



# Center for Schools and Communities

1300 Market Street, Suite 12 • Lemoyne, PA 17043

## *The Pennsylvania Oral Health Summit: Mobilizing Community Action for Oral Health*

*Camp Hill, PA*

*March 16 and 17, 2004*

Prepared for:

The Association of State and Territorial Dental Directors

Prepared by:

John Mitchell, Director

Bill Elbert, Northeastern Regional Coordinator

Cathe Kuker, Southwest Regional Coordinator

Becky Leiter, Central Regional Coordinator

Janine Lesser, Western Regional Coordinator

Pennsylvania Head Start State Collaboration Office

Center for Schools and Communities

Lemoyne, PA

# **Pennsylvania Oral Health Summit**

## **March 16 & 17, 2004**

### **I. Background of Planning**

The Pennsylvania Head Start State Collaboration Project organized an oral health summit, entitled ***Mobilizing Community Action for Oral Health***, on March 16 and 17, 2004 at the Radisson Penn Harris Hotel and Convention Center, 1150 Camp Hill By-Pass, Camp Hill, PA, 17011. The Conference was sponsored by the Head Start State Collaboration Project, Pennsylvania Head Start Association and the Pennsylvania Department of Health. The Conference collimated months of planning by a group made up of representatives from the PA Dept. of Health, Head Start State Collaboration Project, PA Dept. of Public Welfare and the PA Head Start Association.

In the past few years, improving oral health status and expanding access to oral health services, especially for young children, have become a growing national concern. Collaborative activities at the national, state, and local level have developed out of a growing understanding that oral health has a clear and long-range impact on a child's general health and well-being, and influences physical and mental health, social and emotional growth, and readiness to learn.

Oral health issues among economically disadvantaged children have gained considerable interest among various Federal programs. A review of Head Start Program Information Report (PIR) data indicates that access to oral health services is the number one health problem affecting Head Start children and families. It is the most frequent health concern expressed by Administration for Children and Families (ACF) Regional Office Program Specialists, Head Start Directors, Health Managers, and parents.

In 1999, a National Head Start Partners Oral Health Forum was convened by the Health Resources and Services Administration (HRSA), Head Start Bureau, Administration for Children and Families (ACF), the Health Care Financing Administration (HCFA) now known as the Center for Medicare and Medicaid, the Special Supplemental Nutrition Programs for Women, Infants and Children (WIC) to focus attention on early childhood oral health. Participants at the national Forum called for regional and state level Head Start Forums to address oral health issues.

In December 2002, Pennsylvania was one of a number of states given the opportunity to apply for funds from the Association of State and Territorial Dental Directors (ASTDD) to hold a state forum to develop a strategic plan which addresses Head Start oral health access, prevention and education. The Association is a national non-profit organization representing the directors and staff of state public health agency programs for oral health. The Association builds awareness and strengthens dental public health professionals' knowledge and skills by developing position papers and policy statements on oral health issues, conducting special studies on dental public health practices, providing information on oral health to health officials and policy makers, publishing a quarterly newsletter, and conducting conferences for the dental public health community.

Pennsylvania submitted a successful application through a partnership of the Head Start State Collaboration Project, the Pennsylvania Department of Health and the PA Head Start Association. The partners immediately began the process of planning for a State Oral Health Summit that would focus on specific Head Start Program oral health issues. Reports from the Summit, along with oral health assessment information will be submitted to an ASTDD advisory committee who will meet to develop recommendations for models and steps to improve training, technical assistance, classroom/parent education, creation of dental homes, and monitoring of oral health performance measures in Early Head Start/Head Start programs at the national and state government level. Recommendations and models will be disseminated through ASTDD and partner organizations.

State Health Improvement Partnerships (SHIP) organizations in the State were invited to the Oral Health Summit and it was recommended that they identify a three member team to work with a local Head Start representative from the same county. The Head Start representative participated as an active member of the Oral Health planning team. In order to attend the conference both the SHIP and Head Start programs had to be represented from the county. The intent of extending invitations to include a “county team” was to develop action plans based upon the needs of the individual counties in attendance. One of the goals of SHIP is to increase community empowerment by providing opportunities for community planning based upon local needs, which follows the philosophy of Head Start in meeting the needs of those served by the program. Therefore, the partnership between SHIP and Head Start was a logical choice in an effort to develop and eventually implement an action plan for oral health in local communities.

The Oral Health Summit attendees totaled 48 representatives from the respective SHIP and Head Start organizations in the state. The following counties were represented either by the local SHIP and Head Start or by either group individually: Dauphin, York, Allegheny, Bucks County, Lehigh Valley, Philadelphia Area, along with Bradford, Tioga, Carbon, Schuylkill, Huntingdon, Fulton, Green and Washington Counties. The representation reflected both urban, rural and combination counties in the state.

