

May 7, 2003

Ms. Kathy Geurink, RDH, MS
ASTDD Head Start Project Coordinator
204 Canada Verde
San Antonio, TX 78232

Dear Ms. Geurink,

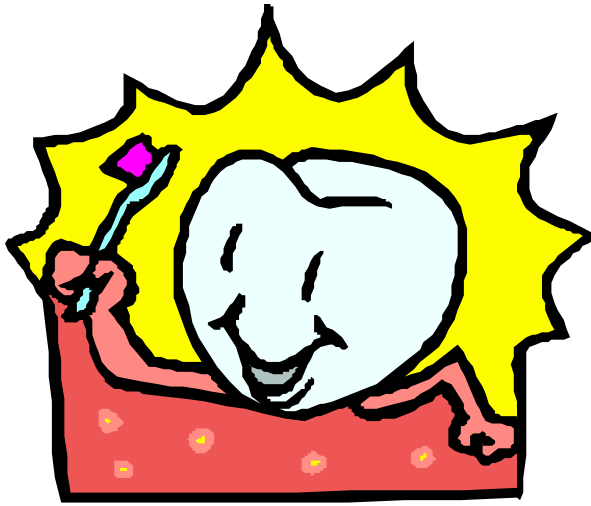
Enclosed please find the final report of the Oklahoma Children's Oral Health Forum, "Give Kids A Smile," held February 7, 2003.

We appreciate the assistance of ASTDD in making this successful forum possible. We believe our plan will open doors to improve oral health for Head Start and other young children in Oklahoma.

Sincerely,

Michael E. Jones
Executive Director
OKACAA

Enclosure



Give Kids A Smile

Presented by Oklahoma Association of Community Action Agencies
(OKACAA)

In Collaboration with
Oklahoma Primary Care Association (OPCA)

Sponsored by Oklahoma City Area (OCA) Inter-Tribal Health Board,
BHM International Region VI-A Head Start Quality Improvement Center,
United Way of Metro Oklahoma City, and
Association of State and Territorial Dental Directors (ASTDD)

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Project Summary

Oral disease represents a major health problem for Early Head Start and Head Start children and their families. Oklahoma dentists accepting Medicaid enrolled children dropped from 1,100 in 1987 to 300 today. This relative handful of dentists are available to serve 293,881 Medicaid enrolled children, 234,031 (80%) of which are enrolled in the State Children's Health Insurance Program (SoonerCare). Therefore, it is clear that low-income children's access to dental care is compromised by the lack of private practice dentists.

The Oklahoma Association of Community Action Agencies Head Start State Collaboration Office (OKACAA-HS) and Oklahoma Primary Care Association (OPCA) met the first week of July 2002 to discuss submitting an application to the Association of State and Territorial Dental Directors (ASTDD) to address the issue of children's access to dental care. Letters of support were provided by the Oklahoma Head Start Association (OHSA), Oklahoma State Department of Health (OSDH), OPCA, BHM International-Head Start Quality Improvement Center (BHM-HSQIC), and US Department of Health and Human Services Administration for Children and Families Region VI West Central Hub.

On August 12, 2002 OKACAA-HS was awarded \$5,000 from ASTDD to convene a one-day forum to develop an action plan to improve access to oral health services for betterment of Oklahoma's children. The forum, "Give Kids A Smile", was planned by a committee of twenty-five individuals representing fifteen organizations.

In addition to funding from the ASTDD, financial contributions were made by the United Way of Metro OKC, BHM International Head Start Quality Improvement Center, and the OCA Inter-tribal Health Board. UniCare donated pens, pencils, brochures, mini basket balls and clocks. The Oklahoma Dental Association donated toothbrushes for participants. The National Maternal and Child Oral Health Resource Center provided publications. In-kind support was provided by the 16 collaborating organizations.

The Children's Oral Health Forum was held February 7, 2003 at the Metro-Tech Conference Center in Oklahoma City. Dentistry professionals, legislators, Head Start Program administrators, educators, health care providers, nonprofit community-based service providers, State Department of Health, Human Services and Education staff, and tribal health care and service providers were among the 174 persons in attendance.

Participants were welcomed by Dr. Mike Morgan, Chief of Dental Health Service for the Oklahoma State Department of Health. Dr. John Rossetti (now retired) Chief Dental Officer of Health Resources and Services Administration, Maternal and Child Health Bureau gave an overview of the Head Start Model and National Perspective on Children's Dental Services. A panel of experts discussed issue areas regarding

access to services, workforce/providers, community resources and legislation/education.

In the afternoon, participants were assigned to facilitated work groups structured around the four panel issue areas. Participants in each work group engaged in identifying solutions to issues, outlining proposed activities with timelines, offering/committing to implementing proposed activities, and identifying short-and long term outcomes, measurements and tracking.

The forum ended with the facilitators from each workgroup reporting their group discussion to all participants.

Comments from participant evaluations indicate interest and concern for follow-up and a desire to attract more involvement from policy makers such as legislators and the Oklahoma Health Care Authority.

An immediate outcome of the Oral Health Forum is the establishment of a subcommittee on oral health as part of the Oklahoma Health Improvement Partnership. This subcommittee provides a vehicle for forum participants to continue efforts to improve access to oral health care. Also, legislation discussed at the Oral Health Forum has been enacted that will increase access to oral health preventive services for children.

Background

In 1999 the national Head Start Partners Oral Health Forum was convened to focus attention on early childhood oral health. Participants were presented with current evidence related to oral health and nutrition, dental caries risk assessment and prevention, and access to oral health services. Strategies to increase collaboration at the federal, state, and local levels were also outlined. The forum resulted in the Administration for Children and Families (ACF), Head Start Bureau (HSB) and the Maternal and Child Health Bureau (MCHB) in the Health Resources and Services Administration (HRSA) entering into an Intra-Agency Agreement to improve oral health for children in Head Start. Two of the six activities in this agreement are Regional Oral Health Forums coordinated by Regional Field Offices and a Head Start Oral Health project through ASTDD that includes support for state/territorial forums and action plans.

January 2002: The Oklahoma Primary Care Association in collaboration with the University of Oklahoma College of Dentistry, Oklahoma Dental Hygienist Association, and Oklahoma State Department of Health organized a children's oral health summit in Oklahoma City. The summit, "A Challenge for Change", was attended by 107 individuals. Speakers from in-state and out-of-state presented data on the incidence of dental caries, access to care, issues and initiatives in other states that show promise. The summit identified six strategies for Oklahoma. Two strategies included developing and formalizing an oral health coalition and collaborating with community health providers, federal and state agencies, and dental schools and associations to screen, clean and seal uninsured and underinsured children's teeth.

February 2002: A Region VI Oral Health Forum, "Enhancing Partnerships for Head Start and Oral Health" was held in Dallas, Texas by the regional field office of the Administration for Children and Families. Collaborative issues and gaps were identified and community partnerships were initiated to improve access to oral health services.

July 2002: OKACAA-HS staff and OPCA combined efforts to address the issue of children's access to dental care. An application to convene a one-day forum to develop a state action plan was submitted to and approved by ASTDD.

February 2003: 174 individuals attended the Children's Oral Health Forum at the Metro-Tech Conference Center in Oklahoma City. In the morning, attendees received oral health background information, and in the afternoon they participated in developing a plan of action for Oklahoma.

Planning Process

Upon notification of award, organizations identified in the grant application were formally invited to participate on the planning team. A multidisciplinary group of 25 individuals representing 15 organizations planned forum activities, explored potential resources for financing the event and anticipated outcome goals. Planning members included:

First	Last	Agency
Carolyn	Shaw	OHSA President, CAA of OKC HS
Dorothy	Young	CAA of OKC HS
Judy	Bryan	Chickasaw Nation/HS
Melinda	Filbeck	Chickasaw Nation/HS
Cindy	Griffin	Chickasaw Nation/HS
Jan	Cox	HSQIC, BHM, Inc.
Suzanna	Dooley	Maternal & Child Health
Paula	Wood	Maternal & Child Health
Dr. John	Rossetti	Maternal and Child Health Bureau
Amy	Holder, RDH	OCA Inter-Tribal Health Board
Susan	Hillman	Oklahoma Dental Association
Kim	Stone	Oklahoma Dental Hygienists Association
Belinda	Rogers	OICA
Dr. Tad	Mabry	OKC Area Indian Health Service
Judy	Grant	OPCA
Marilyn	Shelton	OPCA
Greta	Shepherd, MPH	OPCA
Neil	Hann, MPH, CHES	OSDH
Dr. Mike	Morgan	OSDH
Pat	Saslow	OSDH - MCHS
Dr. Dan	Dalzell	OU College of Dentistry
Dr. Stephen	Young	OU College of Dentistry
Dorothy	McRae	Region VI ACF
Ed	Pulido	United Way of OKC
Janet	Newport	WIC
Sarah	Lee	OKACAA
Kay	Floyd	OKACAA
Michael	Jones	OKACAA

Planning committee members also suggested Continuing Education Units (CEUs) be available. Ruth Ann Ball with the Center for Early Childhood Professional Development coordinated for Early Childhood Professionals through the University of Oklahoma. Five hours of CEUs were also arranged with the Oklahoma Board of Dentistry.

Invitees/Participants

In November 2002, postcards announcing the forum were distributed by planning committee members to their networks. Members provided OKACAA-HS their database for direct mailing. In December, OKACAA-HS mailed 1,486 postcards. A copy of the forum announcement and registration is provided as Exhibit 1.

Registration forms were mailed to 2,858 individuals on December 27, 2002, initially 235 individuals registered including nine presenters and three staff members of the Association. A total of 174 attended the forum exceeding the maximum proposed target of 150. A list of final participants is provided as Exhibit 2.

Methods to Develop Action Plan

Coordination and contracting associated with the forum was staffed by the OKCAA HS office. Planning committee members provided in-kind support and financial assistance. Presenters volunteered at the planning meeting or were contacted by planning committee members.

In the morning, the forum was structured with opening remarks and introductions of the conference objectives followed by a panel of presenters covering four issue areas - access, workforce/provider, community resources, and consumer education - that hinder children's oral health services. A copy of the agenda is provided as Exhibit 3.

Welcome remarks and introductions were provided by Dr. Mike Morgan, Chief of Dental Health Services for the Oklahoma State Department of Health. Dr. Morgan shared a letter received from Oklahoma's First Lady, Kim Henry extending her regrets that she was unable to attend and expressing her whole hearted support for the forum with the hope that the meeting would result in solutions, systems, and improved processes to provide children with better access to dental health care services. A copy of the letter is provided as Exhibit 4.

Dr. Morgan stressed the need to improve access to dental care for underserved children. He cited the recent U.S. Surgeon General's Report indicating distressing national statistics. Specifically, that tooth decay is the single most chronic childhood disease in the United States; 25% of all low income children do not see dentists before entering kindergarten; low income children suffer twice as much from dental related problems as the general population; and every 2.6 low income children are without dental health care coverage. All these factors combined result in the loss of more than 51 million school hours each year. Dr. Morgan ended his comments by thanking the forum sponsors and coordinators for their work in making the event possible.

