maximizing their use of oral health education materials

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<tr>
<th>g. Develop new models</th>
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<tr>
<td>1. Example – hospital sponsors preventive Registered Dental Hygienists (RDHs) program, dentist comes in 1x/week</td>
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<tr>
<th>Timeline</th>
<th>Responsible Party</th>
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<tr>
<td>Local initiatives, state oral health planning process Head Start Health Coordinators and Head Start staff working with families</td>
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**Outcomes:**
- Increased access to preventive services

| h. Expand scope of practice for RDHs |

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<th>Timeline</th>
<th>Responsible Party</th>
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<tr>
<td>Ongoing</td>
<td>Contact with Maine legislature</td>
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**Outcomes:**
- Legislation to increase scope of practice introduced

<table>
<thead>
<tr>
<th>i. Expand support for dentists via loan &amp; repayment programs</th>
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<tr>
<td>1. More $ in programs</td>
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<th>Timeline</th>
<th>Responsible Party</th>
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<tr>
<td>Ongoing,</td>
<td>To be determined; state oral health planning process</td>
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| j. Expand opportunities for externships |

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<th>Timeline</th>
<th>Responsible Party</th>
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<tr>
<td>Ongoing</td>
<td>Maine Dental Access Coalition</td>
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<table>
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<tr>
<th>k. Expand number of general practice dentists who see kids under age 5</th>
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<tr>
<td>1. Provide training to these dentists so kids don’t need a specialists</td>
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<tr>
<td>2. Encourage more training for general dentists</td>
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<td>3. RDHs can provide training</td>
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<td>4. AAPD program to train general dentists</td>
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<tr>
<th>Timeline</th>
<th>Responsible Party</th>
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<tr>
<td>Ongoing</td>
<td>Maine Dental Association Maine Dental Access Coalition</td>
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**Outcomes:**
- Increase the number of Head Start children receiving care from general practice dentists shown through PIR data

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Details and Comments: Planning Committee recommends addition of objective and related activities specifically dealing with training for non-dental health professionals, including but not limited to, pediatricians and other primary care medical providers.
Challenges and Priorities:

1. Current budgetary limitations of state and federal funding sources
2. Need to clarify/expand – who can be paid for providing what services
3. Impact of low reimbursement rates
4. Several health insurances don’t cover dental (e.g., Dirigo)
5. Parents choose not to access MaineCare (enrollment before utilization)
6. Head Start performance standards – need to clarify who can do the “oral exam” & meet the current reporting requirement
7. Working with pediatricians – clarify Head Start expectations so that pediatricians can do more oral health education, screening, etc. with families, and include oral health in well-baby checks
8. Broaden the delivery of the message

Promising Practices & Strategies:

1. Programs such as Maine Oral Health Solutions
2. Change in Maine law that governs Public Health Supervision Status (policy change)
3. Maine Dental Access Coalition activity & history of accomplishments
4. Examples of dentists who donate equipment, services, etc.
5. Traveling preventive programs
6. School programs
7. WIC’s impact (maximize)
8. Provision of preventive services by child health medical providers in other states – and reimbursable by MaineCare

Collaborators & Resources: State Head Start Collaboration Office, Maine Head Start Directors Association, Head Start Health Managers, Region I Head Start Training/Technical Assistance System, ME DHHS – Oral Health Program, Bureau of Medical Services/EPSDT, Maine Care Member Services; Maine Dental Access Coalition, ME Dental & Dental Hygienists’ Associations, University of New England and University of Maine Dental Hygiene education programs, ME Chapter AAP, private health insurers, private health-related foundations, and others to be determined.
The forum also had additional funding and in-kind support from the Head Start Collaboration Grant, Office of Child Care and Head Start and the Oral Health Program in the Bureau of Health, both within the Maine Department of Health and Human Services.
Appendix A