The plans developed by the teams attending the Summit will be shared statewide by both the PA Department of Health and the Head Start State Collaboration Project staff. The expectation of sharing the action plans is that local Head Start programs unable to attend the conference would be able to take advantage of the information shared and the action plans developed by gleaning what they can apply to their own county. In this way the conference will be able to extend its reach to all counties in the state.

Participants attending the ***Mobilizing Community Action for Oral Health*** Conference had their room and meals paid for through the grant from the Association of State and Territorial Dental Directors (ASTDD). This was done in an effort to encourage greater participation throughout the state.

## II. Introduction of State Oral Health Summit

The opening session on March 16, 2004 consisted of a panel presentation by a variety of professionals representing Head Start on the State level and from Head Start Region 3; the Pennsylvania Department of Health; Health Educators from the Special Kids Network and the Tuscarora Intermediate Unit 11; the Pennsylvania Department of Public Welfare and the Maternal and Child Health Bureau.

The panel was introduced by **John Mitchell**, Director, Pennsylvania Head Start State Collaboration Project. Mr. Mitchell provided statistics from the 2002-2003 Head Start Program Information Report which revealed that only 78% of Pennsylvania's Head Start children have a source of continuous accessible dental care. He reported that only 68% of the children have completed a dental examination and 51% have received preventive care. Although 16.5% of Head Start children have been diagnosed as needing treatment (5,919) only 71% of those children have received or are receiving treatment. Mr. Mitchell stated that we should be especially concerned because Head Start is serving less than 60% of the eligible children in Pennsylvania. This means that many children are going without any oral health support on a daily basis.

**Leslie Best**, Director, PA Department of Health offered a summary of the Oral Health Strategic Plan for Pennsylvania which was developed in 2002. The planning process was directed by the State Public Health Dentist and the Oral Health Program. A Stakeholders group was convened consisting of a diverse group of Oral Health professionals and practitioners in order to study oral health status in Pennsylvania. As a follow-up, Pennsylvania was invited to participate in the Oral Health Policy Academy convened by the National Governor's Association. As a result, it was decided that future strategic planning efforts would fall into six major issue areas:

- Assessment/Monitoring of Oral Disease
- Financial Barriers to Oral Health Care
- Prevention of Oral Diseases
- Oral Health Workforce
- Special Populations
- Fluoridation

Ms. Best gave a brief overview of the recommendations in each major issue area and reported that the Department of Health hopes that the participants at this Oral Health Summit will continue to work with the Department toward the attainment of each recommendation.

**Paul Westerberg**, Chief Dental Officer, PA Department of Welfare gave a “Framework for Action” from the Oral Health Resources Fact Sheet, *Oral Health in America: Summary of the Surgeon General’s Report*:

- We must change perceptions regarding oral health and disease so that oral health becomes an accepted component of general health.
- We must accelerate the building of the science and evidence base and apply science effectively to improve oral health.
- We must build an effective health infrastructure that meets the oral health needs of all Americans and integrates oral health effectively into overall health.
- We must remove known barriers between people and oral health services.
- We must use public-private partnerships to improve the oral health of those who still suffer disproportionately from oral diseases.

Dr. Westerberg also gave an overview on the aging of Pennsylvania’s dental workforce and PA Access to Oral Health Providers by HealthChoices Zone.

**Gwen De Veaux-Way**, Head Start Program Manager, Head Start Region III Office, highlighted promising practices and challenges facing the Head Start community in meeting the Head Start Performance Standards for Oral Health. She explained that according to the Standards, Oral Health status must be determined within 90 days for all children in Head Start. Some Head Start Programs have used this requirement to develop innovative partnerships with Oral Health professionals in their community. Although there has been some progress in developing new promising approaches, many Head Start Programs continue to experience difficulty. Ms. De Veaux-Way expressed concern that data from the 2002-2003 Head Start Program Information

Report indicates that Oral Health issues in Pennsylvania's Head Start Programs are increasing. She challenged the Forum participants to develop strategies that can lead to improved oral health access, education and prevention activities for Head Start children and families.

**Julia Yost**, Director of Community Systems Development, Special Kids Network addressed the history of Special Kids Network and their involvement with oral health for children in Pennsylvania. Since Special Kids Network is an information and referral service they receive numerous inquiries from families trying to locate services for their children. Part of the focus of Special Kids Network is finding services for children with special needs. The challenge of locating those services is especially challenging for families since this particular issue has been an unresolved problem for the entire length of time that Special Kids Network has been in operation. Ms. Yost invited participants to join a list serve, [www.midentalclinic@yahoo.com](mailto:www.midentalclinic@yahoo.com) to post issues and opportunities to improve the dental/oral health issues for the families in Pennsylvania.

