

SOUTH CAROLINA TAKES ACTION

Ensuring Optimal Oral Health for Children and Adolescents with Special Health Care Needs



SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
ASSOCIATION OF STATE AND TERRITORIAL DENTAL DIRECTORS
SOUTH CAROLINA DENTAL ASSOCIATION

Foreword

The National Governors' Association Policy Academy (2000) and two state oral health summits (2001) repeatedly emphasized that the most critical aspects of the state's response to the silent epidemic of dental disease are the following: (1) to assemble groups of key stakeholders to guide the process of developing and updating a proposed State Oral Health Plan; and (2) to oversee implementation and evaluation of the approved planned actions.

In April 2003, the South Carolina Oral Health Advisory Council was established in accordance with the first priority of the State Oral Health Plan: increase recognition of oral health issues among policy makers and advocates. This group was charged with providing advice and guidance on the implementation and evaluation of the State Oral Health Plan; serving as advocates for critical oral health issues in the state; and working to promote greater collaboration of effort in addressing oral health issues in South Carolina. In November of 2003, a South Carolina Oral Health Coalition was also established in accordance with priority one of the State Oral Health Plan. The purpose of the Coalition was to develop specific oral health promotion and disease prevention activities at the state and at the community level. The activities would be defined in a Coalition Plan for Action that would be consistent with the vision, priorities and objectives in the State Oral Health Plan.

Both the Advisory Council and Coalition have made demonstrable contributions in furthering public oral health in South Carolina over the past three years. However, to address some critical communication and coordination challenges between the two groups, quarterly advisory summits were instituted in September 2006. This new structure and process for joint meetings will make the best use of the members' time and talents while improving overall communications and coordination for the groups.

In the ongoing task of updating the focus and direction for the State Oral Health Plan, a new priority area titled Special Populations has been proposed for the Plan. The first population included under this priority area would be children with special health care needs (CSHCN). The following CSHCN Plan for Action will become an official workplan of the Coalition and its contents will be integrated into the State Oral Health Plan – Special Populations, Population 1: Children with Special Health Care Needs. The Coalition and Advisory Council will then assume ownership for implementation and evaluation of the planned actions during the next three years.

The Association of State and Territorial Dental Directors, the Division of Oral Health at the South Carolina Department of Health and Environmental Control, South Carolina Dental Association, South Carolina Oral Health Coalition, and South Carolina Oral Health Advisory Council, all provided valuable support in development of this CSHCN Plan for Action.

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Introduction

The following Plan for Action is for children and adolescents with special health care needs. For the purposes of this document, CSHCN will refer to both children and adolescents. The Plan for Action was initiated during the Sixth Annual South Carolina Oral Health Forum held in Columbia on June 1, 2006. An ad hoc workgroup of the South Carolina Oral Health Coalition was convened in Forum breakout sessions to begin the action planning process.

The CSHCN Workgroup included individuals with diverse experiences and perspectives who are considered major stakeholders in promoting oral health for children and adolescents with special health care needs in South Carolina. After months of deliberation, the Workgroup completed its planning task and the final CSHCN Action Plan was approved by the Coalition on December 8, 2006. This document now becomes an official workplan of the Coalition and its contents will be integrated into the State Oral Health Plan. This will help to ensure quality monitoring and evaluation of the planned actions during the implementation period of January 1, 2007 through December 2009.

The Issues

- Good oral health is an integral component of health and well-being.
- Oral diseases and related problems can have a direct and devastating effect on the health and well-being of children.
- Oral diseases and related problems are more common among members of special needs populations who often require more extensive dental care.
- The oral health of special needs populations may be negatively affected by their medications, special diets, or by their inability to clean their teeth thoroughly on a daily basis.
- Access to dental care has been recognized nationally as the #1 unmet health need for CSHCN.