Head Start and Early Head Start
Oral Health Forum Planning Committee

Teresa Alley, Washington County Children’s Program
Rhonda Beaudet, Head Start/Early Head Start Health/Nutrition Manager, Community Concepts
Sherri Camick, RHD Washington County Children’s Program
Jack Fuller, Director, Maine Oral Health Solutions, Early Smiles Program
Karen Gallagher, Maine WIC Nutrition Program
Valerie Heal, Head Start Health Coordinator, Penquis Head Start
Alex Hildebrand, Maine Chapter American Academy of Pediatrics
Tracy Jowett, Saving Smiles Inc.
Victoria Kuhn, Anthem Blue Cross
Dan Meyer, Maine Dartmouth Family Practice Program
Brenda McCormick, MaineCare
Chris Rallis, Maine Head Start Directors Association
Jonathan Shenkin, Pediatric Dentist
Cheryl Socquet, Support Services Manager, SKCDC Head Start
Carolyn Drugge, State Head Start Collaboration Director
Judith Feinstein, Director, State Oral Health Program
Linda Capone-Newton, Project coordinator, Office of Child Care and Head Start
Mary Foley, Region 1 Oral Health Head Start Consultant
Steve Shuman, Region 1 Head Start Health Specialist
Maureen Hickey, Region 1 Technical Assistance Specialist
Patty Tripp, Region 1 Technical Assistance Specialist
Appendix B

Head Start and Early Head Start Oral Health Forum

For more information contact:
Office of Child Care and Head Start
207-287-5099
fax registration to
Barbara Sousa at 207-287-5031

Name ____________________________
Program affiliation ____________________________
Address ____________________________
Email ____________________________
Telephone number ____________________________

There is no fee for this workshop. Lunch will be served. It is important that you register in order to have an accurate lunch count. Thank you.

Certificates of attendance and certificates of continuing education credits (CEU) will be available.

Head Start Oral Health Forum

The goal of the Maine Head Start Oral Health Forum is to bring together a multidisciplinary, multi-organization group of stakeholders to work together to develop an action plan to improve Head Start oral health components.

The three areas that will be addressed are: prevention and education, increasing access, and financing and policy.

In developing the action plan, Forum attendees will consider what is currently happening in oral health care for Maine Head Start children and work together to develop an action plan that includes activities, strategies, and outcomes that will:

- expand evidence-based prevention in Head Start programs
- increase access to regular and appropriate preventive and treatment services
- support the use of up-to-date, scientifically sound, developmentally and culturally appropriate health education/health promotion approaches and materials
- develop strategies for innovative leveraging of resources for technical assistance and funding

Keynote speaker: Dr. John Rossetti
Oral Health Consultant
Health Resources and Services Administration

Agenda
8:00-9:00 Registration
9:00-9:15 Greetings
  Introduction of forum facilitators
9:15-9:30 Forum Goals/Intro to day, Carolyn Dugge, Director, Office of Child Care and Head Start
9:30-9:50 National perspectives, Oral Health and Head Start population
  Dr. John Rossetti, HRSA, Oral Health Consultant
9:50-10:00 Regional perspectives, Mary Foley, DHHS, Region 1, Oral Health Consultant
10:00-10:30 State perspectives, Judith Feinstein, Director, Maine Oral Health Program
  Head Start perspective, Linda Capone-Newton, consultant
  Intro to resources, action plan tasks
10:30 BREAK-time to visit resource displays
11:00-12:00 Facilitated small group discussion in three areas:
  prevention and education
  increased access
  financing and policy
12:00-1:00 LUNCH (last half hour could also be resource time)
1:00-2:15 small groups resume work (identify action steps)
2:15 BREAK
2:30-3:45 Reports from groups
  Next steps and commitments
  Facilitated by Mary Foley
3:45 Forum evaluations
4:00 Adjournment
A survey of Head Start Health Coordinators in March 2005 was conducted to identify successful strategies and issues regarding the provision of oral health services for Early Head Start/Head Start children.