**Emily Wolfe**, Health Literacy Coordinator, Healthy Smiles Project, provided information on an Oral Health Curriculum she developed with the assistance of a grant from Pfizer. She shared part of the curriculum and offered information on literacy issues surrounding the completing of paper work by families with low literacy skills. She gave the participants pointers on how to best work with low literacy adults so that needed paper work can be completed without embarrassment for the adults.

**John Rossetti**, Oral Health Program Consultant, Maternal and Child Health Bureau discussed the National Head Start Partners Oral Health Forum. He stressed the importance of collaboration among CMS, HRSA, Head Start and WIC to assure oral Health improvements for young children. Dr. Rossetti stressed that the goal of the Interagency Agreement between Head Start and HRSA was to rekindle partnerships and expertise at the regional levels, and to build partnerships with state oral health programs. Dr. Rossetti reported that the state and territorial forums have shown success and states are following up on issues they have identified.

### III. Summary of Small Groups Sessions

During the second day of the Summit, participants were placed into four work groups dependant upon the type of county and region of the state they represented. Each group was asked to address access, education and prevention in the area of oral health for their particular county. Each group addressed those issues based upon *Challenges/Barriers; Promising Practices and Strategies/Action Plans*. They reported back to the whole group the top 3 issues which were identified. The whole group had an opportunity to comment and question the findings of the work groups.

The following charts summarize the findings of the small groups in the area of Access with the top three issues listed first:

**Group #1**  
**Dauphin, York, Allegheny Counties**

**ACCESS**

Challenges/Barriers	Promising Practices	Strategies/Action Plans
1. Availability of services for families/hours offered 2. Transportation to sites for care 3. Lack of child care: who cares for the children when the adult needs care? Care for siblings while another sibling is being treated. 4. Cultural issues: language barriers 5. Economic issues 6. Excessive paperwork 7. Broken appointments 8. Lack of providers in specific areas 9. Lack of prevention 10. Frustration with reactive dentistry instead of proactive dentistry. 11. Cost of equipment 12. Mindset of providers	1. SMILES: in the Philadelphia area provides anesthesia for special populations needing care. 2. Dental school residency programs targeting young children in need of treatment. 3. Mobile services 4. Free sealants (Pittsburgh area already doing this). 5. Additional benefits for practitioners a. incentives b. retirement 6. Robert Wood Johnson Foundation a. dental referral data base b. Healthy Baby-Healthy Kids Hotline	1. SMILES: expansion to the general population of children in all locations in high need of services. 2. Staffing of SMILES a. intermix dentists and dental residents b. increase hours of service c. educate dental students 3. Partner with the PA Dental Association for support of the project. 4. Implement transportation systems specifically for dental care. 5. Expanded function duties for dental hygienists. 6. Hotline for oral health issues 7. Anesthesia services

<p>participating in a program to a limited extend/office staff. 13. Lack of appropriate training for parents and professionals.</p>	<p>c. expanding training; broadening services 7. Federally funded loan forgiveness 8. Mobile Clinics doing sealants 9. Collaboration among agencies 10. Partnership with Children’s Museum a. Dental Awareness Day 11. Smile Day 12. Pfizer Grant Program 13. School based clinics</p>	<p>a. collaborative efforts for training 8. Community involvement with transporting dental patients where mass transit is not available 9. Develop a case management process 10. Create a Special Needs Dental Practice possible with RWJ Foundation grant 11. Use existing resources and facilities a. sealants b. education c. cleaning 12. Expanded duty function for auxiliary services</p>
---	--	---

\*\*\*Additional notes: State wide issues:

- Prevention/Education/Training
- Issue is level of supervision for EFDA and hygienist
  - Make guidelines more reasonable
  - Ex: New Zealand Dental Nurses in schools do cleaning, sealants and referrals