Following Dr. Morgan was Dr. John Rossetti; forum key note speaker. In his 30 years with the US Department of Health and Human Services, Health Resources

and Services Administration, Dr.. Rossetti indicated he learned the following four principles:

- People make programs work
- “No” does not always mean “no”
- Things happen at the local level
- Follow-up, follow-up, follow-up- don’t take “no” for an answer

Dr. Rossetti outlined the development of the oral health care collaborative. He pointed out that in the period from 1966 through 1993 Public Health Services/Health Resource and Services Administration provided all oral health expertise. From 1993-1998, a silo delivery system was in place. In 1999, a period of collaborative partnership development between children’s oral health care providers and low income service entities began. Head Start co-sponsored the Head Start (HS) Oral Health Forum in conjunction with CMS, WIC, AOA, and Maternal Child Health Bureau (MCHB). As a result of that forum and its recommendations, an interagency agreement was developed in 2001 calling for a change in the pattern of dental disease for low-income children through renewed partnership. That renewed agreement, built on common interests held by HS and MCHB established the goal of rebuilding partnerships between HS and the dental community across the nation. These renewed partnerships would provide leadership, inventory resources and best practices, develop links with public and private dental health care providers and increase oral health awareness.

Dr. Rossetti provided an overview of National oral health care activities highlighting the rationale for development of an Inter-Agency Agreement (IAA); the 1996 Office of Inspector General report; HRSA/HFCA Partnership Initiative; 1999 ADA Improving Access in Medicaid (AIM) Conference; the 1999 HS Oral Health Forum; the 2000 Surgeon General’s Report, Workshop and Conference, 2010 Healthy People Objectives; and 2 GAO Reports.

Dr. Rossetti stressed that access to dental services and dental disease are the most prevalent health issues among HS children, and these are the major factors behind the need to develop collaborative partnerships between HS and the dental health care community. He pointed out common oral health elements of MCHB and HS as the catalyst for forming the partnership:

- ↳ Oral health expertise at Bureau, grantee & TA network levels
- ↳ Linkages with HRSA programs, States & public/private providers
- ↳ MCHB leadership and infrastructure

Dr. Rossetti identified the following goals of the partnership:

- ↳ Implement recommendations of forum
- ↳ Rebuild public & private partnerships
- ↳ Increase access to clinical, preventive & early intervention services
- ↳ Provide oral health expertise to Head Start Bureau, Grantees & TA Network
- ↳ Link Head Start to MCHB, HRSA & State and community oral health programs

Dr. Rossetti closed his presentation by identifying the partnership's current activities:

- ↪ Define role of HRSA field office staff
- ↪ Define role of State dental programs
- ↪ Inventory materials, resources & best practice models
- ↪ Increase oral health awareness among providers, Head Start staff, and families
- ↪ Develop linkages with public/private dental providers and organizations

Panel Presentation Summaries:

Access to Services addressed outreach and enrollment, provider availability, transportation and special populations.

Head Start Parent: Bonita Dickenson, Parent Policy Council Representative, Ambassador Courts Head Start, Oklahoma City, OK

Ms. Dickenson set the environment for the panel session on access to services. She shared a personal testimonial regarding difficulties she experienced throughout her life in accessing and paying for dental health care services. Ms. Dickenson described long waiting lists to access providers and difficulties in finding good providers willing to accept Medicaid. She relayed her final frustration in securing sound dental health care treatment by indicating she must save spare pocket change throughout the year in order to purchase services for her youngest children on the open market without benefit of dental health care insurance.

Dentist: Tad Mabry, DDS, MS, Pediatric Dental Consultant, Oklahoma City Area Indian Health Service

Dr. Mabry shared the results of the 1999 Indian Health Service's *Oral Health Survey of American Indian and Alaska Native Dental Patients: Findings, Regional Differences and National Comparisons*. The survey data contains parallels to Oklahoma's Head Start circumstance today. The survey found an 80% incidence of decay, 68% of American Indian and native Alaskan children with active untreated decay and only 11% of children that have active decay complete dental health care treatment. Many of these patients are Medicaid patients facing dentists that refuse to treat them for a variety of reasons ranging from low reimbursement rates to their number one reason; that 51% of Medicaid patients fail to keep appointments.

Dr. Mabry pointed out the stark differences in dental health care expenditures between the nation's population of children as a whole vs. American Indian and Native Alaskan children. The average expenditure per person for the US population is \$300.00 while the average per person expenditure is only \$50.00 for American Indian and Native Alaskan children.

Mabry indicated increasing fee structures alone will not improve accessibility for low-income children. Several reforms are needed such as: setting reimbursement rates equal to market rates; streamlining the claims process through the use of standard

forms and electronic claims filing; strengthening case management services; and, establishing a point of contact to assist patients with the system.

Workforce/Providers addressed recruitment of dentists, cost reimbursement rates and the role of hygienists

Daniel P. Dalzell, DDS, MS, Chair of the Department of Pediatric Dentistry, University of Oklahoma College of Dentistry

Dr. Dalzell discussed issues relating to the treatment of younger children with early childhood caries and the recruitment of dentists to treat this population. He cited recent reports regarding the prevalence and incidence of dental caries in the United States. The reports indicate that although there has been a decline in the overall levels of clinically detectable dental caries, dental decay remains a significant health problem for preschool age children and is disproportionately concentrated in children from low-income households and ethnic minority groups.

Of considerable concern is the observation that among children at or below 100% of the federal poverty level, nearly 80% of decayed primary teeth have not been restored in 2–5 year old children. The implications of the data for public policy were cited as important by Dr. Dalzell because it suggests something different is taking place among preschool children living at or below the poverty level:

- ✓ Prevention of caries may be less effective in the primary dentition.
- ✓ A larger portion of caries that does occur goes untreated in these children than in children living above the poverty level.
- ✓ Low-income children do not use dental services as frequently as the rest of the children in this age group.

Dr. Dalzell expressed concern that the issues surrounding low-income children accessing dental health care is almost the same as it was ten years ago and, “we keep talking and talking while children are left out of the access equation”. Access to care for disadvantaged children and declining providers of dental care were the issues then as they are today. He suggested that access to dental care is limited by the perception of most Oklahoma dentists that the administration of Medicaid in the state of OK is broken and that it will take major reforms by our state government to move dentists to see more Medicaid patients, especially young children. Without dental providers to provide the restorative care, other initiatives such as safety net clinics and inter-community clinics will be difficult to staff. Dr. Dalzell recommended that forum attendees must involve officials responsible for solutions such as the Governor, Legislators, Oklahoma Health Care Authority, State Health Department, and other primary care officials in the state.

Kim Stone, RDH, Oklahoma Dental Hygienists Association

Ms. Stone gave an overview of dental hygienists origins and their status today. Dental hygienists are licensed, preventive oral health care professionals who provide educational, clinical, research, administrative, and therapeutic services that support total health by promoting optimal oral health. In the United States and all over the world, dental hygienists work in places such as private dental offices; hospitals; managed care organizations; federal, state and municipal health facilities; long-term care facilities; nursing homes; and schools.

Oral health is a critical component of total health. Recent research has linked the bacteria in periodontal disease to heart and lung disease; diabetes; premature, low-birth weight babies; and a number of other systemic diseases. According to the American Academy of Periodontology, more than 90% of the population over age 13 is affected by periodontal disease or gum disease. Each year about 30,000 Americans are diagnosed with oral and pharyngeal (throat) cancers, and more than 8,000 people die of these diseases. The dental hygienist is trained to perform cancer screenings, and careful inspection of the soft tissues of the mouth, head and neck.

Early detection and treatment of oral disease is critical to saving lives. During oral health examinations, dental hygienists can detect signs of many diseases and conditions like HIV, eating disorders, substance abuse, osteoporosis, and diabetes. In addition, dental hygienists can work with patients to develop oral health care treatment plans that manage oral infection so it does not exacerbate serious diseases.

Licensed dental hygienists are highly educated and completely qualified to perform oral health care services. Dental hygienists are required to graduate from an accredited dental hygiene program that is at least two years in length. Graduation from an accredited program housed in a college or university is followed by successful completion of the National Board Dental Hygiene Examination. This qualifies graduates to take a state or regional licensing examination that includes both a written and clinical component. Dental hygienists must be licensed in the state in which they work and must practice in accordance with regulatory laws and dental hygiene practice acts. Because of the consistent requirements and accreditation standards, most states, including Oklahoma now license by credentialing.

Since 1990, the number of dental hygiene programs in the United States has increased by 27%. Currently there are 261 entry-level dental hygiene educational

programs and more than 73 baccalaureate degree-completion and master's programs in the United States. Oklahoma now has 4 Dental Hygiene programs. One program is located at Tulsa Community College and one at Rose State College in Midwest City, and two within the University of Oklahoma – at the OUHSC; and, one new satellite program in Bartlesville.

According to the federal government, in December of 2000, there were 130,836 dentists in the United States and 140,750 licensed dental hygienists. From 1985-86 to 1995-96, the number of dentist graduates declined by 23%. In contrast, the number of dental hygiene graduates increased 20%. These statistics hold true in Oklahoma as well. In eight years, dentists increased by 44 while hygienists increased to 344 (*dentist numbers do not include specialty dentists not employing dental hygienists*)

Ms. Stone shared examples of state laws and regulations that restrict access to care by dental hygienists. One limits the type of practice settings and the other imposes restrictive supervision requirements. Oklahoma is the last and only state that limits dental hygienists to the office of a dentist.

This year the Oklahoma Dental Hygienists Association introduced legislation for the first time that would allow hygienists to provide services under “public health supervision” in settings other than a dental office. This supervision maintains the authority of a dentist, while allowing hygienists to provide services within their scope without the restriction of a previous examination by a dentist. This has worked very well in many other states

Community Resources addressed public and private partnerships, identifying resources from public/private sectors and public awareness

Darrell Dedrick, DDS, General Practice of Dentistry, Enid Oklahoma

Dr. Dedrick gave an overview of the Enid Metropolitan Area Human Service Commission’s history, purposes, funding and membership. He shared the Commission’s 2002 accomplishments, participating partners, outcomes and future plans.

A few of the outcomes include:

- ↪ Volunteers completed clean-up of 160 yards for elderly and disabled residents.
- ↪ All local service organizations now have free on-line access to information about community resources and information can be kept current much more easily than in printed form.
- ↪ Senior Center services are becoming more accessible to larger numbers of eligible citizens.
- ↪ Out-stationed social workers are now facilitating access to services for families through outreach from 6 Enid schools.