Children with Special Health Care Needs

CSHCN may be defined as any child or adolescent who has a chronic physical, developmental, behavioral or emotional condition and who requires more health services than generally expected for a child or adolescent. This may include the following conditions:

- Down's syndrome
- Cleft lip, cleft palate and other craniofacial defects
- Cerebral Palsy
- Learning and developmental disabilities
- Emotional disturbances
- Vision and hearing impairments
- Diabetes
- Autism
- Genetic and hereditary disorders with orafacial defects
- HIV infection

Children with Special Health Care Needs in South Carolina

The following are prevalence statistics and indicators for CSHCN in South Carolina from a survey conducted by the federal Maternal and Child Health Bureau in 2001. The Survey of Children with Special Health Care Needs was based on parental reports from 50 States and the District of Columbia. The estimated number of self-reported CSHCN in South Carolina at this time was 134,358. Medicaid utilization data from the South Carolina Department of Health and Human Services for ages 0-19 is also provided:

South Carolina Prevalence Statistics		
Child-Level Prevalence ■ Percent of CSHCN	SC % 13.2	National % 12.8
Prevalence By Age ■ Children 0-5 years of age ■ Children 6-11 years of age ■ Children 12-17 years of age	SC % 8.5 15.6 15.1	National % 7.8 14.6 15.8
Prevalence By Sex ■ Male ■ Female	SC % 14.9 11.5	National % 15.0 10.5
Prevalence By Poverty Level ■ 0%-99% FPL ■ 100%-199% FPL ■ 200%-399% FPL ■ 400% FPL or greater	SC % 14.6 15.2 12.0 14.7	National % 13.6 13.6 12.8 13.6
Prevalence By Race/Ethnicity ■ Hispanic ■ White (Non-Hispanic) ■ Black (Non-Hispanic) ■ Asian (Non-Hispanic) ■ Native American/Alaskan Native (Non-Hispanic) ■ Native Hawaiian/Pacific Islander (Non-Hispanic)	SC % 10.9 14.4 11.7 * * *	National % 8.6 14.2 13.0 4.4 16.6 9.6
* Due to the small size of this group in the population of the state, data have been suppressed to protect respondents' confidentiality.		
South Carolina Indicators		
Child Health ■ Percent of CSHCN whose conditions affect their activities usually, always, or a great deal ■ Percent of CSHCN with 11 or more days of school absences due to illness	SC % 20.5 17.2	National % 23.2 15.8
Health Insurance Coverage ■ Percent of CSHCN without insurance at some point in the past year ■ Percent of CSHCN currently uninsured ■ Percent of currently insured CSHCN with insurance that is not adequate	SC % 11.5 4.5 35.2	National % 11.6 5.2 33.5
Access to Care ■ Percent of CSHCN with any unmet need for specific health care services ■ Percent of CSHCN with any unmet need for family support services ■ Percent of CSHCN needing specialty care who had difficulty getting a referral ■ Percent of CSHCN without a usual source of care (or who rely on the emergency room) ■ Percent of CSHCN without a personal doctor or nurse	SC % 15.2 4.2 24.2 9.6 11.3	National % 17.7 5.1 21.9 9.3 11.0
Family Centered Care ■ Percent of CSHCN without family centered care	SC % 28.9	National % 33.5
Impact On Family ■ Percent of CSHCN whose families pay \$1,000 or more in medical expenses per year ■ Percent of CSHCN whose condition caused financial problems for the family ■ Percent of CSHCN whose families spend 11 or more hours per week providing or coordinating care ■ Percent of CSHCN whose condition affected the employment of family members	SC % 14.6 25.3 17.8 32.8	National % 11.2 20.9 13.5 29.9
<ul style="list-style-type: none"> U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. <i>The National Survey of Children with Special Health Care Needs Chartbook 2001</i>. Rockville, Maryland: U.S. Department of Health and Human Services, 2004. 		

South Carolina Medicaid Utilization Data					
Fiscal Year	Total Unduplicated Medicaid & SCHIP Population Ages 0-20 years	Total Unduplicated Medicaid & SCHIP Population Ages 0-20 with SHCN	%	Total Unduplicated Medicaid & SCHIP Population Ages 0-20 with SHCN with a Dental Service	%
■ 2002	535,276	167,105	31.2%	69,878	41.8%
■ 2003	554,228	177,829	32.1%	80,305	45.2%
■ 2004	542,254	176,416	32.5%	83,796	47.5%
■ 2005	539,616	178,064	33.0%	86,891	48.8%

* South Carolina State Action for Oral Health Program Data Workbook, 2006.

