

NEW HAMPSHIRE HEAD START ORAL HEALTH PLAN

Submitted by

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New Hampshire Division for Children, Youth and Families
Department of Health and Human Services

Background

On Apr 12, 2004, New Hampshire's Division for Children, Youth and Families convened a statewide forum to discuss how the state's Head Start program could better address the oral health needs of its enrolled children. The attendees at the forum included representatives from the state's six Head Start programs, parents of Head Start children, state policy makers, WIC, school-based oral health programs, dentists, physicians, nurses and legislators. (The full list of attendees is attached as Appendix 1.)

The program included presentations regarding the recently promulgated *New Hampshire Oral Health Plan: A Framework for Action*, and the prevention of early childhood caries. Over the course of this full-day session, participants were introduced to evidence-based approaches to reducing the incidence of early childhood caries, and discussed how to mobilize the unique resources of the Head Start program to bring the benefits of this science to Head Start children and their families. The focus of their deliberations was three-fold: How can Head Start engage with health care providers to improve access to oral health care? How can Head Start engage the parents of its enrolled children in taking an active role in preventing oral disease? How can Head Start maximize its expertise as an educational resource to promote positive health behaviors among its clients?

The principal concepts participants embraced included

- Awareness that oral health is a component of overall health must be increased
- With limited access to oral health services, due to the increasing scarcity of dentists, new approaches to eradicating early childhood caries must be adopted

A plan for improving the oral health status of New Hampshire's Head Start children and their families, developed in response to these issues, is outlined on the following pages.

Throughout this plan, the following abbreviations have been used:

Title	Abbreviation
Head Start	HS
Head Start Collaboration Administrator	HSCA
Head Start Director	HSD
Head Start Health Manager	HSHM
Head Start Health Coordinator	HSHC
Head Start Nutrition Manager	HSNM
Head Start Family Advocate	HSFA
New Hampshire Oral Health Program Manager	OHPM
New Hampshire Area Health Education Collaborative	AHEC
New Hampshire Dental Society	NHDS
New Hampshire Dental Hygienists' Association	NHDHA
School-based Dental Hygienists	SBDH
Community Health Center	CHC

Where Head Start Action Plan activities are aligned with goals from the New Hampshire Oral Health Plan, the goals are noted with an asterisk (*).

Goal: Improve the oral health status of New Hampshire's Head Start children and their families.

Objective #1: Increase the level of participation among health professionals (medical and dental) in addressing the oral health needs among Head Start children and their families.

Activity	Timeframe	Responsible Person	Anticipated Outputs
Include community dentists in HS Health Advisory Committees (*IV.A.2) <ul style="list-style-type: none"> ▪ Work with NH Dental Society to recruit community dentists ▪ Work with NH Donated Dental Services 	June 04 Oct 04 Oct 04	HSCA, OHPM HSHMS	<ul style="list-style-type: none"> ▪ HS programs will have established ties to community dentists ▪ Dentists have increased understanding regarding Head Start and needs of young children in their communities
<ul style="list-style-type: none"> ▪ Work with NH Dental Society to identify & contact local Society Chapter representatives to schedule presentation of HS Introductory Powerpoint Presentation ▪ Provide educational material to oral health providers regarding children with special needs 	Aug 04 Jan 05	HSCA, HSD, NHDS HSCA, HSHM	<ul style="list-style-type: none"> ▪ Dentists with increased understanding regarding Head Start will develop collaborative relationships with Head Start programs ▪ Through increased understanding regarding children with special needs, dentists will be better able to provide treatment services to Head Start children with special needs

Activity	Timeframe	Responsible Person	Anticipated Outputs
<p>Convene annual educational forum for community medical and dental providers (*IV.A.2)</p> <ul style="list-style-type: none"> ▪ Collaborate with NH AHEC to design program ▪ Identify curriculum development team ▪ Compile and provide reference materials ▪ Recruit hygienists, MDs and dentists to deliver presentations of the curriculum to professional meetings and conferences ▪ Invite existing and non-participating HS network providers to participate in forums, including wide spectrum of medical and social service providers, i.e., pediatricians, family practice physicians OB/GYN, midwives, WIC, Home Visiting NH, nurse practitioners, and physician assistants 	<p>July 05</p> <p>July 05</p> <p>Dec 05</p> <p>Mar 06</p>	<p>HSHMs</p> <p>HSCA, OHPM, Hope Saltmarsh</p> <p>HSCA, OHPM, AHEC, Hope Saltmarsh</p> <p>OHPM, HSCA, NHDS, HSHM</p> <p>AHEC, OHPM, HSCA</p>	<ul style="list-style-type: none"> ▪ Medical and dental providers will better understand early childhood and family oral health issues including: <ul style="list-style-type: none"> ▪ caries as infectious disease process ▪ importance of prenatal intervention ▪ importance of early identification of high risk children ▪ value of preventive interventions such as, xylitol gum, sealants, tooth brushing etc. ▪ nutrition ▪ appropriate prescribing of fluoride ▪ Dentists and primary care physicians will provide state of the art science-based preventive services to young children