- ↪ SAFE counselors are providing individual group and family counseling for students at 4 schools in addition to regular school counselors.
- ↪ Legal aliens are receiving assistance with immigration paperwork; police departments have flash cards to facilitate communication with non-English speaking persons; a worker out-stationed at DHS and Advance Foods provides increased access to community resources for Spanish-speaking citizens.
- ↪ Feedback from key informants and clients has been compiled along with large amounts of census and other data in preparation of a report on community needs.
- ↪ Wellness Centers and neuro-developmental assessments are being continued with a pediatrician on-site one half day each week in 5 elementary schools with replacement funding from another source.
- ↪ Family involvement at school has increased and teachers are being aided in implementation of Schools Attuned initiative with assistance of the Families In Tune Specialist.

Future Plans

- ↪ Complete community needs assessment for use by area organizations in developing plans for action.
- ↪ Develop strategy for creation of local substance abuse treatment facility.
- ↪ Add new information as available for on-line resources directory.
- ↪ Increase access to health care services for the uninsured indigent.
- ↪ Investigate needs for new homeless shelter.
- ↪ Establish Community Voice-Mail system for victims of domestic abuse and others in need.

Neil Hann, MPH, CHES, Chief of Community Development Service, Oklahoma State Department of Health

Mr. Hann provided an overview of lessons learned from the Turning Point Initiative as a potential community resource for oral health access.

In 1998, there were only 3 community partnerships. Currently, there are more than 30 partnerships. The goals of the initiative were to develop a new way of thinking about health in Oklahoma and incorporate a community-based approach to public health improvement planning and decision-making. These partnerships have achieved impacts. For example in Cherokee County:

- There is now a Health Trust
- The Tahlequah public schools no longer have soft drinks and candy vending machines.
- A walking trail is in the final stages of planning as well as a walking program for schools.
- Dietitians from the schools, county, and Cherokee Nation continually put on demonstrations for low fat diet and portions counseling.

- Health services access for the underserved and uninsured is being addressed by the opening of a FQHC (Federally Qualified Health Center) in Hulbert.

Legislation/Education addressed state legislation, identifying roles of state oral health programs and prevention through water fluoridation.

Representative Al Lindley, District 93 Oklahoma State Legislature, Chairman of the Mental Health Committee; member of the following committees: Appropriation and Budget; Human Services; Public Health, Rules; member of the following subcommittees: Health and Social Service; Appropriation and Budget

The Representative spoke about the following measures:

- ↳ SB 525-State Dental Act which defines unlawful acts, dental hygienists
- ↳ SB 230- Dental Hygiene practice settings
- ↳ HB 1443- Dental hygienists, modify authority
- ↳ HB 1444- Medical professions, reports, rules
- ↳ HB 1445- Dental Act add/modify definitions/authority over dental assistants

Michael L. Morgan, DDS, MPA, Chief of Dental Service, Oklahoma State Department of Health

Dr. Morgan discussed the role of state oral health programs with emphasis on dental health education and oral disease prevention. He presented Oklahoma dental caries statistics and photos. Dental program areas of the Department of Health include:

- ↳ Dental Health Education and Tobacco Use Prevention
- ↳ Community Water Fluoridation
- ↳ Dental Clinical Care
- ↳ Consultation and Research Activities

Dr. Morgan concluded with the following recommendations:

- 1) Prevention - Oral disease prevention programs (Fluoridation, Dental Education, Tobacco Use Prevention, and Dental Sealants) should be expanded and adequately funded.
- 2) Dental Clinical Care - A solution has to be found to provide dental care for HS children as well as all children in Oklahoma who need dental care.

Following the panel presentations, participants were assigned to one of the four afternoon issue area workgroups to develop action plans. Over the next hour and forty-five minutes, the four issue area work groups were assigned individual group facilitators and given five tasks:

1. Identify potential solutions to identified issues, including legislation
2. Outline proposed activities with timelines
3. Take offers/commitments from agencies or representatives who will be responsible for implementing the proposed activities
4. Identify short-and long-term outcomes

5. Discuss how progress on the outcomes will be measured and tracked

Facilitators were assigned to work with each breakout discussion group to complete the assigned work tasks. Due to the limited amount of time, not all groups were able to complete all five tasks. At the end of the breakout discussions, all conferees were assembled together and facilitators from each group reported their group's discussions relevant to each of the assigned tasks. The results of each breakout discussion group are summarized in the following action plan.

Action Plan

Access Discussion Group

Facilitator: Caroline Clark

Issues	Solutions	Activities	Timeline	Offers/ Commitments	Outcomes	Measurement Tools
<ul style="list-style-type: none"> ▪ Lack of providers ▪ Extensive Waiting Time ▪ Lack of Incentives ▪ Lack of Parental Education ▪ Lack of Transportation ▪ Providers will not see low income children ▪ Problems with prescriptions ▪ Inadequate funding by legislature/Health Care Authority 	<ul style="list-style-type: none"> ▪ Use United Way resource guides ▪ Encourage better distribution of dentists ▪ Provide rural practicum's for dental residents ▪ Fund preventive programs ▪ Promote Parent Education ▪ Utilize Neighbor for Neighbor services ▪ Increase awareness for programs that already exist ▪ Raise legislators' awareness of cost savings by funding children's oral health care ▪ Look at medical profession models ▪ Utilize Students to provide appropriate services 	<ul style="list-style-type: none"> ▪ Set-up task Force to address all issues of concern ▪ Focus on getting providers ▪ Make known what is currently available ▪ Reconvene planning group ▪ Get business community involved in group ▪ Develop statewide resource guide ▪ Explore repayment of student loan program ▪ Educate parents, ▪ Provide transportation ▪ Work with, legislators and Health Care Authority to provide incentives for providers to serve low-income children by end of legislative session 2004 ▪ Mobile sealant program will be implemented 	<ul style="list-style-type: none"> ▪ August 2003 ▪ Ongoing ▪ Ongoing ▪ May 2003 ▪ As soon as possible ▪ August 2003 ▪ ASAP ▪ Ongoing ▪ Ongoing ▪ 2004 session ▪ 2008 	<ul style="list-style-type: none"> ▪ Turning Point ▪ OKACAA ▪ Head Start, WIC, Dept. of Health, Dental Community ▪ Dentists and Hygienists 	<ul style="list-style-type: none"> ▪ Needs in specific areas will be identified and Legislators will be informed of high need areas. ▪ Parent advocacy training will be developed. ▪ Preventative programming will increase in agencies and Head Start ▪ Personal responsibility for oral health will increase. ▪ Oral health standards will be developed for child care. ▪ Tribes and private business would be allowed to supplement Medicaid reimbursement. ▪ Sealants will be rechecked. 	<ul style="list-style-type: none"> ▪ Update Dr. Morgan's survey to see if there is improvement ▪ Use Head Start program information report as model ▪ Proposed positive legislation will be tracked and supported until enacted

Workforce/providers Discussion Group

Facilitator: Karen Coakley

Issues	Solutions	Activities	Timeline	Offers/ Commitments	Outcomes	Measurement Tools
<ul style="list-style-type: none"> ▪ Transfer of program at the federal level ▪ Lack of incentives to volunteer ▪ Geographic barriers to closest facility and provider ▪ State laws and regulations that restrict access to care by dental hygienists 	<ul style="list-style-type: none"> ▪ Keep Head Start under US Department of Health and Human Services ▪ Legislate tax incentives for those working as volunteers ▪ Provide tax breaks for providers ▪ Allow debt forgiveness/repayment for providers ▪ Identify transportation options ▪ Promote SB 230 & be familiar with all bills related to oral health 	<ul style="list-style-type: none"> ▪ Identify more educators for OSDH for oral health ▪ Consider outsourcing administration of dental plan. ▪ Carve out dentistry from OHCA ▪ Redistribute monies ▪ Encourage independent contact with legislators, colleagues & media ▪ Set up and promote community collaborations and/or look at other successful community efforts, i.e. d-dent ▪ Educate & lobby state dental board and the ODA for changes in policies ▪ Allow partial credit for Continuing Education (CE) for volunteerism ▪ Lobby state board and ODA to support SB 230 			<ul style="list-style-type: none"> ▪ Increased participation ▪ Long-term reduction of oral disease ▪ Changed dental statutes ▪ Prevention 	<ul style="list-style-type: none"> ▪ Reports: Annual, Federal and national ▪ Comprehensive summary report of this conference

Community Resources Discussion Group

Facilitator: Lynn Farrar

Issues	Solutions	Activities	Timeline	Offers/ Commitments	Outcomes	Measurement Tools
<ul style="list-style-type: none"> ▪ Patient noncompliance ▪ Pop machines and other vending machines which sell foods and beverages that are considered “empty calories” to students at school provide revenue that is beneficial to schools ▪ Dentists do not take Medicaid patients because of the low reimbursement amount and lack of prompt reimbursement payment ▪ Lack of follow up ▪ Not enough preventative education and prevention educators. ▪ General dentists practicing in the community lack or lose skills to deal with children 	<ul style="list-style-type: none"> ▪ Parent education ▪ Develop and make known incentives to the client so this might encourage them to be compliant ▪ Provide deeper follow up with patients to determine causes and reasons why they are missing appointments ▪ Access and evaluate systems already in place that seem to contribute to incompliance issues using the Head Start parent in service ▪ Encourage schools to replace these items with healthier alternatives ▪ Make frequent changes in the food items ▪ Add educational information with the healthier product ▪ Schools could continue to provide vending machines, and receive income that would benefit their program ▪ Develop community projects ▪ Look at other successful models in Oklahoma, and in other states 		<ul style="list-style-type: none"> ▪ Onset of enrollment of parent in service and ongoing ▪ Within 1 year ▪ Up to 2 years for legislation 	<ul style="list-style-type: none"> ▪ Head Start, Health Department at State and County levels. ▪ Nutrition Specialists ▪ Dental Professionals ▪ County Dental Association ▪ Head Start parents ▪ Parents approach school boards ▪ PTA ▪ Health Department ▪ Parents as Teachers (PAT) ▪ Individuals will go to State Legislators and involve the Health Care Authority. 	<ul style="list-style-type: none"> ▪ Improved dental care for children ▪ Improved dental health ▪ Better smiles ▪ Improved access to dental care ▪ More providers available ▪ More money saved in the long run ▪ Improvement of infrastructure and systems ▪ Improved overall health 	<ul style="list-style-type: none"> ▪ Number of filings for emergency room care. ▪ Number of providers now compared to a year later ▪ Statistics from Healthy People 2010 ▪ Studies that are being implemented now to determine improvements in health care ▪ Head Start PIR reports

of all ages.