A Call for Action in South Carolina

A study published in the journal Pediatrics provides an appropriate Call for Action when the authors concluded:

“Dental care is the most prevalent unmet health care need for CSHCN, affecting substantially more children than any other health care need category. Moreover, the perceived need for dental care for CSHCN exceeds the need for either preventive or specialty medical care. Given these findings, dental care should be an integral and explicitly stated part of the comprehensive coordinated services that the medical home aims to provide for CSHCN. Greater efforts to improve access to dental care for poor and more disabled CSHCN are needed.” *

* PEDIATRICS Vol. 116 No. 3 September 2005, pp. e426-e431

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South Carolina Takes Action

The following is initial planning information from participants in the breakout sessions titled *Action Planning – Oral Health for Children and Adolescents in South Carolina with Special Health Care Needs* held at the Sixth Annual South Carolina Oral Health Forum. This information provided the building blocks for the CSHCN Workgroup to develop planned actions that ensures optimal oral health for children and adolescents with special health care needs in our state.

General Discussion of Needs and Issues in South Carolina

- Involve the whole dental staff in workforce development through education
- Expand dental educational facilities
- Promote early dental screenings
- Build capacity for providing dental care for CSHCN through education
- Build competency in community providers through education and continuing education units
- Educate families in prevention through community outreach
- Institutionalize age one visit protocol; seek reimbursements for early intervention and screening; and examine language in the State Oral Health Plan regarding age one visits
- Seek involvement in policy change and advocacy

Needs and Issues to be Analyzed

- Increasing funding to for the Medical University of South Carolina’s College of Dental Medicine (MUSC CDM) to strengthen and expand the Special Care Dentistry Program to address the needs for SHCN.
- Expanding clinical facilities to treat complex dental cases including the MUSC CDM and the Palmetto Richland Dental Center (PRDC) and Residency Program.
- Providing CSHCN oral health education curricula and resources through latest technology – teledentistry, web conferencing, InteliHealth, etc.
- Increasing funding to PRDC to expand the dental residency program in order to increase the number of dental residents.
- Increasing competence for students of medicine (i.e. physicians, nurse practitioners, nurses, physician assistants) to perform oral screenings and caries risk assessments, to provide oral health education and to make referrals to a dental home for CSHCN.
- Increasing competence for dental students to perform oral examinations and caries risk assessments, to provide oral health education and diagnostic, preventive and restorative treatment for CSHCN and work collaboratively with medical professionals.
- Increasing competence for dental hygiene and dental assisting students to perform oral assessments and caries risk assessments, to provide oral health education and preventive services for CSHCN.
- Increasing competence of parents, caregivers, educators and health coordinators in oral screening & prevention of dental diseases.
- Expanding patient navigator triage approach for CSHCN as successfully piloted through the Robert Wood Johnson Foundation (RWJF) funded More Smiling Faces Project.
- Promoting year routine dental screenings by medical and dental professionals beginning with age one.
- Seeking reimbursements for screenings from private insurance; involving carriers (i.e. Delta Dental, Aetna etc); examining cost effectiveness

Analysis of Strengths in South Carolina

- **Medical University of South Carolina’s College of Dental Medicine (MUSC CDM):** dental student curriculum includes Clinical Genetics and several other courses related to special health care needs.

