

State of Nevada
Head Start/Early Childhood
Oral Health Forum
March 25, 2003
Reno, Nevada

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Introduction

As outlined in the original proposal, Nevada will benefit greatly from any attention directed toward oral health. The oral health forum helped to strengthen and expand awareness of the issues while addressing the oral health needs of for the young children in the State of Nevada with a particular emphasis on Head Start and Early Head Start children.

The Forum was sponsored by the Nevada Head Start Association (NvHSA) with co-sponsorship and funding from the Association of State and Territorial Dental Directors. Also instrumental in making the forum a success were the Nevada Head Start Collaboration Office and State Health Division.

It is noteworthy to add that the Nevada Head Start Association and the Head Start Programs in Nevada have been addressing the oral health needs through a strong collaboration between various child care partner and others who serve children in the at risk population. The planning, participation, and language used in the forum was not limited to only Head Start. Ensuring a successful forum however, guaranteed that the unique needs of Head Start children would be addressed.

Planning Process

The planning process was a collaborative effort of individuals from several organizations including:

- The Head Start Association, including the President, several grantees, the Outreach Coordinator and several Health based staff members from various Head Start Programs.
- State Health Division, specifically the Oral Health Program.
- Northern Nevada Dental Health Program
- Nevada Head Start Collaboration Office
- University of Nevada School of Medicine (UNSOM), Pediatric Dental Residency Program

The Committee met as needed, an invitation list of over 50 attendees was developed, the facilities were secured and an invitation packet was mailed out in early March.

Action Plan Development

Facilitator Chris Forsch, Oral Health Consultant from the Health Division, kicked off the Nevada Head Start Oral Health Forum. She turned it over to Jane Hogue, President of the Nevada Head Start Association. She gave an overview of the Head Start Program and welcomed participants and guests. Jane commented on the Regional Oral Health Forum, which did great work in Oakland and really pointed out the need for an Oral Health Forum at the State level. Jane was then pleased to introduce the keynote speaker for the Forum, Dr. Robert Cooley, State Dental Health Officer and also the Director of the UNSOM Pediatric Dentistry Residency Program.

Dr. Cooley reported that the Pediatric Residency Program will have a base at Sunrise Children's Hospital in Las Vegas and will be very involved with the Pediatric Group at the hospital. Dr. Cooley emphasized the importance of integrating oral health as part of children's health issues. In an informative PowerPoint presentation, Dr. Cooley spoke about the "Silent Epidemic" that declining oral health has become. With regard to Head Start and learning, Dr. Cooley stressed the child's inability to learn if he is in pain. Also, the child's self-esteem is in jeopardy if dental decay leads to a child looking different from his peers.

Untreated oral health problems lead to pain. Dr. Cooley's presentation reported on Early Childhood Caries (ECC) and the risk factors leading up to dental caries. Dental caries are the most common infectious disease and at the same time dental caries are preventable. Dr. Cooley stressed the importance of early oral evaluation. Parents should take their children to the dentist by the first birthday or no later than 6 months after the eruption of the first tooth. The 'knee to knee' examination for very young children was explained.

Dr. Cooley touched on the barriers that prevent access to adequate oral care.

- Money
- Facilities
- Adequate numbers of Providers
- Supplies
- Distance for Rural Areas

Background

A review of the background materials took place. An informative statistical handout taken from the Appendix of *An Oral Health Plan for Nevada—Strategic Meeting of Oral Health Stakeholders* was presented. Statistics pertaining to the children of Nevada were emphasized.

Shelley Zastoupil and Trina McCoy, Health Personnel from Head Start Programs, gave a presentation on interpreting Head Start Performance Standards. Differences in an oral health screening and an oral health exam were debated. The Head Start Performance Standards were cited: it was determined that the procedures do not say whether or not a professional needs to do the screening. Once again distance barriers for the rural area Head Start children needing a dental exam became an issue.

Lori Cofano gave an update on the Fluoridation Issue in the State of Nevada. Currently, the only area in Nevada with optimally fluoridated water is Clark County in Southern Nevada. A ballot measure to fluoridate the water in Washoe County was defeated by the voters in the November 2002 election. Education of the population was emphasized so that when the issue is put on the ballot again the public will be more informed.

Identify Current Gaps in the Oral Health Program for Nevada's Children

The next segment of the Oral Health Forum focused on identifying the current gaps in oral health in Nevada's children. The following is a bulleted list of the most heavily discussed issues.

- Funding issues
- Access to dentists willing to treat children with special needs and/or behavior problems
- Pediatricians without adequate knowledge of oral hygiene and screening
- Medicaid issues, in particular the lack of clarity on dental needs for children under 3 years of age
- Gap between medical practices and dental practices
- Lack of parent education starting with prenatal care for moms
- The need to have obstetricians pediatricians and other doctors let their patients know of the importance of dental care.