**Group #2**  
**Lehigh Valley, Bucks County, Philadelphia Area**

**ACCESS**

Challenges/Barriers	Promising Practices	Strategies/Action Plan
<p>1. Professional challenges: finding providers.</p> <p>2. Ability to serve the age groups needing the care.</p> <p>3. Assuring families keep the appointments: additional family stressors.</p> <p>4. Past experiences with dental care: poor experiences.</p> <p>5. Families are overwhelmed: dental care not a priority</p> <p>6. Lack of valid contact information from families</p> <ul style="list-style-type: none"> <li>a. phone numbers</li> <li>b. lack of phone</li> <li>c. wrong mailing address</li> <li>d. family moves often</li> </ul> <p>7. Provider hopping</p> <p>8. Managed care/CHIP children are not linked to dental providers</p> <p>9. Working parents access is limited</p> <p>10. Limited number of patients per provider: quota</p> <p>11. Transportation</p> <ul style="list-style-type: none"> <li>a. lack of reliable vehicles</li> <li>b. distance to providers</li> <li>i. may be in another county</li> </ul> <p>12. Uninsured children</p> <ul style="list-style-type: none"> <li>a. illegal immigrants</li> <li>b. co-pay is</li> </ul>	<p>1. Legislative Briefings to educate policy makers/politicians.</p> <p>2. Local Dental Steering Committees</p> <ul style="list-style-type: none"> <li>a. make sure the correct people are at the table, the ones who can get things accomplished in the community.</li> </ul> <p>3. Mobile Dental Services</p> <ul style="list-style-type: none"> <li>a. get the services to the people that in need of care</li> <li>b. form a community partnership to get this task accomplished.</li> </ul> <p>4. Access state organizations</p> <ul style="list-style-type: none"> <li>a. dental hygienists provide direct services and receive direct reimbursement from Medicaid</li> </ul> <p>5. Fluoride distribution programs</p> <ul style="list-style-type: none"> <li>a. for communities without water fluoridation</li> <li>b. fluoride varnish</li> <li>c. fluoride pills for Head Start children</li> </ul> <p>6. Corporate citizenship</p> <p>7. Applying for grant funding</p> <ul style="list-style-type: none"> <li>a. Glaxo</li> <li>b. Colgate</li> <li>c. Ronald McDonald</li> </ul> <p>8. Community Collaborations</p> <ul style="list-style-type: none"> <li>a. school districts</li> </ul>	<p>1. Fluoride varnish: make it free to low income families</p> <p>2. Implement a mobile dental service in the area.</p>

<p>unaffordable  c. over income for Medicaid  13. System Navigation is difficult  14. Language barriers</p>	<p>and Head Start  b. hospitals and Head Start  c. dental screenings  9. Dental Task Force in the Lehigh Valley  a. Valley wide SMILE  b. recruitment of dentist at free or reduced cost of services  10. Local hospitals supportive of oral health issues for young children  11. Network of providers in Bucks Co. providing care at 25% reduced cost to families  a. families are referred for services</p>	
---	--	--

**Group #3  
Bradford, Tioga, Carbon, Schuylkill Counties**

**ACCESS**

Challenges/Barriers	Promising Practices	Strategies/Action Plan
<ol style="list-style-type: none"> <li>1. Lack of public awareness about oral health.</li> <li>2. Lack of dentists accepting MA/Access cards.</li> <li>3. Transportation is unreliable               <ol style="list-style-type: none"> <li>a. Head Start vans transport the children to out of county dental services</li> </ol> </li> <li>4. Lack of pediatric dentist in Tioga and Carbon Counties</li> <li>5. Special needs patients needing care and no one to provide the care within the county</li> <li>6. Lack of public awareness of the problem</li> </ol>	<ol style="list-style-type: none"> <li>1. Expanded function at the state level for public health staff</li> <li>2. Mobile dentistry: taking the services to the people               <ol style="list-style-type: none"> <li>a. mobile unit from one county travels to another to provide care</li> </ol> </li> <li>3. Maximize benefits from HRSA/HPSA to attract dental professionals</li> <li>4. Establishment of centralized billing for MA reimbursement</li> </ol>	<ol style="list-style-type: none"> <li>1. Establish an agenda with the local dental society/organization</li> <li>2. Provide public relations information on the lack of access for low income families (educate the community)</li> <li>3. Data collection               <ol style="list-style-type: none"> <li>a. emergency room visits for acute dental emergencies</li> <li>b. school partners: school nurses report on oral health issues reported in school setting</li> </ol> </li> </ol>

The following charts summarize the findings of the small groups in the area of Oral Health Education with the top three issues listed first:

**Group #1  
Dauphin, York, Allegheny Counties**

**EDUCATION**

Challenges/Barriers	Promising Practices	Strategies/Action Plans
<p>1. Time in terms of individuals needing care:</p> <ul style="list-style-type: none"> <li>a. Priority</li> <li>b. Family Issues</li> <li>c. There is not a focus on oral health within the family unit</li> <li>d. Lack of education in the area of oral health and ramifications of lack of care</li> </ul> <p>2. Lack of Head Start and/or human service programs that provide access to care.</p> <ul style="list-style-type: none"> <li>a. There is a large group of individuals not involved in human service programs that focus on oral health.</li> </ul> <p>3. Lots of different information out there:</p> <ul style="list-style-type: none"> <li>a. Fragmented information allows people to fall through the cracks and not receive care.</li> <li>b. Duplication of services and fragmented services.</li> </ul> <p>4. Funding issues for families</p> <ul style="list-style-type: none"> <li>a. Not as much funding being used for education; mostly being used for treatment.</li> </ul>	<p>1. Marketing practices addressing other areas affecting oral health</p> <ul style="list-style-type: none"> <li>a. Tobacco: ill effects</li> <li>b. Same type of advertising can be used to promote oral health</li> </ul> <p>2. Human service programs addressing oral health issues</p> <ul style="list-style-type: none"> <li>a. WIC</li> <li>b. Head Start</li> </ul> <p>3. Pfizer Grant: strong program</p> <p>4. Community collaboration with colleges, dental schools, etc. provides services of students to assist with education in Head Start and other human service programs.</p> <p>5. Training model for Head Start families and children</p> <ul style="list-style-type: none"> <li>a. brushing/rinsing</li> <li>b. fluoride daily</li> </ul> <p>6. Public Health Service Manger</p> <ul style="list-style-type: none"> <li>a. system for dentistry</li> </ul> <p>7. Colgate Bright Futures/Bright Smiles Program</p> <p>8. Local collaboration between York Co. Head</p>	<p>1. Marketing Plan</p> <ul style="list-style-type: none"> <li>a. Television</li> <li>b. Billboards</li> <li>c. Reach others that may not realize the importance of oral health and assist them in accessing services</li> </ul> <p>2. Fragmented services: what happens when a family leaves an agency while the family is currently receiving dental services?</p> <ul style="list-style-type: none"> <li>a. Provide consistency with communication among agencies</li> <li>b. Consistency in services/sharing of information when families transition from Head Start program into the school district</li> </ul> <p>3. Identify all issues:</p> <ul style="list-style-type: none"> <li>a. What is working?: local programming supporting oral health</li> <li>b. Education: impact on the system as a whole</li> <li>c. Longitudinal studies <ul style="list-style-type: none"> <li>i. impact on children</li> </ul> </li> <li>d. Prevention</li> <li>e. Value of creating</li> </ul>

<p>5. Lack of a state level dental department</p> <p>6. Lack of education for policy makers and legislators</p> <p>    a. need to define savings for prevention/intervention services</p> <p>7. Lack of expanded dental function</p> <p>8. Lack of scholarship opportunities or loan forgiveness for hygienists</p> <p>9. Training parents on oral health issues</p> <p>10. Long waiting lists for Head Start</p> <p>11. Lack of a marketing campaign</p> <p>12. Lack of user-friendly information</p> <p>    a. literacy</p> <p>    b. cultural</p> <p>    c. language</p>	<p>Start and York Co. Dental Society</p> <p>9. New Zealand: expanded duty function</p> <p>10. Nurse/Family Partnerships</p> <p>11. Head Start and WIC collaborations with universities and colleges</p> <p>    a. Harrisburg Area Community College</p> <p>    b. Temple</p> <p>    c. University of Pittsburgh</p>	<p>educational programs and linking them together within the community:</p> <p>consistency in communication among human service agencies</p> <p>4. Public Health Service Management</p> <p>    a. whole picture</p> <p>5. Collaboration among universities, businesses, community groups, health care organizations and insurance companies</p>
---	---	---

**Group #2**  
**Lehigh Valley, Bucks County, Philadelphia Area**

**EDUCATION**

Challenges/Barriers	Promising Practices	Strategies/Action Plan
<p>1. Education system is geared toward the middle class (literacy issues)</p> <ul style="list-style-type: none"> <li>a. language barriers: not in Spanish</li> <li>b. literacy: level too high</li> </ul> <p>2. Family values regarding oral health</p> <ul style="list-style-type: none"> <li>a. cultural ramifications</li> <li>b. first time pregnancy need to be educated in oral health for themselves and their child</li> </ul> <p>3. Apathy regarding oral health: lack of appreciation and understanding to make it a priority within the family</p> <p>4. Literacy and language barriers</p> <p>5. Group based vs one on one training</p> <ul style="list-style-type: none"> <li>a. lack of relationship and knowledge of the family</li> </ul> <p>6. Lack of education in public schools in the area of oral health</p> <p>7. Child care staff does not provide opportunities for tooth brushing on site</p> <p>8. Lack of education for the family in an effort to effect change</p> <p>9. Education by dentists or other professionals is not a reimbursable cost</p> <p>10. Financial ramifications</p> <ul style="list-style-type: none"> <li>a. pull tooth vs root</li> </ul>	<p>1. TV video very effective means of communicating the correct information</p> <p>2. In-service training for agency staff that provide direct service to children and families.</p> <ul style="list-style-type: none"> <li>a. educate staff to not give lollipops to the children</li> </ul> <p>3. Residency programs for dental school students</p> <p>4. Engaging dental school students in outreach programs within the community</p> <p>5. Tiered educational opportunities</p> <ul style="list-style-type: none"> <li>a. Health care professionals</li> <li>b. Community leaders</li> <li>c. Families</li> <li>d. Children</li> <li>e. Expectant parents</li> </ul> <p>6. Educational of professionals</p> <ul style="list-style-type: none"> <li>a. take the time to ask the “right” questions of patients</li> <li>b. oral health as a medical priority</li> </ul> <p>7. Promoting the dental profession to prospective college students</p> <p>8. Mentorship in middle and high school</p> <p>9. Identification of managed care gaps</p> <p>10. Children as family</p>	<p>1. Purchase time on television to provide oral health information</p> <p>2. Provide opportunities for outreach and community service for dental school students.</p> <p>3. Provide residency programs for dental students</p>