- **MUSC CDM Special Care Dentistry Program** has trained over 1500 dental professionals in the last eight years through the Annual Continuing Education Course for dental professionals. Three Pediatric Oral Health continuing education courses (2003, 2004 and 2005) were conducted in collaboration with SC DHEC Division of Oral Health through funding from the Robert Wood Johnson Foundation (RWJF).
- **MUSC CDM – Children’s Hospital Dental Clinic** provision of dental care for CSHCN
- **MUSC CDM Pediatric Dentistry Residency Clinic** provision of dental care for CSHCN
- **MUSC CDM Craniofacial Anomalies (CFA) and Cleft Lip and Palate (CL/P) Team** –Provides evaluation and treatment of patients with CFA and CL/P malformations. Team includes dental specialists in Orthodontics, Pediatric Dentistry, Oral and Maxillofacial Surgery and Craniofacial Genetics.
- **MUSC CDM –*South Carolina Dental Directory for Individuals with Special Health Care Needs***—online directory with over 400 dentists from South Carolina listed who provide dental care to CSHCN.
- **Palmetto Richland Dental Center (PRDC)** provision of dental care for CSHCN in dental center and at Palmetto Richland Hospital
- **PRDC Dental Residency Program** includes specific training for special health care needs for the dental residents. Includes provision of dental care for SHCN in both the dental clinic and operating room settings. Provided Pediatric Oral Health Training to dental teams in October 2005 through funding from RWJF.
- **South Carolina Oral Health Advisory Council and Coalition** provides strong leadership in the development of policy for South Carolina.
- **South Carolina Technical Colleges –Dental Hygiene and Dental Assisting Programs** curriculum include educational components dealing with SHCN and dental hygiene students provide preventive dental services to CSHCN in their clinics.
- **SC DHEC’s Children’s Rehabilitative Services (CRS)** – provides families with oral health education and link families with dental homes
- **South Carolina’s *Special Olympics Special Smiles Program*** –MUSC/CDM has provided leadership for this program in South Carolina since 2001. Over 1,000 athletes with developmental disabilities have received dental screenings and oral health education from volunteer dentists, dental hygienists and dental assistants from local communities along with dental students, residents and MUSC CDM faculty members.
- **SC DHEC School Based Dental Program** provides preventive dental care and referrals to local dentists to students including students with SHCN who do not receive regular dental care.
- **SC AHEC** provides for a continuum of education extending from primary and secondary school, to undergraduate and professional school, then to graduate medical education, and finally to continuing education for practicing health professionals.
- **SC DHEC—Patient Navigator Pilot Project** funded by RWJF developed a patient navigator to insure that all children identified to be at medium to high risk for dental disease became established in a dental home. In addition, the PN served as the community catalyst to integrate oral health into local system of care for children.
- **Faith Communities** have been involved with faith-based community oral health awareness initiatives.
- **Head Start and Early Health Start Programs (HS -EHS):** include CSHCN in their program and provide oral health education to staff, parents and children attending the program. In addition, health coordinators and outreach workers ensure that all children receive a dental examination and become established in a dental home. HS –EHS programs have an established history of working in collaboration with SC DHEC DOH.
- **SC DHEC DOH Oral Health Education and Training Resources**—Funded through RWJF, the following materials have been developed: Oral Health 101and Dental Emergencies (Head Start/Child Care Center Staff Train the Trainer Curricula), ACTS Training for WIC staff, Oral Health Activity Guide (Birth to age 4 curriculum), Oral Health Parent Information Booklet, Oral Health for Children with Special Health Care Needs, and Pediatric Oral Health for the Medical Provider.

Analysis of Weaknesses in South Carolina

- Lack of a well-funded MUSC CDM Special Care Dentistry Program
- Lack of funding for advanced education for dental hygienists & dental assistants in SHCN
- Lack of funding in dental public health
- Lack of funding for SCDHEC's Children's Rehabilitative Services
- Lack of coordination between the medical home and the dental home.
- Lack of interaction of medical and dental professionals in study groups, etc
- Dental reimbursements not maintained with adjusted increases
- Lack of protection for dental programs

Analysis of Opportunities for Action in South Carolina

- Advocate for a policy to screen CSHCN by age one with private insurance reimbursements for the screenings.
- Expand the patient navigator triage approach and programs for treating complex CSHCN cases.
- Increase the competencies of the oral health workforce, caregivers and families through innovative education and training techniques.
- Advocate for increased funding for expansion of the MUSC CDM for faculty positions, clinical facilities, and innovative mechanisms to connect communities throughout South Carolina to the specialized knowledge, expertise and services available at MUSC CDM.
- Advocate for increased funding for expansion of Palmetto Richland Dental Residency Program for faculty positions, clinical facilities, and innovative mechanisms to connect communities throughout South Carolina to the specialized knowledge, expertise and services available at Palmetto Richland Dental Clinic.
- Advocate for increased funding for community health centers, rural health centers and other safety net health organizations to establish new dental clinics and expand existing dental clinics throughout South Carolina in order to increase access to dental care for CSHNC.