- Availability of providers, including transportation barriers
- The need to coordinate Child Protective Services and parents' failure to obtain prescribed dental treatments
- Parent involvement including emphasizing the need to **keep** dental appointments
- Cultural and language barriers
- The need for a Statewide campaign for education on oral health

Sherrie Rice, Director of CSA Head Start, broke the forum into Geographical Groups to discuss solutions for their specific areas. The State was broken into three major areas: South, North and Rural.

Clark County and Southern Nevada reported that the already existing partnerships and collaborations have made it easier to address oral health issues. The group discussed coordinating a survey to explore costs of comprehensive exams and treatments.

Washoe/Lake Tahoe comprised the largest group in the room. It was decided that education is the place where the most focus is needed; parental and physician education were deemed most needed. Different oral health education campaigns were discussed including fliers, videos, billboards, and workshops in collaboration with nursing schools, local community centers and schools. One of the major gaps in Washoe County was determined to be access to care under sedation.

Fernley, Carson City, Elko and the Native American Tribes represented the rural areas of the State.

- Fernley reported that arsenic in the water is a big issue; adding fluoride to an already poor water supply has not even been considered. Prevention and education at an early level were stressed. Fernley does not have a pediatric dentist and must refer patients to Reno.
- The Native American Tribes do have access to a pediatric dentist although in some of the more remote areas, they must refer children to Salt Lake City, Utah or Boise, Idaho. Unfortunately, oral health care has not been designated as a priority for funding.
- In Elko County the need for access to a pediatric dentist was designated as a high priority. A child with special needs receiving

Medicaid, in the rural areas is highly unlikely to be able to receive dental treatment.

- Carson City reiterated the need for education and supported the statewide education campaign.

Three dynamic speakers gave presentation during the luncheon.

- Mike Johnson from Saint Mary's Take Care-A-Van spoke about the Outreach Dental Program. The Take Care-A-Van covers 4 counties and 47 elementary schools providing prevention services, a dental sealants program and an extensive education program. The van also operates a mobile restorative dentistry program.
- Mike Rodolico, Executive Director reported from the Health Access Washoe County (HAWC) Dental Program. The HAWC clinic has progressed from a 1 chair operation to 10 full time chairs in operation with 20-40 walks ins per day, in addition to a fully booked schedule.
 - HAWC is opening a brand new facility in Washoe County that will greatly expand access to patients.
 - Dental visits have grown from 782 in 1998 to 9,145 in 2002.
 - Over 70% of the patients are minority
 - Most patients are between the ages of 4 and 10
- Jennifer Bullock from the Northern Nevada Dental Society spoke about the Northern Nevada Dental Health Program (NNDHP). NNDHP matches volunteer dentists with Medicaid, Nevada Check Up and uninsured children who are unable to obtain care. The program is able to treat special needs, but the focus is on comprehensive dental care.

Next Steps

The group turned to the future. The need for a resource book, especially for the rural areas was discussed. It was emphasized that the entire profile and importance of oral health needs to be elevated. A review of successful public interest campaigns was done: i.e., drunk driving, back to sleep, and car seats.

Discussion ensued regarding the formation of a Nevada Head Start Oral Health Sub-Committee. Concern was expressed regarding 'spreading the existing volunteers too thinly.' The existing Coalitions are already addressing children's oral health care needs. These Coalitions include:

- Great Basin Primary Care Association
- State Oral Health Advisory Board
- Community Coalition for Oral Health
- C.U.S.P.

Options were discussed regarding joining an existing group with a common goal, thus enabling critical mass. Another option was to create a separate sub-committee for Head Start health staff serving oral health as well as other health needs. It was agreed to have the Nevada Head Start Association discuss pros and cons of these issues.

In closing, the importance of continuing to build partnerships between oral health, Head Start, the health care community and the community at large was emphasized. Many of these suggestions and ideas can eventually become the essential elements of work plans and action items for participants in the future. The passion and enthusiasm shared by the participants can certainly be used to encourage colleagues to heed the call and all work together to improve the oral health of the Head Start children as well as the rest of the children in Nevada, their families and their communities.

Oral Health Forum Budget

Description	Amount	Balance
Beginning Balance		\$5000.00
Airfare for Keynote	\$206.50	\$4793.50
Airfare for Speaker	\$206.50	\$4587.00
Copies & Supplies	\$79.96	\$4507.04
Facility Fee/Catering	\$1047.79	\$3459.25
Copies/Supplies/Postage	\$198.77	\$3260.48
HSSN Travel	\$30.50	\$2959.98
EOB Travel	\$438.00	\$2521.98

The balance will be carried over to support task force work and providing dental prevention supplies to Head Start Programs in the coming months.

In-Kind Donations

Time Donated by Head Start Outreach Coordinator

Week Ending	Time	Rate per hour	Total
3/7/03	25 hours	\$17.00	\$425.00
3/14/03	25 hours	\$17.00	\$425.00
3/21/03	25 hours	\$17.00	\$425.00

3/28/03	25 hours	\$17.00	\$425.00
3/31/03	8 hours	\$17.00	\$136.00
			\$1836.00