Head Start Health Coordinators responded to survey questions regarding:

- Current strategies to access dental services
- Relative impact and importance of prevention/early prevention, education, and treatment
- Barriers to obtaining care
- Barriers to program effectiveness
- Support needed to provide information on oral health to parents, children, staff, and health care providers

The following themes emerged from the surveys returned by 10 programs:

- As important as treatment is, prevention and education have the potential for greater long-term impact. Health Coordinators are looking for methods to maximize preventive and educational strategies.
- A variety of strategies are used to meet the Head Start Performance Standard expectations for example: Collaborations with WIC programs, the Early Smiles program, the Jessie Albert Dental Center, UNE School of Dental Hygiene, public health hygienists, Community Dental, and local hygienists.
- Screening and preventive services are more readily available than treatment.
- Health Coordinators would like to see training materials geared towards parents in order to support parent education around the importance of oral health.
- The barriers to obtaining care are the lack of dentists who take MaineCare patients, the “culture” regarding oral health care in our target population, challenges in families that inhibit parent cooperation leading to missed appointments, distance to providers, etc.
- The barriers to program effectiveness: Lack of materials and presenters with the knowledge and willingness to work with parents, education of dental health providers regarding Head Start expectations and appropriate practices with young children, parent follow through with appointments, improve staff ability to assess family barriers to compliance, need for more staff education around the importance of oral health practices.

Sample comments from Health Coordinators:

“...Social marketing techniques are needed. It’s not just the education, it’s the motivation. They’re different. If you’re worried about heat and food for the month, and working two jobs already, daily brushing/flossing, a preventive dental visit, or even a restorative one for a tooth that isn’t hurting sinks pretty low on the list of priorities. This is especially true where routine dental care has not been previously practiced in the greater family to set a precedent of the importance. More of an issue when services or people are new to the area, as well as to you personally. Takes awhile to build up that community opinion of a nice place to visit. Still more of an issue when the service is seen as uncomfortable, or worse for your child. “You ought to” and “look what will happen if you don’t” messages are falling short of the behavior change mark.”

“We need more staff understanding of how important it is to help parents understand the few options available to them, and so when we help setup appointments for them that it is important for them to keep the appointment...We need staff to be a little more tuned in to what parents are really feeling. Sometimes they tell us what we want to hear and we are not really aware of their fears, etc – reasons for not going to the dentist.”

“I think I would start with the culture of oral health in our target population and in the way the health community views oral health. My observations have been that poor oral health practices are quite common in our population, more so than responding to physical well being. Most of our children have had all of their immunizations and have had a well child exam during their early years. Most, however, have never seen a dentist and it is a priority for families. Dentists contribute to this by not being child friendly in their approach to good oral health prevention. Medical doctors don’t necessarily help young families to view dental health as an overall part of a child’s well being. I also think that our classroom staff don’t receive enough support and training in oral health awareness.”
# Participant List

## FINANCE & POLICY SMALL GROUP

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## INCREASED ACCESS SMALL GROUP

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- Pam Morgan
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- Shana Boynton
- Jessica Bushy
- Bruce Berkowitz
- Mary Kay Hallett
- Barbara Spofford
- Cheryl Stratchko
- Norma Larocque

### PROGRAM
- Kennebec Valley CAP
- Kennebec Valley CAP
- Kennebec Valley CAP/EHS
- Aroostook County Action Program
- Coastal Economic Development HS
- MOHS – Early Smile
- MOHS – Early Smile
- ACF – Region I
- Penquis CAP HS
- Jessie Albert Dental
- St. Louis Child Care Dev. Ctt
- Androscoggin HS & CC

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- Hope Lanza
- Valerie Heal
- Joanne Burns
- Chuck Leithiser
- Karen Gallagher
- Kim MacDonald
- Yvonne Patterson
- Donna Bilodeau
- Jenny Robicheau

#### PROGRAM
- Community concepts –HS
- Aroostook County Action Program
- Androscoggin HS & CC
- Penquis Health Advisory & PHN Supervisor
- Health Access Network
- York Cty Head Start
- Tom’s of Maine
- Portland Public Health Educator
- Penquis CAP HS
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- Maine WIC Program
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