- Examine present reasons that are considered to be contributing to this issue
- Encourage contractors with Sooner care to collaborate more with each other, Share what works and doesn't... collaborate to streamline services and increase efficiency
- In small dental offices, encourage the hiring of additional staff (full or part-time) to handle insurance paperwork
- "Piggy Back" on other successful quality assurance systems already in place

Legislative/Education Discussion Group

Facilitator: Kay Holladay

Issues	Solutions	Activities	Timeline	Offers/ Commitments	Outcomes	Measurement Tools
<ul style="list-style-type: none"> ▪ Lack of Education ▪ Barriers to participation ▪ State laws and regulations that restrict access to care by dental hygienists 	<ul style="list-style-type: none"> ▪ Enact legislation to provide oral education in Oklahoma's public schools K-12 ▪ Decrease barriers for participation in Sooner Care/Medicaid programs ▪ Increase the number of dental hygienists in "out of the office" settings 	<ul style="list-style-type: none"> ▪ Contact educators, legislators, insurance companies, dental professionals, etc. in order to gain support for the legislation ▪ Draft legislation to introduce in the 2004 Legislature ▪ Increase Medicaid reimbursement ▪ Attend Oklahoma Health Improvement Partners meetings ▪ Educate case managers ▪ Encourage dental providers to attend case management trainings <p>Legislation is currently pending in the 2003 Legislature. Several House and Senate bills have been introduced that would address this issue. Work together to develop one bill addressing the major issues and support it. (Dr. Beitsch</p>		<ul style="list-style-type: none"> ▪ Oklahoma Dental Association ▪ Oklahoma Academy for General Dentistry (Dr. Morehart) ▪ Oklahoma Department of Education ▪ Oklahoma Education Association ▪ 2004 Legislature ▪ Oklahoma Health Improvement Partners members (Elisa Hinton) solutions. ▪ Oklahoma Dental Hygienists Association ▪ Primary Care Association ▪ Oklahoma State Department of Health ▪ Oklahoma Health Care Authority ▪ American Association of Retired Persons 	<ul style="list-style-type: none"> ▪ Increase in oral health for Oklahoma's children ▪ Increase in oral health and general health of all Oklahomans ▪ Decrease in cost of dental care ▪ Increase the number of dental providers ▪ Increase in oral health of Sooner Care/Medicaid recipients ▪ Increase in dental services ▪ Increase in oral health and general health of Oklahomans ▪ Decrease in dental costs 	<ul style="list-style-type: none"> ▪ National Health Statistics Survey, 2010 Healthy People ▪ Development of an evaluation component of oral health education is essential. ▪ Search of Sooner Care/Medicaid files and records ▪ National Health Statistics Survey ▪ 2010 Healthy People statistics ▪ It is essential to develop an evaluation component to measure the oral health status in relationship to the increased number of dental hygienists in "out of the office" settings.

Follow-Up

Comments from participant evaluations indicate interest and concern for follow-up and a desire to attract more involvement from policy makers such as legislators and the Oklahoma Health Care Authority. A summary of the participant evaluations is provided as Exhibit 5.

The OKACAA Head Start Collaboration office, as the applicant, will be responsible for follow-up with forum participants and planning committee members.

A copy of the Oral Health Report will be made available to all conference participants and the general public on-line at www.okacaa.org and linked to all collaborating partners. Postcards announcing the report will be sent to all forum registrants.

The oral health planning committee will be responsible for finalizing and implementing the Action Plan. Forum participants will be solicited for involvement in the statewide project.

Budget

Cash contributions in the amount of \$8,369.35 were provided by ASTDD, OCA Inter-Tribal Health Board, United Way of Metro OKC, BHM International, and OKACAA. In addition to cash, in-kind and conference materials were donated by the collaborating organizations.

Acknowledgement

We are enormously appreciative of the Association of State and Territorial Dental Directors for providing us with financial support to bring together a group of multidisciplinary, multi-organizational stakeholders to develop an action plan to improve Head Start oral health components. We are grateful for the commitment of the US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau to improve the oral health of participants in Head Start.

This forum would not have been possible without the help of our partners. We thank the Oklahoma Head Start Association, Oklahoma Tribal Head Start Grantees, Oklahoma Primary Care Association, Turning Point Initiative, Oklahoma Dental Association, Oklahoma Dental Hygienists Association, OU College of Dentistry, BHM International-Head Start Quality Improvement Center, Region VI-Administration for Children and Families, Oklahoma Institute for Child Advocacy, United Way of Metro Oklahoma City, Oklahoma State Department of Health, Oklahoma City Area Inter-Tribal Health Board, and Center for Early Childhood Professional Development, College of Continuing Education, University of Oklahoma, and forum participants for their commitment and support.

About the Applicant

OKACAA
2915 Classen Boulevard
Suite 215
Oklahoma City, OK 73106
Kay Floyd, HS Collaboration
Project Director

Phone: (405) 524-4124
Fax: (405) 524-4923

Email: Kfloyd@okacaa.org

Web: www.okacaa.org

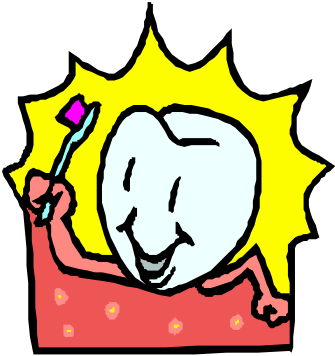
Oklahoma Association of Community Action Agencies

The Oklahoma Association of Community Action Agencies (OKACAA) is a multifaceted private nonprofit organization, dedicated to empowering individuals and strengthening the community action network. Services offered by OKACAA include policy development and analysis, professional development training and information, program technical assistance and advocacy.

OKACAA administers the Head Start State Collaboration project. This location integrates Head Start business with other services targeted to economically disadvantaged persons and makes it possible to attract the resources required to facilitate collaboration and partnerships.

Since its founding in 1966, OKACAA has played a leadership role in securing a number of significant gains for Oklahoma's economically disadvantaged residents in the areas of housing, education, employment, nutrition, transportation, health and child care.

This report was prepared May 2003 by DeBruler, Inc. working with Kay Floyd, Head Start Collaboration Project Director and Sarah Lee, Program Assistant.



CHILDREN'S ORAL HEALTH FORUM

Give Kids A Smile

Friday, February 7, 2003

Target Audience:

**Head Start Staff & Parents, Health & Social Service
Coordinators, Child Care Providers, Dental Professionals &
Legislators**

Location:

**Metro-Tech Conference Center, 1900 Springlake Drive,
Oklahoma City, OK 73111 Carousel/Big Dipper Room**

Come join us to discuss the issues affecting children's oral health in Oklahoma and help us to develop an action plan for improvement!

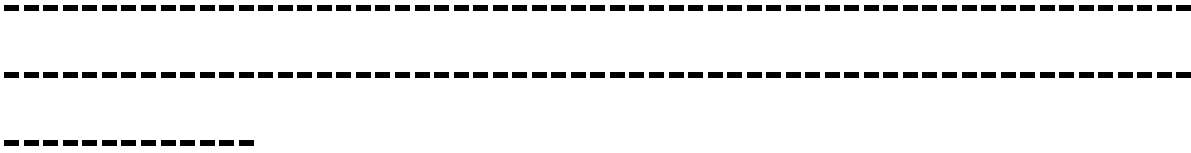
Forum Highlights...Overview of Head Start Model, Issues of access to services, workforce/providers, identifying/leveraging community resources & legislation/education.

Continuing Education Credits Available...CEU's will be available for dentists and hygienists. CEU's are pending for Head Start staff and other early childhood professionals.

FREE OF CHARGE...including refreshments & boxed lunch.

**Presented by Oklahoma Association of Community Action Agencies *in collaboration with*
Oklahoma Primary Care Association**
**Sponsors are Oklahoma City Area (OCA) Inter-Tribal Health Board & BHM International Region
VI-A HSQIC**

Funded by the Association of State and Territorial Dental Directors (ASTDD)



REGISTRATION FORM

Name: _____

Title: _____ Organization: _____

Address: _____ City: _____ State: _____
_____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Please Rank (1-4) the Afternoon Breakout Session you'd like to participate in: _____

Access to Services

____ Workforce/Providers ____ Identifying/Leveraging Community Resources ____

Legislation/Education

Deadline for registration is Friday, January 24, 2003. Seating is Limited to 175. Please mail or fax completed registration form to:
Oklahoma Association of Community Action Agencies
2915 Classen Blvd., Suite 215, Oklahoma City, OK 73106
Phone: 405-524.4124 Fax: 405.524.4923

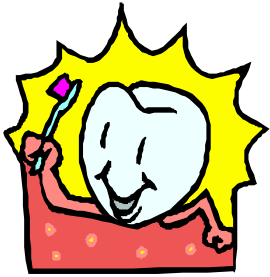
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FIRST NAME	LAST NAME	TITLE	ORGANIZATION
Reneta	Acorn	Dental Therapist	WPMHC - Dental/Cherokee Nation
Renee	Amason	Regional Technical Supervisor - Dental	Oklahoma State Department of Health
Regina	Anderson		Chickasaw Nation
Kevin	Avery	Dr.	OU College of Dentistry
Felicia	Baker	Family Advocate	CAA of OKC Head Start
Joanna L.	Baker	Center Supervisor/FSW	Yardeka Head Start
Michael	Balderas		Southwest OK CAG
April	Baldrige		Chickasaw Nation
Megan	Barr		Oklahoma Dental Association
Leah	Holloway-Beaver	Health Services Manager	Delta CAF Head Start
Bill	Bedford	Consumer Board Member	Mary Mahoney Memorial Health Center
Meagan	Begin, RDH	Dental Hygienist	Gary Smith, DDS
Leslie M.	Beitsch, MD, JD	Commissioner of Health & State Health Officer	Oklahoma State Department of Health
Charlotte	Bell, RN	Registered Nurse/Health Educator	Okla. City-County Health Department
Linda	Bilby, CDA	President	Oklahoma Dental Assistants Association
Julie W.	Black, RDH	Dental Hygienist	Indian Health Service
Angela	Blackaby	Family Advocate	Community Action Agency of OKC
Vickie	Blashfield	Family Advocate	CAA of OKC Head Start
Candice	Boesch	Program Coordinator	Central Oklahoma Project Access
Marrion R.	Bolar	Health Education	CAA of OKC Head Start
Amelia	Brown	Preschool Teacher	Create A Story Learning Center
Amber	Browning	Health Project Manager	Oklahoma State Medical Association
Anita	Bruce, RN	Health Services Manager	CDI Head Start
*Judy	Bryan		Chickasaw Nation Head Start
Rep. Bernest	Cain	Oklahoma State Senate	Oklahoma State Capitol
Jennifer	Campbell	Dental Hygienist	ODHA
Marshall	Cheney	Program Administrator	Oklahoma City-County Health Department
George	Chiarchiaro, DDS, MHA	Dental Director	Indian Health Service
Caroline	Clark	State Plan Grant Coordinator	OCCY
Karen	Coakley	Oklahoma Resource Manager	BHM Int'l Region VI-A HSQC
Hailey	Collins	Family Advocate	CAA of OKC/Canadian Co.
Elvie	Corona	Social Services Family Partner	Muskogee Co. Head Start
Lorraine	Cosden	Family Advocate	CDI Head Start
Amy	Counts		OU Dental
Vicki	Coury	Associate Professor	University of Oklahoma
*Jan	Cox	Health Resource Manager	BHM Int'l Region VI-A HSQC
Carrie	Crayk	Family Service Worker	Creek Nation Head Start
Wanda	Crittenden	Quality Assurance Specialist	Cherokee Nation ECH Unit
*Daniel P.	Dalzell, DDS, MS	Chief, Department of Pediatric Dentistry	OU College of Dentistry
Darrell	Dedrick, DDS		
Jennifer	D'Esta Shaw	Dental Hygienist	Absentee Shawnee Dental Clinic
Bonita	Dickenson	Policy Council Representative	Ambassador Courts Head Start
Amy	Eastes	Dental Assistant	Mary Mahoney Memorial Health Center
Renalla K.	Ellis, DDS	Dentist	
Lynn	Farrar	Head Start Director	CDI Head Start
Sandra L.	Ferguson	Dental Hygienist	WPMHC - Dental/Cherokee Nation
Gina	Ferman, RN	Health Consultant	Child Care Resource Center
*Melinda	Filbeck		Chickasaw Nation Head Start
Bonnie	Flanayan	RDH	ODHA
Kymbrali	Fleshman	Dental Health Educator	Okla. State Dept. of Health/Kingfisher
Kay	Floyd	Director	Head Start Collaboration
Melvonna	Fountain	Dental Therapist	WPMHC - Dental/Cherokee Nation
Lynnette	Glenn, CDA	Office Manager	Gary Smith, DDS
Pamela	Glennie, RDH	Dental Hygienist	