Plan for Evaluation

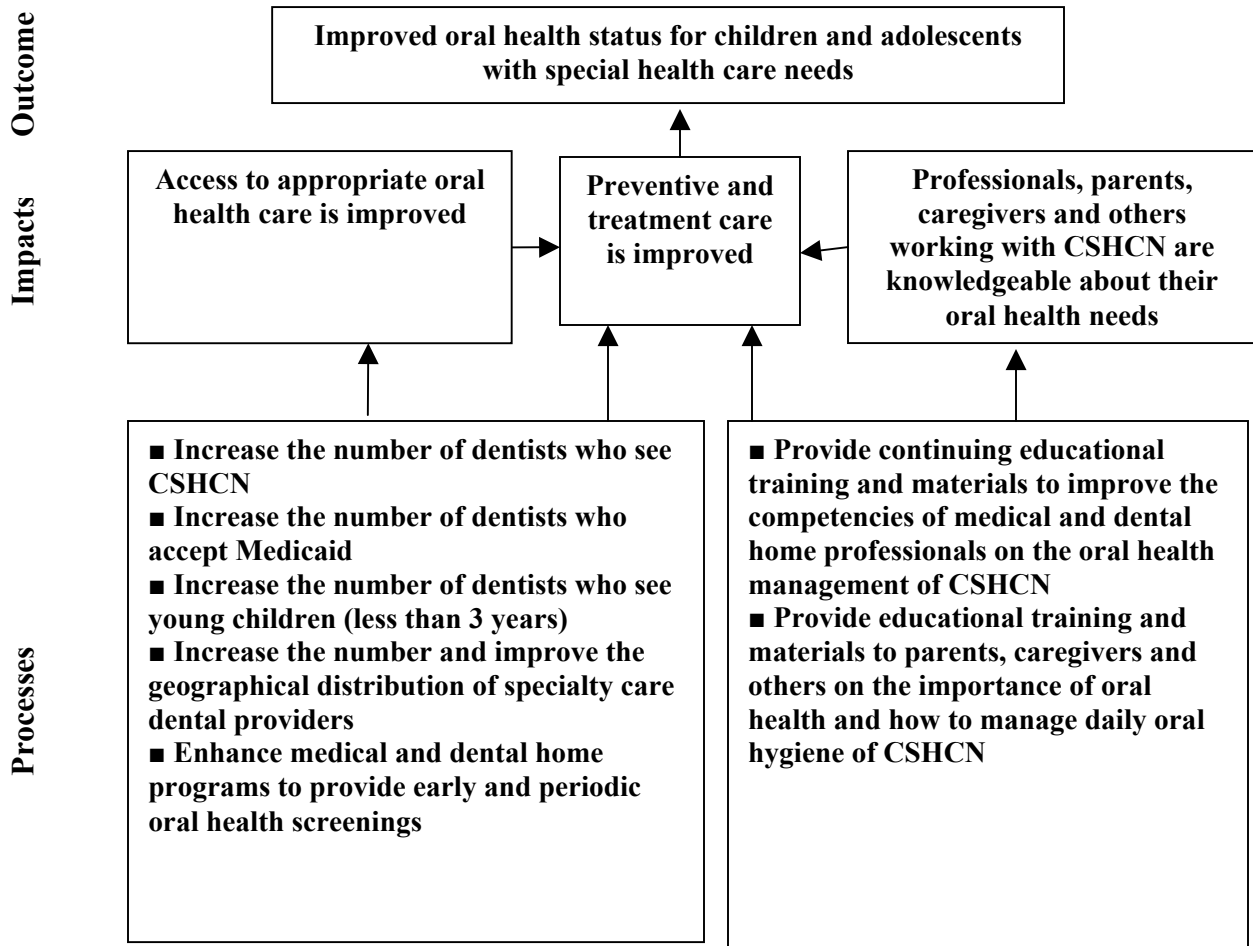
The evaluation objectives listed in the Plan for Action for each action step will be integrated into the State Oral Health Plan. At this time the specific numbers and percentages for evaluation outcome and impact measures will be established. The Division of Oral Health, through its contractor, will evaluate on a quarterly basis overall State Oral Health Plan progress through process, outcome and impact measurements using established data collection methods. The Division will present an Annual State Plan Evaluation Report to the South Carolina Oral Health Coalition and South Carolina Oral Health Advisory Council in the first quarterly advisory summit held in each calendar year. This comprehensive approach will ensure consistent monitoring and quality evaluation of the CSHCN planned actions.