Activity	Timeframe	Responsible Person	Anticipated Outputs
<p>Advocate for oral screenings by primary care providers (*I.A.2)</p> <ul style="list-style-type: none"> ▪ Encourage oral screening in all well-child checks ▪ Add oral health to all health forms to be completed by primary care physicians ▪ Encourage oral screening in all pre-natal visits ▪ Encourage oral health education at primary care exams 	<p>Nov 04</p> <p>Sep 05</p>	<p>Hope Saltmarsh, SBDH, HSHM</p>	<ul style="list-style-type: none"> ▪ HS children will have their mouths screened within 60 days of enrollment ▪ HS children will be referred for oral health care as necessary ▪ HS pregnant moms will be evaluated for oral disease risk ▪ HS pregnant moms will receive instruction regarding a comprehensive range of prevention strategies including preventing transmission of oral disease
<p>Create linkages between HS and school-based oral health programs (*III.A.2)</p>	<p>May 05</p>	<p>SBDH, HSHM</p>	<ul style="list-style-type: none"> ▪ HS children will receive preventive services including oral screening, toothbrush cleaning, fluoride varnish and education from school-based oral health programs ▪ Dental Hygienists will visit the first parent meeting of the year to provide the parents with information and educational materials
<p>Build relationships with community-based oral health clinics (*III.A.2)</p>	<p>May 05</p>	<p>OHPM, HSM</p>	<ul style="list-style-type: none"> ▪ HS children will have improved access to community-based oral health services

Activity	Timeframe	Responsible Person	Anticipated Outputs
Build relationships with oral health professions training programs (*III.A.2) <ul style="list-style-type: none"> ▪ NH Technical Institute ▪ Dental residency programs 	Jan 05	OHPM, HSCA, HSDs, Donna Clougherty, CHCs	<ul style="list-style-type: none"> ▪ HS classrooms will become a site for professional service training
Provide preventive oral health care information to social service agencies that serve young children and their families (*V.A.2)	March 05 – May 06	HSHMs, health coordinators at medical, oral health and social service agencies	<ul style="list-style-type: none"> ▪ Social services agencies will provide oral health education, training and resources to young children and their families
Encourage and facilitate the addition of science-based preventive oral health information and training resources to the monthly list-serves of State, medical, oral health and social service agencies (*II.B.1)	July 06	OHPM, HSCA, Hope Saltmarsh, AHEC, NHDS, NHDHA	<ul style="list-style-type: none"> ▪ Agencies and individuals (medical, dental and social services) who interact with and provide services to HS children will have access to state of the art science-based information regarding prevention of oral diseases

Objective #2: Utilize Head Start’s unique program strengths to expand the reach of oral health education.

Activity	Timeframe	Responsible Person	Anticipated Outputs
<p>Ensure that HS staff understand the importance of oral health as a component of overall health (*I.A.1)</p> <ul style="list-style-type: none"> ▪ Develop training program for educators and family advocates regarding oral health ▪ Include oral health priorities in nutrition education programming ▪ Encourage staff to participate in case management 	<p>May 05</p> <p>May 05</p> <p>May 05</p>	<p>AHEC, OHPM, HSCA, HSHMs</p> <p>AHEC, HSNMs, dental hygienists</p> <p>HSDs</p>	<ul style="list-style-type: none"> ▪ Staff includes oral health information in HS educational activities ▪ Staff advocates for the delivery of oral health services to HS children ▪ Staff encourages use of “oral healthy” snacks and drinks ▪ Staff works in partnership with families to coordinate initial oral health care visits
<p>Head Start programs support development of statewide access to school-based hygienist programs (*III.A.2)</p> <ul style="list-style-type: none"> ▪ Assess availability of school-based hygienist programs ▪ Approach and offer support to likely applicants for new programs ▪ Write letters of support and advocate with funders 	<p>Sept 05</p>	<p>HSDs</p>	<ul style="list-style-type: none"> ▪ Access to school-based hygienist programs that will serve local Head Start programs is achieved on a statewide basis

Activity	Timeframe	Responsible Person	Anticipated Outputs
<p>Engage HS parents as advocates for their children and families' oral health</p> <ul style="list-style-type: none"> ▪ Develop educational programs for HS parents regarding oral health ▪ Reinforce messages at parent meetings, home visits, socialization meetings and conferences ▪ Build "parent to parent" communications regarding oral health ▪ Increase availability of Baby's Best Beginnings and Early Head Start programs as expansion funds become available 	<p>Sept 04</p> <p>Nov 04</p> <p>June 07</p>	<p>SBHs, HSFAs</p> <p>HS Parent Program Committee, HSFA</p> <p>DHHS program administrators including HSCA, OHPM, Joan Acheim</p>	<ul style="list-style-type: none"> ▪ Parents request oral screenings by primary care providers ▪ Parents understand, practice and teach basic oral health care techniques and understand the importance of routine oral health care visits for their children ▪ Parents bring water samples to primary care providers for fluoride level testing
<p>Provide in-service education to HSHMs, home visitors, family workers regarding prevention of oral diseases (*I.A.2)</p>	<p>May 04 – Nov 04</p>	<p>HSHMs, Hope Saltmarsh</p>	<ul style="list-style-type: none"> ▪ HS staff will understand and use new science-based oral health prevention information and resources with HS children and their families
<p>Early Head Start Nurses and home visitors will attend oral health education programs designed for prenatal health services providers (*I.A.2)</p>	<p>Dec 04</p>	<p>HSDs, Hope Saltmarsh</p>	<ul style="list-style-type: none"> ▪ Early Head Start staff and prenatal health providers will understand and use unified message and resources with pregnant women enrolled in Early Head Start