Julie	Grabow	Family Advocate	CDI Early Head Start
Nichole	Green	Health Coordinator	Creek Nation Head Start
Vicky L.	Gudernath	RDH	ODHA
Dr. Andrew	Guthrie	Pediatric Dentistry/President	Okla. Association of Pediatric Dentistry
Tiffani	Haney	Dental Therapist	Redbird Dental Center
Kevin L.	Haney, DDS	Assistant Professor	OU College of Dentistry
*Neil	Hann, MPH, CHES	Chief, Community Development Service	Okla. State Department of Health
Barbara	Harding	Dental	Redbird Dental Center
Billie	Harjochee	Family Service Worker	Head Start - Creek Nation
Henderson	Harris	Policy Council President	Happy Time Head Start
Mary	Hedge	Certified Dental Assistant	Renalla K. Ellis, DDS
Donna	Hicks	Health Specialist	Big Five Head Start
Beth	Hill	Dental Assistant	Renalla K. Ellis, DDS
*Susan	Hillman		Oklahoma Dental Association
Ellisa	Hinton, RDH	Dental Hygienist	
*Amy L.	Holder	Dental Hygienist	OCA Inter-Tribal Health Board
Kay	Holladay	Consultant	
Kitty	Howard	Family Advocate	CDI Head Start
*Michael	Jones	Executive Director	OKACAA
Mary A.	Keener	Quality Assurance Specialist	Cherokee Nation ECH Unit
Elizabeth	Keller	Head Start Site Manager	Muskogee Co. Head Start
Ricky	Laudermilk	Business Asst., Atoka Co. Advisory Brd. HS	Dr. Michael L. Dial
*Sarah	Lee	Head Start Program Assistant	OKACAA
Mary Ann	Lefmann	Dental Hygienist	OCDHA
Rep. Al	Lindley	Oklahoma House of Representatives	Oklahoma State Capitol
Angela	Lindsey	Dental Assistant	Anadarko Indian Health Center
Dr. Francis E.	Lipsinic	Faculty Coordinator	OU College of Dentistry
Angie	Long	Dental Prevention Coordinator	DHHS - PHS - Indian Health Service
Kenda	Lowe	Dental Prevention Coordinator	DHHS - PHS - Indian Health Service
Linda	Lowell	Dental Hygienist	Mary Mahoney Memorial Health Center
*Tad	Mabry, DDS, MS	Pediatric Dental Consultant	OKC Area Indian Health Service
P. Gayle	Mann		
Doris	Manuel	Family Advocate	CAA of OKC Head Start
Marshan	Marick, MPH, CHES	Public Health Educator	Oklahoma State Department of Health
Patricia	Marsh	Health & Family Assistant	Chickasaw Nation Head Start
Ella	Matthews	Dental Manager	Oklahoma Health Care Authority
Michelle	Matthews		OCCY
Chris	Matthies	RDH	Oklahoma Dental Hygienists Association
Angie	McElrath	Dental Hygienist	Chickasaw Nation
Dr. Steve	McKeever, DDS	Dentist	Dental
Larry	McNac	Quality Assurance Specialist	Cherokee Nation ECH Unit
*Dorothy	McRae	Health Advisor	Region VI ACF - Dallas
R.H.	Melton, DDS	Dentist	
Nicole	Michael	Immunization Field Consultant	Canadian County Health Department
Wendy	Montemayor	Executive Assistant	OKC Area Inter-Tribal Health Board
Lyn	Moore	Dental Health Educator	Muskogee County Health Department
Pamela	Moore	Dental Assistant/Prevention Coordinator	Pawnee Indian Health Services
Peggy	Moore	RN	Iowa Tribe of Oklahoma (MCH)
Dr. Dennis P.	Morehart, DDS	In-coming President	Oklahoma Academy General Dentistry
*Michael L.	Morgan, DDS, MPA	Chief, Dental Health Service	Okla. State Department of Health
Joyce D.	Morris	Family Advocate	CDI Head Start
Pat	Murray, CDA	Dental Care Asst./Dental Educator	Cleveland Co. Health Dept.
Jim	Murtach		
Tracey	Myers	RDH	
Louenda L.	Nesbit, RDH	Registered Dental Hygienist	Board of Dentistry
Vicky	Noland, RDH		16 Robby Rd.
Lee Ann	Nurdin	Lab Supervisor & Family Services Coord.	OKCCC Child Development Center

Kay	Oller		OCCY
Alan R.	Owen, DDS	Dentist	Provider for Head Start
Frances	Parker		Healthy Start
Robert J.	Partak, DDS	Dental Advisor	Cherokee Nation
Ramona	Paul	Asst. State Superintendent	Okla. State Department of Education
Carolyn	Phillips	Dental Hygienist	Chickasaw Nation
Jodi	Pierce	Health Promotion Specialist	UNICARE Health Plan of OK
Susan	Potter		Oklahoma State Department of Health
Michelle	Power	Child Care Director	Chickasaw Nation
Rhonda	Priddy		Chickasaw Nation/HS
Kim	Quinn, RN	Child Care Health Consultant	Rainbow Fleet
Barbara	Ratliff	Head Start Site Manager	Muskogee Co. Head Start
*Belinda	Rogers	Health Educator	Oklahoma Institute for Child Advocacy
John	Rossetti, DDS, MPH	Chief Dental Officer of HRSA and MCHB	Maternal and Child Health Bureau
Kelly	Sanders, RDH	President	Oklahoma Dental Hygienists Association
Tina	Sanders	Dental Asst/Prev. Coordinator	W.W. Hastings Dental Clinic
Jennifer	Shaw		Surrey Hills Dental, Inc.
Kimberly D.	Shaw	Dental Hygienist	Absentee Shawnee Dental Clinic
*Marilyn	Shelton	Finance & Development Officer	Oklahoma Primary Care Association
Carol	Shields		Chickasaw Nation Head Start
Lathonya	Shivers	Grants Planner	OK Dev. Disabilities Council
Garrold D.	Sibel, DDS	Dentist	Private Practice
Audrea	Smith	Family Advocate	CAA of OKC Head Start
Barbara	Smith	School Nurse Consultant	OSDH - Child & Adolesc. Health
Debbie	Smith	Dental Hygienist	Redbird Dental Center
James A.	Sparks, DDS	1st Vice President	Oklahoma Board of Dentistry
Maria	Srouji	Director of Program Services	March of Dimes
Bobbie L.	Stepp	Dental Hygienist	Redbird Dental Center
Tammie	Steward		Unicare
Angela	Stone	Dental Assistant	
*Kim	Stone, RDH	Legislative Chair	Okla. Dental Hygienists Association
LTJG Patrick D.	Strohkirsch	RDHBS	Indian Health Service
Monica D.	Switzer, DDS	Dentist	
Bill E.	Taylor	President	NW Oklahoma Dental Services
Linda K.	Tease	Family Advocate	Will Rogers Head Start
Dirk	Thomas, DDS	Dental Clinic Director	IHCRC
Cari	Thompson		Oklahoma State Department of Health
Valyncia M.	Thompson	Health/Disabilities Specialist	Muskogee Co. Head Start
Marinda L.	Thurman	Dental Assistant	Mary Mahoney Memorial Health Center
Dawn	Toyekoyah	RDH	Anadarko Indian Health Center
Pat	Trumbley	Family Advocate	CAA of OKC Head Start
Tina	Tuck	Registered Dental Hygienist	
Dwight	Turner	Dentist	
John Robert	Turner, Jr., DDS	Dentist	Citizen Potawatomie Nation
Karen	Umholtz	Family Service Worker	Creek Nation Head Start
Kristin	Van Fleet	Family Advocate	CAA of OKC Head Start
Cara	Vaught, MPH, CHES	Health Educator	Oklahoma State Department of Health
Ruth Anne	Wall	Social Work Coordinator	Oklahoma City-County Health Department
Hazel	Wallace		Chickasaw Nation/HS
Cathryn	Wamego	Supervisor, Dental Assistant	PHS IHS Claremore Indian Hospital
Greg	Watkins, DDS		
W. Scott	Waugh, DDS	President	Oklahoma Dental Association
Terri	Weaver	RDH	Cimarron County Dental Hygiene Assoc.
Brian	Westfall, DDS	Dentist	Central Okla. Family Medical Center
Tedra	Williams	Workforce & Community Dev. Liaison	Oklahoma Primary Care Association
Robbin	Williams, RDH	Registered Dental Hygienist	USPHS/IHS

Dawn	Wilson		Oklahoma Dental Hygienist Assoc.
Rondale	wilson	Social Services Specialist	Muskogee Co. Head Start
Merlan	Wright	Family Advocate	CAA of OKC Head Start
Joan	Yoakam		Rainbow Fleet
*Dorothy	Young	Health Services Specialist	CAA of OKC Head Start
Lisa	Young	Infant Teacher	OKC Community College CDC
JoAnn	Ziegler	Family Service Worker	Creek Nation Head Start



CHILDREN'S ORAL HEALTH FORUM

Give Kids A Smile

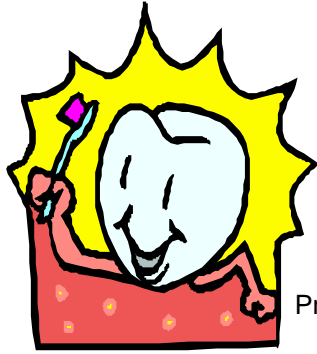
Friday, February 7, 2003

**Metro-Tech Conference Center
1900 Springlake Drive, OKC, OK 73111**



Presented by Oklahoma Association of Community Action Agencies
In collaboration with
Oklahoma Primary Care Association

Sponsored by Oklahoma City Area (OCA) Inter-Tribal Health Board,
BHM International Region VI-A HSQIC & United Way of Metro Oklahoma City



CHILDREN'S ORAL HEALTH FORUM

Give Kids A Smile

Presented by Oklahoma Association of Community Action Agencies
In collaboration with
Oklahoma Primary Care Association

Agenda

February 7, 2003

9:30 – 10:00 am

Registration & Refreshments

Morning refreshments have been sponsored by
BHM International Region VI-A HSQC

10:00 – 10:15 am

Welcome & Introductions

Dr. Mike Morgan, Chief of Dental Health Services, Oklahoma State Dept. of Health

10:15 – 10:45 am

The Head Start Model & the Nat'l Perspective on Children's Dental Services
Keynote Speaker, Dr. John Rossetti, Chief Dental Officer of Health Resources and Services Administration and of Maternal and Child Health Bureau

10:45 – Noon
services,

The panel will present on four (4) areas of issues regarding access to workforce/providers, community resources, and legislation/education.