South Carolina's Plan For Action

Goal

To ensure South Carolina children and adolescents with special health care needs (CSHCN) have optimal oral health.

Logic Model



Strategic Objective 1

Advocate through partnerships for a statewide policy requiring early and periodic oral health screenings for all children and adolescents and support adequate insurance coverage for medical or dental professionals providing the screenings.

Action Step 1

Support oral health practice protocols of national professional organizations that recommend CSHCN screening by a medical or dental professional beginning at age one with periodic screenings throughout childhood and adolescence.

Rationale for Action
<ul style="list-style-type: none"> ■ Dental caries is the most common chronic disease that affects children in the United States. It is five times more common than asthma and seven times more common than hay fever. By the time children are in preschool (ages 2-3), 18.7% have at least one tooth with untreated caries. By early school (ages 5-9), 51.6% have either a carious lesion or a filling in a primary tooth. Overall, 58.6% children ages 5 to 17 have caries. ■ Because the risk of caries increases with age, the current recommendation of the American Dental Association, the American Academy of Pediatric Dentistry, and the American Academy of Pediatrics is a dentist or health professional should perform an oral health screening of children by their first birthday. ■ Children with early dental visits also incur fewer subsequent dental costs. According to the Kids Get Care Program (King County, Washington) the age of first preventive dental visit has a significantly positive effect on future dental related expenditures, with the average costs being less for children who received earlier preventive care. ■ Oral health is critically important to the overall health and well being of all children but CSHCN are at a much higher risk for oral health problems. According to the Maternal and Child Health Bureau, children and adolescents with special health care needs are almost twice as likely to have unmet oral health care needs as their peers without special health care needs across all income levels. Because of their medical and behavioral issues, this population is less likely to get regular preventative and treatment care and will be at higher risk for oral health problems later in life.

Tasks	Who	When
<ul style="list-style-type: none"> ■ Provide a summary document and supporting resources for the oral health screening protocols of national professional organizations and develop early and periodic screening protocols and forms for CSHCN served in medical and dental homes. All documents will be available on the SCDHEC Division of Oral Health Website. 	<ul style="list-style-type: none"> ■ CSHCN Workgroup 	<ul style="list-style-type: none"> ■ Jan. 2007
<ul style="list-style-type: none"> ■ Present the issues and options to the SC Oral Health Coalition 	<ul style="list-style-type: none"> ■ CSHCN Workgroup 	<ul style="list-style-type: none"> ■ By Jul. 2007
<ul style="list-style-type: none"> ■ Develop strategies to have the screening protocols and forms adopted in medical and dental home practice 	<ul style="list-style-type: none"> ■ SC Oral Health Coalition 	<ul style="list-style-type: none"> ■ By Oct. 2007
<ul style="list-style-type: none"> ■ Present the strategies to state professional organizations and to medical and dental homes 	<ul style="list-style-type: none"> ■ SC Oral Health Advisory Council 	<ul style="list-style-type: none"> ■ By Dec. 2007
<ul style="list-style-type: none"> ■ Advocate for adoption of the screening protocols and forms into practice, monitor statewide progress and make course corrections as necessary 	<ul style="list-style-type: none"> ■ SC Oral Health Coalition/Advisory Council 	<ul style="list-style-type: none"> ■ Jan. 2008 – Dec. 2009

Resources
<ul style="list-style-type: none"> ■ SCDHEC DOH will coordinate workgroup meeting locations, facilitate group discussions, and provide needed secretarial support

- SCDHEC DOH will provide for printing and copying of the recommended protocols and forms and postage for mailing to state professional organizations and to medical and dental homes