<p>canal</p> <p>11. Reaching pregnant first time parent</p> <p>    a. pregnant mom's oral hygiene and connection to unborn child</p> <p>12. Lack of fluoridated water</p> <p>13. Lack of education on "how to" issues</p>	<p>educators on oral health</p> <p>11. Educational resources</p> <p>    a. Bight Smiles/Bright Futures</p> <p>12. In-service training for educators</p> <p>13. Interactive programs to engage the audience</p> <p>14. Use existing resources effectively</p> <p>    a. put on national web site</p>	
---	---	--

**Group #3**  
**Bradford, Tioga, Carbon, Schuylkill Counties**

**EDUCATION**

Challenges/Barriers	Promising Practices	Strategies/Action Plan
<ol style="list-style-type: none"> <li>1. Lack of support from the state mandated dental programs in schools</li> <li>2. Lack of expanded function</li> <li>3. Lack of follow up for families who do not participate in programs</li> <li>4. Lack of dental education               <ol style="list-style-type: none"> <li>a. tiered approach</li> </ol> </li> <li>5. Dental problems not being identified quickly enough</li> <li>6. Lack of a coordinated message from the state: “campaign”</li> <li>7. Lack of EPSDT follow-up by medical doctor</li> <li>8. Lack of school district support               <ol style="list-style-type: none"> <li>a. soda machines</li> <li>b. vending machines</li> </ol> </li> <li>9. Lack of literacy appropriate materials to provide dental education to families</li> <li>10. Lack of state/DPW caseworker involvement in education services</li> <li>11.</li> </ol>	<ol style="list-style-type: none"> <li>1. Education programs offering peer to peer programs               <ol style="list-style-type: none"> <li>a. dentist to dentist</li> <li>b. hygienist to hygienist</li> </ol> </li> <li>2. Wellness councils</li> <li>3. Head Start dental awareness with children and families</li> <li>4. SHIP partnerships broaden the base of information/advocacy</li> <li>5. Home visit programs               <ol style="list-style-type: none"> <li>a. Head Start</li> <li>b. visiting nurses</li> <li>c. State Health Center</li> </ol> </li> <li>6. Head Start daily dental health practices               <ol style="list-style-type: none"> <li>a. tooth brushing</li> <li>b. fluoride distribution</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. Create legislative awareness for expanded function</li> <li>2. Create a dental support group with local dental society</li> <li>3. Create a Wellness Council within the community/county               <ol style="list-style-type: none"> <li>a. add an oral health component</li> </ol> </li> <li>4. Create links with Healthy Beginnings locally</li> <li>5. Encourage involvement of local pediatricians</li> <li>6. Identify community partners for funding sources</li> <li>7. DPW/state intervention for a “dental report card” for each child as part of necessary paperwork</li> <li>8. Intervention with Early Head Start Programs to identify dental problems early to prevent extensive restorative treatments later</li> <li>9. Expectant Parent Classes at local hospitals to provide wellness/obesity education programs</li> <li>10. Involve local literacy programs with dental education</li> </ol>

The following charts summarize the findings of the small groups in the area of Prevention with the top three issues listed first:

**Group #1:  
Dauphin, York, Allegheny Counties**

**PREVENTION**

Challenges/Barriers	Promising Practices	Strategies/Action Steps
<ol style="list-style-type: none"> <li>1. Fear of practices               <ol style="list-style-type: none"> <li>a. Fluoride                   <ol style="list-style-type: none"> <li>i. negative campaigns against fluoride</li> </ol> </li> </ol> </li> <li>2. Dental IQ               <ol style="list-style-type: none"> <li>a. dispelling myths</li> <li>b. training</li> <li>c. lack of a good understanding about prevention ex: filling baby teeth</li> </ol> </li> <li>3. Lack of funding for programs               <ol style="list-style-type: none"> <li>a. MA reimbursement</li> <li>b. Fluoridation</li> <li>c. Training programs                   <ol style="list-style-type: none"> <li>i. curriculum development</li> </ol> </li> </ol> </li> <li>4. Nutrition: lack of good nutrition to promote good dental health</li> <li>5. Adverse marketing campaigns               <ol style="list-style-type: none"> <li>a. sugar based cereals</li> <li>b. sugar based fruit treats</li> </ol> </li> <li>6. Lack of collaboration among insurance companies, DOH, health care providers</li> <li>7. Too much of an economic focus on oral health care</li> <li>8. Lack of transportation</li> <li>9. Adverse advertising</li> </ol>	<ol style="list-style-type: none"> <li>1. Pfizer programs</li> <li>2. Head Start programs</li> <li>3. College and university programs               <ol style="list-style-type: none"> <li>a. outreach to families and children</li> <li>b. prevention programs</li> </ol> </li> <li>4. 990 Program in York County for the working poor without insurance               <ol style="list-style-type: none"> <li>a. provides them with an insurance card to obtain medical and dental services</li> </ol> </li> <li>5. Community involvement with faith based and service organizations</li> <li>6. Regional clinics               <ol style="list-style-type: none"> <li>a. creative staffing</li> <li>b. creative funding resources</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. Positive advertising campaigns aimed at young children               <ol style="list-style-type: none"> <li>a. New parents education</li> <li>b. Get the media to buy into it</li> <li>c. School staff participate</li> <li>d. Provide good nutrition information to families</li> <li>e. Youth organizations: YMCA, Boy and Girl Scouts, Big Brothers/Sisters, etc.</li> </ol> </li> <li>2. Coordinated health services promoted within the community using the Head Start model.</li> <li>3. Internet information on prevention, educational programs could incorporate oral health into their programming.</li> <li>4. PDA and DPW, DOH all at the table and talking with each other</li> <li>5. Incentives to attract providers</li> <li>6. Increase capacity               <ol style="list-style-type: none"> <li>a. hours of service</li> <li>b. crisis care</li> <li>c. by specialty/population</li> <li>d. prevention of no-shows</li> </ol> </li> </ol>

campaigns 10. Lack of provides/access 11. Lack of prevention education 12. Lack of financial incentives for prevention and education		e. licensing to MA participation linked to a regulatory review process
--	--	--

**Group #2**  
**Lehigh Valley, Bucks County, Philadelphia Area**

**PREVENTION**

Challenges/Barriers	Promising Practices	Strategies/Action Plan
<ol style="list-style-type: none"> <li>1. Lack of benefits for adults under Adult CHIP program               <ol style="list-style-type: none"> <li>a. lack of reimbursement for dental care</li> </ol> </li> <li>2. Cost of sealants is high and not always covered by insurance.</li> <li>3. Dentist's actions toward young children do not always match ADA recommendations.</li> <li>4. Funding does not match and HMO will not pay for services.</li> <li>5. Baby bottle education: the medical community is educated and now needs to educate others               <ol style="list-style-type: none"> <li>a. cultural issues</li> </ol> </li> <li>6. Medical/dental separated               <ol style="list-style-type: none"> <li>a. physically</li> <li>b. philosophically</li> <li>c. silo approach</li> </ol> </li> <li>7. Lack of fluoridated water</li> <li>8. Not all bottled water contains fluoride</li> <li>9. Fluoride varnish not widely accepted</li> <li>10. Lack of fluoride for the youngest children (infants/young toddlers)</li> </ol>	<ol style="list-style-type: none"> <li>1. Fluoride varnish programs currently in 15 states, PA is not one of them however.</li> <li>2. Dental prevention practices outside of the dental office               <ol style="list-style-type: none"> <li>a. schools</li> <li>b. medical offices</li> <li>c. community organizations</li> </ol> </li> <li>3. Tobacco Cessation Program               <ol style="list-style-type: none"> <li>a. Oral health prevention</li> <li>b. Oral cancer prevention                   <ol style="list-style-type: none"> <li>i. linked to skin cancer</li> </ol> </li> <li>c. screenings in the community</li> </ol> </li> <li>4. Sugarless gum               <ol style="list-style-type: none"> <li>a. Carefree Coolers: ingredients in the gum increase saliva</li> <li>b. antibacterial</li> <li>c. Xylitol is the ingredient that produces the benefits</li> </ol> </li> <li>5. Use of sealant programs               <ol style="list-style-type: none"> <li>a. schools</li> <li>b. "Seal America"</li> </ol> </li> <li>6. Expanded function for hygienists</li> </ol>	<ol style="list-style-type: none"> <li>1. Promote fluoride varnish programs within the community</li> <li>2. Educate about preventative practices</li> <li>3. Promote the use of sealants</li> <li>4. Encourage collaboration among community groups with a focus on oral health</li> </ol>