I. Access to Services

Related to outreach and enrollment, provider availability, transportation and special population

10:45 – 10:50 am

Head Start Parent Testimonial

Bonita Dickenson, Parent Policy Council Representative, Ambassador Courts Head Start, Oklahoma City, OK.

10:50 – 11:00 am

Access to Services

Tad Mabry, DDS, MS, Pediatric Dental Consultant, Oklahoma City Area Indian Health Service

Presentation will discuss some of the barriers to care including ratio of dentist to patient problems as well as medical-legal concern of dentists.

II. Workforce/Providers

Related to recruitment of dentists, cost reimbursement rates and role of hygienists

11:00 – 11:10 am *“Where Are the Dental Providers?”*
Daniel P. Dalzell, DDS, MS, Chair of Department of Pediatric Dentistry, University of Oklahoma College of Dentistry
Dental Medicaid in the State of Oklahoma must be made to work. But it will not work unless enough of us get involved and lead health officials and legislators into serious work that can turn Medicaid’s promise into meaningful dental care. Only a small number of Oklahoma dentists treat the quarter of a million Medicaid eligible persons in Oklahoma. Why is this so?

11:10 – 11:20 am *“Dental Hygienists: Quintessence of Care”*
Kim Stone, RDH, Oklahoma Dental Hygienists Association
Presentation will focus on Qualifications, Quantities, and Quandaries.

III. Community Resources
Related to public & private partnerships, identifying resources from public/private sectors and public awareness

11:20 – 11:30 am *“Community Networking”*
Darrell Dedrick, DDS, General Practice of Dentistry, Enid, OK.
Presentation will discuss how our community has addressed the many human service needs by coordinating the varied resources to solve specific problems. This has involved the City of Enid, Garfield County, Dept. of Human Services, Enid Schools, United Way, CDSA and the private sector.

11:30 – 11:40 am *Identifying/Leveraging Community Resources*
Neil Hann, MPH, CHES, Chief of Community Development Service, Oklahoma State Department of Health
Presentation will review the potential of identifying community resources for oral health access by looking at lessons learned from the Turning Point Initiative. Other potential resources such as Federally Qualified Health Centers will also be discussed.

IV. Legislation/Education
Related to state legislation, identifying roles of state oral health programs and prevention through water fluoridation

11:40 – 11:50 am *Legislation/Education*
Senator Angela Monson, Oklahoma State Legislature (invited)

11:50 – Noon *“Oral Health Programs and the Importance of Oral Disease Prevention”*
Michael L. Morgan, DDS, MPA, Chief of Dental Health Service, Oklahoma State Department of Health
Presentation will discuss the role of state oral health programs with emphasis on dental health education and oral disease prevention.

Noon – 12:15 pm Break & Pick-up Lunch

12:15 – 2:00 pm **Working Lunch/Work Group Discussions**

Lunch has been sponsored by
Oklahoma City Area (OCA) Inter-Tribal Health Board

You have been assigned to a work group. Your name badge shows the room you will meet in. If your name badge says, "Conference room", you will remain in the conference room for your work group. Other three work groups will meet in the classrooms as designated on your name badge.

Work Groups	Room Assignments	Facilitators
Access	Conference Room	Caroline Clark & Michelle Matthews
Workforce/Providers	Calypso Room	Karen Coakley
Community Resources	Alpine Room	Lynn Farrar
Legislation/Education	Rose Room	Kay Holladay

For the next 1 hr. and 45 min., each workgroup will 1) identify potential solutions to identified issues, including legislation, 2) outline proposed activities with timeline, 3) take offers/commitments from agencies or representatives who will be responsible for implementing the proposed activities, 4) Identify short- and long-term outcomes, 5) Discuss how progress on the outcomes will be measured and tracked.

2:00 – 2:15 pm

Break & Return to conf. room for refreshments

*Afternoon refreshments have been sponsored by
United Way of Metro Oklahoma City*

At this time, all Board of Dentistry members can pick up a CEU card at the outside registration table. Please complete the forms and return them in the box provided at the registration table. We will sign them afterwards and send them to the Board of Dentistry Office. CEU's are for 5 ½ hours.

2:15 – 3:00 pm

Workgroups Report/Adjourn

Facilitators from each workgroup will make reports from their group discussions.

Before you leave today, please fill out the evaluation forms found in your bags and return them with your name badges in the box provided outside. Thank you.

Presenter Profiles

John Rossetti, DDS, MPH

Dr. Rossetti has served in the United States Public Health Service since 1973. Dr. Rossetti's achievements have been far reaching in reshaping dental public health, especially as it relates to children and families. He has served as the Chief Dental Officer of the Health Resources and Services Administration and of the Maternal and Child Health Bureau. Dr. Rossetti has contributed greatly to the development of numerous strategies, reports and initiatives including: HRSA/HCFA Oral Health Initiative and "Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents." Dr. Rossetti was also instrumental in the establishment of the National Maternal and Child Oral Health Resource Center, a Children's Oral Health Policy Center, an intra-agency agreement with Head Start and other state leadership programs.

Before assuming his current positions Dr. Rossetti served as the Assistant Chief Dental Officer of the Indian Health Service. For 15 years Dr. Rossetti served with the Indian Health Service beginning his career as clinical dentist on the Navajo and Apache Indian Reservations and later serving as Chief Dental Officer for the California Program Office. Dr. Rossetti also served as a dentist with the U.S. Air Force with assignments in New Mexico and Southeast Asia.

Dr. Rossetti is a graduate of the Massachusetts College of Pharmacy and Allied Health Sciences, the West Virginia University School of Dentistry and the University of California Berkeley where he received his Masters of Public Health. Dr. Rossetti is a Diplomate of the Board of Dental Public Health. In addition to his many oral health activities, Dr. Rossetti has been a pharmacist, high school teacher, assistant high school hockey coach, community developer and Peace Corps Volunteer.

Bonita Dickenson, Head Start Parent

Ms. Dickenson represents the Parent Policy Council of Ambassador Courts Head Start in Oklahoma City, OK.

Tad Mabry, DDS, MS

Dr. Mabry graduated from the University of Oklahoma College of Dentistry and completed Pediatric Dental residency at the University of Nebraska. He has worked for the United States Public Health Service – Indian Health Service for 14 years. Currently, he serves as a Pediatric Dental Consultant for the Oklahoma Area Indian Health Service in Tahlequah, Oklahoma.

Daniel P. Dalzell, DDS, MS

Dr. Dalzell received his Doctor of Dental Surgery Degree from the University of Michigan in 1965. He received his Master of Science Degree from the University of Missouri at Kansas City in 1972. He has served as a pediatric dentist in the United States Army from 1965 – 1990. Since 1990, he has been a faculty member at the University of Oklahoma College of Dentistry and the Chair of Department of Pediatric Dentistry since 1995.

Kim Stone, RDH

Ms. Stone is a Registered Dental Hygienist, licensed in Oklahoma and Texas. She has been in practice for 29 years. Currently, she serves as the Legislative Co-Chair of the Okla. Dental Hygienists Association.

Darrell Dedrick, DDS

Dr. Dedrick has been practicing dentistry in Enid since 1965. He has served on numerous volunteer boards.

Neil Hann, MPH, CHES

Mr. Hann has been with the Oklahoma State Department of Health since 1983 and is Chief of Community Development, which coordinates the agency's activities for Health Promotion, Primary Care, and Turning Point.

Representative Al Lindley

Rep. Al Lindley (D) represents District 93. He has been serving in the House of Representatives from 46th Legislature to present. He is the Chairman of the Mental Health Committee and serves as the Assistant Majority Floor Leader. His other standing committee membership includes the Appropriations and Budget Committee, Appropriations and Budget Subcommittee on Health and Social Services, Human Services Committee, Public Health Committee and Rules Committee.

Michael L. Morgan, DDS, MPA

Dr. Mike Morgan is a native Oklahoman and is Chief of Dental Health Services at the Oklahoma State Department of Health, a position he has held for many years. He also has a faculty appointment at the University of Oklahoma College of Dentistry. He received his Doctor of Dental Surgery Degree from the University of Missouri at Kansas City, School of Dentistry, and a Master of Public Administration Degree from the University of Oklahoma. He has served as president of the Association of State and Territorial Dental Directors, the Oklahoma Dental Foundation, and the Oklahoma Public Health Association. He also belongs to, and is active in, many state and national dental and public health organizations, and has received numerous awards.

He has a special interest in tobacco use prevention and is a member of the Oklahoma Tobacco Use Prevention and Cessation Advisory Committee (a statutory committee), and a founding member of the Oklahoma Alliance on Health or Tobacco.

COLLABORATING ORGANIZATIONS

Oklahoma Association of Community Action Agencies
Oklahoma Head Start Association
Oklahoma Tribal Head Start Grantees
Oklahoma Primary Care Association
Turning Point Initiative
Oklahoma Dental Association
Oklahoma Dental Hygienists Association
OU College of Dentistry
BHM Head Start Quality Improvement Center
Administration for Children and Families (ACF) Region VI, Dallas, TX
Oklahoma Institute for Child Advocacy
United Way of Metro Oklahoma City
Oklahoma State Department of Health
Oklahoma City Area Indian Health Service
Oklahoma City Area (OCA) Inter-Tribal Health Board
Center for Early Childhood Professional Development, College of Continuing Education,
University of Oklahoma

This forum has been funded by the Association of State and Territorial Dental Directors.

Evaluation Summary Children's Oral Health Forum

1. Number attended: 174

2. Number of completed evaluations: 110

Organizations represented: See "Final Participants List"

Title of Training: Children's Oral Health Forum

Trainer: Keynote & Panel of Speakers

Location of Workshop: Metro-Tech Business Conference Center, OKC, OK.