Evaluation

- Process Objective - By January 2007 the CSHCN Workgroup will develop early and periodic screening protocols and forms for use by medical and dental home staff who see CSHCN
- Process Objective - By December 2009 the SC Oral Health Coalition/Advisory Council will increase by TBA% the number of dentists who see CSHCN of all ages, including less than 3 years
- Outcome Objective - By December 2009 the SC Oral Health Coalition/Advisory Council will decrease by TBA% the number of CSHCN who have untreated caries
- Outcome Objective - By December 2009 the SC Oral Health Coalition/Advisory Council will reduce by TBA% the number of CSHCN who have teeth extracted
- Outcome Objective - By December 2009 the SC Oral Health Coalition/Advisory Council will increase by TBA% the number of CSHCN who received any preventive dental services
- Impact Objective – By December 2009 the SC Oral Health Coalition/Advisory Council will increase by TBA% the number of CSHCN on Medicaid who are compliant with ADA recommended preventive visits

Action Step 2

Support adequate insurance coverage for early and periodic oral health screenings of CSHCN provided by medical or dental professionals.

Rationale for Action

- Families of CSHCN having adequate private and/or public insurance to pay for the services they need is one of the six core outcomes for CSHCN as outlined in Healthy People 2010.
- A 2001 Maternal and Child Health Bureau survey of CSHCN found 64.7% had private or employment-based health coverage, 21.7% had public coverage, 8.1% had both, and 5.2% had no coverage at the time of the interview. The type of coverage varied across income groups. Among families in poverty, more than two-thirds of CSHCN were covered through public programs such as Medicaid and SCHIP. In contrast, for CSHCN in families with incomes above 200% of the poverty level, more than 80% had private coverage. In South Carolina this study found 11.5% of CSHCN were without insurance at some point in the past year, 4.5% were uninsured, and 35.2% had insurance coverage that was not adequate.
- A 2005 Maternal and Child Health Bureau study of health care utilization and expenditure patterns for CSHCN found children in households without insurance spent 86% more of their family income on health care than children in households with health insurance. Total health care expenditures averaged \$2,099 for CSHCN, more than three times the average of \$628 for children without special health care needs. The average out-of-pocket expenditures, those paid directly by the family, for CSHCN were twice those for other children (\$352 vs. \$174).
- An inadequate reimbursement rate from medical or dental insurance sources make it financially difficult for medical and dental professionals to provide needed oral health care, especially in a medical home or dental home. Medicaid benefits cover early and periodic oral health screenings for CSHCN in South Carolina. However, families without medical or dental insurance coverage or inadequate coverage will generally avoid out-of-pocket payments and not seek the early and periodic oral health care that their children require. Unfortunately, these children will likely need more complex and expensive oral health procedures later in life.

Tasks	Who	When
■ Review Medicaid and private insurance benefits to compare and contrast coverage for early and periodic oral health screenings of CSHCN served in medical and dental homes	■ CSHCN Workgroup	■ Jul. – Dec. 2007

<ul style="list-style-type: none"> ■ Present the issues and options to the SC Oral Health Coalition 	<ul style="list-style-type: none"> ■ CSHCN Workgroup 	<ul style="list-style-type: none"> ■ By Jan. 2008
<ul style="list-style-type: none"> ■ Develop strategies to support adequate insurance coverage for screenings in medical and dental homes for CSHCN that are under-insured or lack insurance 	<ul style="list-style-type: none"> ■ SC Oral Health Coalition 	<ul style="list-style-type: none"> ■ By Mar. 2008
<ul style="list-style-type: none"> ■ Present the strategies to public and private insurance sources and to medical and dental homes 	<ul style="list-style-type: none"> ■ SC Oral Health Advisory Council 	<ul style="list-style-type: none"> ■ By Jun. 2008
<ul style="list-style-type: none"> ■ Advocate for adequate insurance coverage for screenings, monitor progress and make course corrections as necessary 	<ul style="list-style-type: none"> ■ SC Oral Health Coalition/Advisory Council 	<ul style="list-style-type: none"> ■ Jul. 2008 – Dec. 2009

Resources
<ul style="list-style-type: none"> ■ SCDHEC DOH will coordinate workgroup meeting locations, facilitate group discussions, and provide needed secretarial support ■ SCDHEC DOH will provide for printing and copying of the recommended strategies and postage for mailing to public and private insurers and to medical and homes

Evaluation
<ul style="list-style-type: none"> ■ Process Objective - By January 2008 the CSHCN Workgroup will develop strategies for providing adequate insurance coverage for early and periodic oral health screenings for CSHCN

Strategic Objective 2

Expand statewide infrastructure resources to meet the range of oral health services required by children and adolescents.