Objective #3: Build coalitions among Head Start’s partner agencies to create a unified message regarding oral health.

Activity	Timeframe	Responsible Person	Anticipated Outputs
<p>Utilizing information developed for oral health forums, convene oral health educational sessions for potential partner agencies (*V.A.2)</p> <ul style="list-style-type: none"> ▪ Identify agencies that work with HS families ▪ Collaborate with AHEC to develop program curriculum ▪ Assure adequate representation from key collaboration partners including but not limited to: <ul style="list-style-type: none"> ▪ WIC, Title V MCH ▪ Public elementary school ▪ DCYF ▪ Home Visiting NH ▪ Medicaid offices ▪ Other pre-natal providers ▪ childcare providers 	Nov 05 – Nov 06	OHPM, HSCA, AHEC, Curriculum Development Team, HSHMs, HSD	<ul style="list-style-type: none"> ▪ Agencies that work with HS families will be better informed regarding the importance of oral health ▪ Collaborative approach to addressing oral health concerns will be created
<p>Participate in implementation of state-wide oral health public awareness campaign (*I.A.1)</p> <ul style="list-style-type: none"> ▪ Collaboration partners join public awareness project implementation team 	July 05 – June 06	HSD, HSHM, HSHC, HSFA	<ul style="list-style-type: none"> ▪ HS and partner agencies become key constituents of proposed “Watch Your Mouth” campaign

Activity	Timeframe	Responsible Person	Anticipated Outputs
Educate Head Start partner agencies regarding Head Start Performance Standards requiring provision and coordination of oral health education, advocacy and services	Nov 04	HSDs, HSCA	<ul style="list-style-type: none"><li data-bbox="1178 760 1835 824">▪ Public understands and supports continuation of HS performance standards

Monitoring and Evaluation Plan

Objective #1			
ACTIVITY	MEASURE	SOURCE	TIMELINE
Dentists on HS Health Advisory Committees	Dentist on Advisory Committee for all HS programs	Health Advisory Committee Roster	Annual, June
Annual education forum for community providers	Forum	Forum Participant list Forum evaluation summary	Annual, June
Oral screenings by primary care providers	HS children will complete oral screenings within 60 days of enrollment	Program Information Report (PIR) Physical Exam form	Annual, June
Collaborative relationships between HS and SBOHP	Hygienists provide screening, toothbrush cleaning, fluoride varnish to HS children	PIR	Annual, June
	Hygienists visit first parent meeting each year	Sign-in for parent meeting	Annual, November
Relationship with professional training programs	HS programs have interns for round of service training	Contractual agreement with training institution	Annual, June
Social services agencies provide preventive oral health information to parents and their children	Social services agencies have and distribute material	Social service agencies procedure/practice statement	Annual, June
		Parent exit survey	Data collection, ongoing Aggregate data analysis, June
Oral Health information on profession websites	Inclusion of information submitted to website	Website page printouts	Submitted and printed monthly Analysis, June
Objective #2			
ACTIVITY	MEASURE	SOURCE	TIMELINE
Training for education, nutrition, home visit and family worker staff	HS staff incorporate oral health into their overall health activities	Training logs Menus Lesson plans	Annual, June
Support development of statewide access to school-based hygienist programs	HSD participation in development activities	Letters of support Meeting attendance lists	Annual, June
Engage parents as oral health advocates for their children	Parent requests oral screenings at well-child check Parent teaches oral health care to children	Parent survey questions added to end of year parent evaluation	Annual, June

Objective #3			
ACTIVITY	MEASURE	SOURCE	TIMELINE
Participate in statewide oral health public awareness campaign	Participation in Watch Your Mouth campaign	Meeting minutes for Watch Your Mouth Campaign	Quarterly, September, December, March, June
Educate public regarding Head Start Performance Standards	Participation in health committees Presentations to public	Meeting minutes Speaker presentation evaluation summaries	Annual, June

Longitudinal Measures		
MEASURE	SOURCE	CRITERION
Children screened within 60 days of enrollment	PIR	100% of children enrolled
Children in need of dental services receive those services within 90 days	PIR	100% of children in need of services
Children in 3 rd grade have ongoing oral health support	Response to oral health screening permission form (School-based dental hygienist add Head Start enrollment questions to permission form)	100% of children previously enrolled in Head Start
Children in 3 rd grade have no caries	School-based dental hygienist	