4. Was presenter knowledgeable in this field? 107 Yes 0 No

 a. Presenter prepared 105 Yes 1 No

 b. Material complete 105 Yes 1 No

5. On a scale of 1-4 with 4 being excellent and 1 being poor, how would you rate this training?

35 4 60 3 12 2 1 1

Comments:

- The dental hygienist was very good – it sounds like opening their access to care will be a very good place to start!
- Very helpful, informative and educational.
- I hope "follow through" with recommendations offered at this forum are implemented, or at least assessed.
- Very good start, would have liked to hear the presentation on Medicaid and why dentists won't care for people on Medicaid.
- It was educational toward what care is available and why there is a shortage of assistance.
- Group interaction for problems and solutions was excellent. Practical method for achieving change.
- I'm concerned this was a one-day event never to be re-visited by many of these participants again. No ownership of this problem by our group was apparent.
- I've learned some new info. today which I did not have previously. Excellent.
- Good information presented. Good ideas discussed – need for preventive education was apparent.
- Wonderful – very informative.
- Excellent in its presentation of the access issue.
- Although there have been a lot of issues identified, a ray of light is beginning to shine through the sea of unknowns. It is very exciting to hear about actual guides to resources that are (may be) being updated.

- There were many information given by different presenters that was very interesting. The time management was excellent.
- I received more information from our group discussions than I did from presenters.
- We talked about how it was broke, “children not receiving dental care”, we all know that is a fact! What we should have been doing was organizing to contact the legislators to inform them of what we need. Bill 230; Medicaid to pay dentists more and less paper work; More money for Health Dept.; Dental Hygienists to be allowed to do initial screenings outside of dental office; incentives for dentist to take Medicaid/SoonerCare patients – like state tax breaks or federal tax breaks if they serve a certain total of Medicaid/SoonerCare patients a month or year.
- Start earlier, allow 5 more minutes for presenters, allow for breaks. Forum felt rushed because of lots of info packed into short amount of time.
- Make evaluation sheet easier to find – color paper. Didn’t like the report of the committees – it’s hard to sit and listen to lists after lists – I would make changes to that section.
- Nice panel of speakers, not broad enough information, but appropriate info regarding Oklahoma issues. Would like to have seen some speakers on programs that work and why (models in other states).
- I resent the hygienists using this forum for their political agenda. Follow-up. This was great.
- Well organized, time used effectively and efficiently.
- Dr. Dalzell must not have been informed about his topic! We needed to know “where are the dental providers” – he gave a very basic presentation – someone failed at communication.
- Very informative. More talk back needed.
- Good. Glad to see so many dentists.
- Lots of good information. I did not appreciate Sen. Cain’s attitude towards the low-income families we help.
- Before I did not know why some doctors did not accept medical card (SoonerCare). Now, I’m aware of a lot of things that I did not know before.
- My expectations for the community resources training was different from the material actually presented. The session should have focused on the available community resources but it focused on existing problems and possible solutions.
- Great information exchanged. Senator Cain’s attitude toward low-income families was hurtful.
- Speakers were very knowledgeable - a little boring, but very informed.
- Afraid input will fall on dead ears. Want to see results!
- I felt like the Hygiene Assoc. used this forum to “lobby” the support of non-dental people to jump on their bills that are now in the legislation. Very inappropriate!
- Some things were discussed 10 years ago and things are the same or worst. We need money.
- Could not hear some speakers or see the overhead projector. Liked the length of the speakers. Had a large number of questions but no real answers.
- Poor audio – could not hear first few speakers.

- The speakers were wonderful, informative and concerned about oral health and the outcome of lack of oral health.
- The potential results of this forum is exciting to consider. If dental health becomes a front page item, this will have been wonderful.
- Smaller groups. More legislators need to be encouraged to attend. Encourage more dental providers to attend since this is held on Fridays, a lot of them close office on that day.
- Very informative, well worth the time!
- Very good info and presentations – just need money and legislature to do the right thing for the public (not special interest groups).
- We wanted more solutions.
- This conference had information presented from all sides involved in the oral health care. This made it easier to understand all sides.
- Dr. Tad Mabry gave an excellent presentation. Dr. M. Morgan also did a great job. Planning session somewhat out of hand.
- Talk. Talk. Focus needs to be on action. You need to work on getting something done. Quit talking.
- Maybe we (individually) lack the political clout to make our lists of actions to come about – maybe this is why past session haven't changed much about children's dental care (all talk – no action).
- Informative. Need more solutions. Glad that we were given opportunities to offer suggestions.
- Great – helped define the problem(s), and offered possible solutions.
- Somewhere along the way, I believe the focus of the course lost its focus. The presenters were hard to hear and understand.
- Follow-up. Maintain focus on issues not on personal agendas of hygienists.
- Giving more time to speakers.
- The political speech on hygienists – I failed to see the point of this debate between Hygienists and Dr's. – was relevant to providing better care for our children. Then we had to hear it again in the groups. A variety of problems of restrictions were focused on in all the groups.
- I had so much information on laws and statistics. Need information on resources where to get the help or referrals for dentists that will treat the children.
- Need breaks between presentations.
- Much greater awareness of need for oral health prevention and affordable treatment.
- Very educational and eye opening.
- This training was very beneficial to me. I didn't realize other programs had the same issues and were so strong in finding an answer to these issues.
- I agree with Dr. Dalzell – I'm a little frustrated with this process. We keep coming to these forums but seeing no change.
- Very informative – was my first dental/health related forum. Will attend more in future.
- Great presenters with a wealth of knowledge.

- Maybe needed a little more ideas on how to get the Medicaid problem solved. Not so many statistics.
- Gained knowledge on why in the dental arena, it is so hard to get low income children serviced.
- I was expecting more on the resources of dental providers. I guess I was wanting a list of names or area dentist who participate with Sooner Care and Head Start.
- Excellent – would like to see results/findings e-mailed to participants.
- This training was very informative. I know now how important taking care of our teeth and also our babies. Thank you!
- It was very informative. Good speakers.
- The training is wonderful and what we need – I would like a report of follow-up and see some implementation of suggestions. Good information.
- It was very good, it was my first time.
- Enjoyed the diversity. Good ideas, good networking. Hope it happens again. Very good seminar.
- Expectations for afternoon training were unrealistic. Questions are an important part of learning. Time was not allocated for questions in morning or afternoon sessions.
- I would like to see more examples and be able to see the damage done to children, I feel this makes a bigger impact on me.
- With regard to the dental hygiene speaker Mrs. Stone, I do not think she touched upon what “care” the hygienists would perform if given expanded roles outside the dental office. Education of parents and children they can already do under existing law. I think she may have been trying for a political solution versus a practical one in regards to the access to care issue.
- It is good to see legislators at the table. May want to get physician involvement and how they are assessing oral health in the practice, e.g., pediatricians, family practice, etc. Also where is Health Care Authority? Would like this answered – how many providers actually see Medicaid in Oklahoma and where?
- Very informative. I like the breakout session. The speaker there was very energetic and she kept your attention (Alpine Room).
- It was good - lots of ideas were presented.
- Too much emphasis was placed on the hygienist issue. This was not the problem or place to lobby.
- Wish those using powerpoint would have offered notes. It was informative.
- The legislation to put oral health mandatory and accountable K through 12 in our schools is most important in solving the various barriers before us. It will take time to see a large result but will be worth it.
- Very interesting and informative. Very good and informative. It is good to know that this problem will and has been addressed as a very serious problem and that other agencies were a part of the workshops.
- I obtained more knowledge about services offered, current laws, etc.
- Very useful to see how other organizations view the problems involved in children’s dental care.

- Kim Stone's presentation not appropriate to this meeting. Great solutions were discussed but a group needed to be pre-assigned to meet post-meeting to choose a few of the suggested solutions and move them forward with actions. In this case, most if not all will die because no one took claim.
- So much information that really won't help.

7. How will this training help you in your work?

- Use the information that was heard back at my job.
- Form coalitions immediately.
- Inform the people I work with and the parents we serve.
- Resource material given to Head Start Community. Empower our parents regarding legislation and voting.
- Educate patients and the public on the need for dental care in rural areas. Encourage them to call their legislators.
- Will be able to provide better information to patients, health care workers and facilities.
- Need more strict rules for parents to keep appointment. If a child is on Medicaid and work on teeth is not completed, the doctor/dentist need to say this is a form of child abuse.
- Informing other staff of findings.
- Work with legislators to enact needed changes.
- Use new information for education and health care procedures.
- I will as a Policy Council Rep (Head Start) pass on this info to the parents at our next parents' meeting.
- More info. to media and to clients about importance of dental health. Educate clients and the general public as well as the legislators.
- Of course you always pick up something valuable at any training. For me, it was important of contacting legislators and also info re: classroom teaching (3 lesson plans are good). Currently doing smokeless tobacco. May increase to 3 lesson plans.
- I will go back and share all information with other staff and parents and community. I will call the legislators and encourage their support.
- As a Disabilities/MH Program Manager for Head Start, I will lead my team to accessing other local agencies. When I encounter problems with limitation to access due to laws, I will contact two or more political leaders and urge others, too.
- Will find pamphlet information to give to the parents for early prevention of tooth decay.
- Giving/passing information onto parents/caregivers. The materials are helpful.
- To come up with way for the public schools pre-K to 12th to have dental health classes worth credits offered or required for students to receive and teachers to teach, and how to have this mandated by the state. Head Starts already provide dental health education to the children and parents and do a great job. But we must remember we can inform and educate but if there are no dentists to provide the care the children need, who suffers? The Children!

- Take back the suggestions to my agency to see what we could do to implement them.
- Become more active in public health issues in my community.
- Advocate for community partnerships and preventive education.
- Stress the importance of dental health education to school administrators and my legislator.
- Shouldn't the OHCA have been a collaborative partner in this forum?
- Try to get in touch with other oral health groups and civic organizations to do more in the schools.
- Make sure that families keep their dental appt. and provide dental training to families educating them.
- Go back and get with local college to get parent education about health and get with dentist to get information about oral health at our parent meetings.
- Work harder with community (people) to get to know my legislator (person).
- Increase the awareness of professionals around me concerning these issues.
- Continue with community partnership in the USPHS environment.
- Advocate more for the underprivileged child and family.
- Educate PTS & colleagues about need in communities and encourage volunteer participation.
- Trying to inform parents that dental treatment and preventive care is very important.
- Will include more of the community (individuals, organizations).
- Promote education.
- Continue on emphasis on education and education opportunities.
- I work for the state and work with dentist and recipients – so all of this information will be helpful in my work.
- Hand out preventive flyers at enrollment. Have parent forums at Head Start with speakers form dental health.
- By advocating children's oral health issues to our legislators. Also by teaching parents oral health issues.
- Try to find more resources.
- Some new resources were mentioned that our agency will look into. We will also look to do more educational and preventive programs.
- Attempt to facilitate more education to families in my maternal and child health program. Do more teaching on the effects of baby bottle teeth decay to families. I will use the resource guide to order patient educational materials.
- I will do things. Not talk about them.
- Educate parents & legislation about bill 230.
- Helped me understand more about the other aspects of children's dental care delivery in Oklahoma. Gave me the "big picture" – better knowledge of who to work or collaborate with to achieve my program's goals.
- Will try to do more oral health training with my families.
- Keep the discussion going.
- How to try to get funds, volunteers to do the jobs.
- I'll be more aware of legislative efforts regarding access to care.