**Group #3**  
**Bradford, Tioga, Carbon, Schuylkill Counties**

**PREVENTION**

Challenges/Barriers	Promising Practices	Strategies/Action Plan
<ol style="list-style-type: none"> <li>1. Lack of state recognition of fluoride/sealants for reimbursement</li> <li>2. Lack of medical and dental providers</li> <li>3. Lack of education on dental services/oral health through partners involved with local Wellness Councils</li> <li>4. Lack of time for health education and follow-through</li> <li>5. Lack of finances available in home for dental preventative tools</li> <li>6. Lack of fluoridated water</li> </ol>	<ol style="list-style-type: none"> <li>1. Adding an oral health component for all providers</li> <li>2. Providing dental tools to families               <ol style="list-style-type: none"> <li>a. toothbrushes</li> <li>b. toothpaste</li> <li>c. floss</li> </ol> </li> <li>3. Fluoridation of the local water supply</li> </ol>	<ol style="list-style-type: none"> <li>1. Provide education programs for the entire family through programs like Head Start.</li> <li>2. Solicit money for oral health from social service organizations               <ol style="list-style-type: none"> <li>a. provide toothbrushes</li> <li>b. provide toothpaste</li> <li>c. provide floss</li> </ol> </li> <li>3. Raise awareness among educators               <ol style="list-style-type: none"> <li>a. don't reward children with candy</li> </ol> </li> <li>4. Address nutritional values through WIC</li> <li>5. Provide fluoride supplements</li> </ol>

## IV. Conclusion

The action plans from the small group sessions will be provided to SHIP and Head Start programs throughout the state by staff from the Dept. of Health and Head Start State Collaboration Project. The hope is that local programs will be able to pull from the reports strategies that will work for their local community. In this way organizations that were unable to attend the summit will reap the benefits of it through the written plans.

The Summit was a great success in that it pulled together two organizations that have not formally collaborated on a regular basis in the past. The expectation is that they will work together in their community to provide better oral health access, education and prevention activities for the children and families they serve.

The final evaluation of the summit was very positive. Participants expressed appreciation for the high quality of information shared both through the panel discussion opening night and the handouts provided for the summit. Participants felt the summit was well organized and addressed important issues for their county. It was further related that the opportunity to network and work in small group planning sessions was a useful component of the Summit. Participants would like to continue to work on oral health issues in the areas of public relations, fluoridation of water, meetings with legislators and curriculum development. In the final analysis, it appears that the ***Mobilizing Community Action for Oral Health Conference*** was a complete success. What remains to be seen is what will develop statewide from this conference. The Head Start State Collaboration Project, PA Department of Health and the PA Department of Public Welfare have made a commitment to continue meeting and provide additional support to the SHIP/Head Start partnerships that have developed as a result of this Summit. We hope to begin plans for a follow-up Summit in the fall of 2005. In the meantime, the Head Start State Collaboration Project's Regional Coordinators will work with the county SHIP and Head Start Programs to continue implementing the strategies designed at this Summit.



7:45-8:00 Introduction of Facilitators for Day 2  
Instructions for Small Groups for Day 2

PA Oral Health Summit  
March 17, 2004  
Day Two  
Agenda

7:00-8:00 Continental Breakfast

8:00-9:30 Small Group Discussion: **Oral Health Access**  
What are the specific challenges and barriers?  
What are the promising practices?  
Identify the specific strategies and actions steps  
needed to be implemented.

9:30-10:00 Report from Small Groups  
Each group will have 10 minutes to report on their  
findings

10:00-10:15 Break

10:15-11:45 Small Group Discussion: **Oral Health Education**  
What are the specific challenges and barriers?  
What are the promising practices?  
Identify the specific strategies and actions steps  
needed to be implemented.

11:45-12:15 Report from Small Groups  
Each group will have 10 minutes to report on their  
findings

12:15-1:00 Lunch

- 1:00-2:30      Small Group Discussion: **Prevention**  
What are the specific challenges and barriers?  
What are the promising practices?  
Identify the specific strategies and actions steps  
needed to be implemented.
- 2:30-3:00      Report from Small Groups  
Each group will have 10 minutes to report on their  
findings
- 3:00-3:30      Wrap-up and Closing Remarks on Future Course  
John Mitchell, Director, Head Start State Collaboration  
Project