- Continue working or educating on oral dental prevention.
- This training has provided a range of contacts.
- I will try to get more info on where these programs are located to tell the parents and patients that I work with.
- My office already takes Medicaid, Head Start. I came to see why more doctors don't take Medicaid. My answers were vague. I still don't know the specific problems.
- Educate parents about dental hygiene.
- Know that kids need to be educated better.
- Inform social workers to be more aware and assist parents to find needed resources for dental health.
- Better educate the parents, parental involvement.
- Let my co-workers know more about the dental issues. Assist other programs in providing resources.
- Volunteering where I can, contacting my legislators, working toward the legislative changes that will allow dental hygienists to provide care in the public health setting.
- Currently have dental screenings at our child care facility – will do more outreach to parents and others through our new resource and referral program and on site dental preventive care program. Become more involved.
- I will make sure to give oral education to every parent and patient.
- Very informative. I can conduct my own training for the parents to make them more aware of the seriousness of oral health care.
- Making parents more aware of this responsibility of dental care and follow-up.
- Coordinate services with those met today.
- I know now how important it is to follow-up!
- Share this information with the Head Start parents. Stress the importance of good dental hygiene, keeping dentist appointments and be a few minutes early or at least be on time and follow up on them.
- Do a train the trainer or presentation to all staff. More education to patients.
- We learned a lot of that we could use at our job.
- Acquired additional knowledge on state laws and how they affect Head Start parents.
- Working with HS agencies in Cherokee Nation.
- I will try to apply the issues in my community in which I work as a dental assistant.
- I will disperse the info. I received to our resource & referral person.
- I will try to be an advocate in a heightened state of awareness for access to care and help bring more resources to the table.
- Bring back to physicians the importance of oral health. Bring back to communities the importance to work with dentists and dental hygienists in their community.
- Try to decide how to better prepare patients and parents about all the benefits of health care and for them to take responsibility for their own health.

- I have been given many ideas regarding my position so I am going back to work with new ideas to implement.
- Gave us some resources to use.
- Help educate my community. Try to get more or better list of agencies and/or providers for dental care – get this info out to more parents! Let providers know we need them and their info to compile these list.
- Made me more aware of the need for supplying parents with education & resources for the Sooner Care Program.
- I am a family advocate for Head Start and I deal with these problems daily and am very concerned as I have children at this time with an HMO waiting to be approved for dental work that need to be done. Make contact to legislators as recommended. Do more parent education.
- I will increase parent/family education services with focus in oral care. I will work on additional area to oral health care awareness.
- By informing others and to initiate more education for parents and caregivers.

8. Suggestion for future workshops?

- Resource Guide distributed.
- Provide training for dentist on proper filling out forms and right form to use for reimbursement of services provided, from person with Medicaid office. I felt like my group had a hard time getting past the \$ i.e.; services, cut time from clinic. I feel like we almost got to the issues right at the end. It was like doing a POARE. I learned a few things from the process.
- Forums that provide information about global poverty issues. I would also like OACAA to avoid “lobbying” by dental hygienists. This forum seemed like a political rally to advance the legislative goals of the Oklahoma Dental Hygienists Association.
- More detail about what is available currently and or needs at the present time.
- Resource guide for everyone.
- More legislative people.
- More doctors and legislators attend the whole meeting to see what is going on out there. More discussion time with them.
- Issue: Increase incidence of caries and access to dental care, especially children in rural areas. On the recommendation of a “Mobile Sealant Program”, obviously this doesn’t meet the need for urgent emergency dental care, but the benefits long-term are numerous. Registered Dental Hygienist could travel into rural areas, do assessment of dental needs, provide oral hygiene instructions and place sealants. The potential for saving money, increased optimal oral health, increased awareness are endless. Not only would a “mobile sealant program” place sealants, but the potential number of people that we could reach would be phenomenal. Think of the education that could be done; assessment on dental restorative needs that could be communicated to a provider.
- Send report to legislators as an educational tool.
- Give us some rules and encouragement that will really work in the “real” world.
- More resources shared among agencies and spread out to the public.
- Reconvene in one year to track progress and problems solved once again.

- If legislators are invited, their names and phone #'s should have been made available. In addition, a state map with house & senate members' areas and their phone #'s would have been helpful.
- Contact pharmaceutical companies for low-income and/or seniors can be 1. free, 2. reduced, 3. usual cost.
- Please if you can schedule more time for parent speakers may be the attendees will have a more realistic view of the scope of the problem.
- Thanks to all involved in presenting this forum. I enjoyed being here. Follow up to what was discussed and proposed today would be helpful.
- Look forward to receiving the report once planning group meets.
- Include and promote dental health under the umbrella of primary preventive healthcare.
- Presenters that related more information and results to our level. Legislator can inform us about health care bills in process.
- Need more representation of schools administration, legislators and dental students!
- More info on programs already established for resources, grants, and literature about oral health issues. Maybe a roster with organizations, contact people, internet resources, etc. for participants to have resources to contact after they leave – this will help with following up on ideas/programs, etc.
- The changes from 2002 – 2003 were wonderful! It can only get better each year – your increase in attendance should prove that.
- This format was great. Speakers not too long, etc. Follow-up with written summary and workshops.
- None. I liked the way it was structured. Also good representation of both dental and education fields.
- Make announcement about turning off cell phones!
- Bring back the 2001 speakers from Tennessee and New Mexico for follow-up. Attract more legislators and media.
- A group needs to step up to the plate to take the initiatives to move some action forward – otherwise, this access issue will continue to be a problem. A group this size can't solve it – it must be a task force assigned to speak/act for the large group.
- Mandate more political involvement. Great Conference!! Thank you!
- More publicity, more time in break out groups.
- Hold parents and health care providers responsible for children that do not receive medical care and or treatment at an early age – 3 and 5 year olds are coming to Head Start with dental care concerns, and I know they have been seen by a medical doctor, the parent as well as the doctor need to be charged with neglect if nothing is done.
- Break down or separate into areas or regions and work on problems or solutions.
- Break the problems down to specific areas of this state.
- Hands-on workshops providing care.
- The problem this forum sought to find solutions to was not specifically addressed or expressed. The problem is the damage that occurs when bacteria live in a location where sugar is also present. If people understand how easily this

condition can be dealt with, many of these “solutions” would be irrelevant and much money would be saved – not only by the state but also individuals.

- Need to set guidelines, outcomes, set definite time lines.
- Have someone from the WIC program to speak.
- Definite problem/solutions.
- Include a representative from the Oklahoma Health Care Authority.
- Show people how to perform actions. Show people/participants why actions speak louder than words.
- Have enough representatives attend from major state agencies to have a representative at each breakout session (Legislative, ODA, ODHA, dental board, health dept.) in each breakout group. Agency representatives tasked to use PR/organizational media to educate and inform the organization’s members.
- A workshop to report on the progress being made on the many problems discussed.
- How to set up programs for prenatal, head start education.
- Continue having them to keep having people involved in increasing dental IQ in our state.
- People were lost and left once the individual groups broke, something needs to be placed at the end to keep the attendees in place.
- More question and answer time. Less speakers. A couple in my group knew nothing about Medicaid or Head Start filing or reimbursement. They just didn’t want to bother with it.
- Resources for children not on Sooner Care/HIS/Medicaid.
- If it is possible, leave the doors open, the noise is distracting.
- All cell phones need to be turned off. The panel session was too long and too many presenters. Split the panel at the beginning and at the end.
- No more workshops – let’s get to work – find more providers, find more funding and change dental practice act.
- Would like to hear from more local dentists and dental hygienists.
- Need more emphasis on how the neglect of oral care can affect the rest of your body (more visuals).
- More parents to attend that have pre-school children – something can be made ware of the need of oral hygiene – importance of prevention.
- May be to include copies of the powerpoint presentation on paper in our packets. The statistics were very interesting, would like to have them to share with other Head Start staff members.
- Additional educational type handouts to be used on parents, child care providers and age-appropriate for children.
- To have more time for speakers to talk.
- Test the best place for the presenters to stand before the microphone, before the program starts. It was hard to hear the first two speakers.
- More on collaboration with resources.
- Claremore HIS has a wonderful prenatal program involving educating prenatal mothers in regards to bacterial transmission from mother to infant.
- Would have been nice to hear from the health care authority as well.

- Establish an organization to serve as a holder of a database for a list of all existing sources of care and education for underprivileged children for dental concerns. This may be the greatest immediate benefit without adding new sources of dental care. Ask all attendees to bring the contact names, addresses, phone #s, e-mails, and details of requirements of any sources they know of for these materials, educators, or providers.
- Bring all players – health care authority, primary care providers (PA's, Nurse Pract, etc.), and due to budge cuts good to see community speakers. Good to see Native American representation. If data shows increase in Hispanic dental carriers, bring them to the table.
- Anything – this was good. It worked well.
- Make task forces. More parents.
- More legislators involved – more dentists and less hygienists.

Forum Handouts

- Assistant Surgeon General, Dushanka V. Kleinman, D.D.S., M.Sc.D. letter.

Source: US Department of Health and Human Services (DHHS), Health Resources and Services Administration, Maternal and Child Health Bureau

- Inequalities in Access: Oral Health Services for Children and Adolescents with Special Health Care Needs
 - MCH Program Interchange Focus on Oral Health Volume VI, November 2001
 - Women's Oral Health Resource Guide
 - Dental Sealant Resource Guide
 - Early Childhood Caries Resource Guide
 - Homelessness and Oral Health
 - Oral Health and Learning
 - Promoting Awareness, Preventing Pain: Facts on Early Childhood Caries
 - Trends in Children's Oral Health
-

Source: US DHHS , Administration for Children and Families, Administration on Children, Youth and Families, Head Start Bureau

- Head Start Bulletin: Head Start and Partners Forum on Oral Health, May 2001
-

Source: Montage Media Corporation

- Mouthing Off-Here are a few of the many health problems that can be aggravated by poor oral hygiene...
-

Source: American Dental Hygienists' Association

- Access to Care Position Paper 2001
-

Source: American Dental Association

- Give Kids a Smile! Day- Background
-

UNICARE Health Plan of Oklahoma

UNICARD Guide SusDientes-Taking Care of Your Teeth

CHILDREN'S ORAL HEALTH FORUM

Oklahoma Association of Community Action Agencies

2915 Classen Blvd., Suite 215

Oklahoma City, OK 73106

(405) 524-4124; fax: (405) 524-4923

<http://www.okacaa.org>

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