Action Step 1

Increase the number of specialized providers to evaluate and treat CSHCN having complex medical conditions or behavioral issues.

Rationale for Action
<ul style="list-style-type: none"> ■ In the 2001 Maternal and Child Health Bureau survey information was collected on access to care for CSHCN in South Carolina. The survey found 15.2% had unmet needs for specific health care services and 24.2% of those needing specialty care had difficulty getting a referral. The number of children and adolescents with complex medical conditions (significant chronic illnesses, physically and mentally disabling conditions, and genetic disorders) and/or those with behavior management issues in South Carolina is estimated to be over 26,000 or about 15% of the total number of CSHCN ages 0-19. Many of these individuals do not have the ability to understand and assume responsibility for or cooperate with preventive oral health care or treatment. ■ For those children and adolescents in South Carolina that are institutionalized with severe lifelong disabilities, including mental retardation and related disabilities, autism, traumatic brain injury, spinal cord injury and similar disabilities, the SC Department of Disabilities and Special Needs provides institution-based oral health evaluation and treatment in five regional facilities across the state. ■ The College of Dental Medicine at MUSC as a major teaching facility for dental students in South Carolina and provides a variety of specialty care services and resources for CSHCN. The Department of Pediatric Dentistry and Orthodontics operates the Children’s Hospital Dental Clinic to serve children 0-14 years of age with special health care needs and offers a full complement of preventive, restorative, orthodontic, and behavior management care for patients in both an inpatient and outpatient setting. The

Craniofacial Anomalies and Cleft Lip and Palate Team composed of dental specialists provide evaluation and treatment for patients needing this type of specialty care. The SC Dental Directory for Individuals with Special Health Care Needs located on MUSC's Hands on Health South Carolina website (www.handsonhealth-sc.org) lists over 400 dentists in the state with the knowledge, skills and office accommodations to provide oral health care for individuals with special health care needs. The College of Dental Medicine staff has also worked with the South Carolina Special Olympics Special Smiles Program since 2001 and screened over 1000 athletes with mental retardation. The program has raised awareness about the oral health status of children with mental retardation and has provided a learning experience for volunteer students, residents and professionals.

Tasks	Who	When
<ul style="list-style-type: none"> ■ Review the SC Dental Directory for Individuals with Special Health Care Needs data to identify specialty care service providers for CSHCN and the geographical distribution of the providers in the state 	<ul style="list-style-type: none"> ■ CSHCN Workgroup 	<ul style="list-style-type: none"> ■ Jul. – Dec. 2007
<ul style="list-style-type: none"> ■ Present the issues and options to the SC Oral Health Coalition 	<ul style="list-style-type: none"> ■ CSHCN Workgroup 	<ul style="list-style-type: none"> ■ By Jan. 2008
<ul style="list-style-type: none"> ■ Develop strategies to increase specialty care services in areas of need within the state 	<ul style="list-style-type: none"> ■ SC Oral Health Coalition 	<ul style="list-style-type: none"> By Mar. 2008
<ul style="list-style-type: none"> ■ Present the strategies to public and private organizations 	<ul style="list-style-type: none"> ■ SC Oral Health Advisory Council 	<ul style="list-style-type: none"> ■ By Jun. 2008
<ul style="list-style-type: none"> ■ Advocate for funding and implementation of specialty care services in areas of need, monitor progress and make course corrections as necessary 	<ul style="list-style-type: none"> ■ SC Oral Health Coalition/Advisory Council 	<ul style="list-style-type: none"> ■ Jul. 2008 – Dec. 2009

Resources
<ul style="list-style-type: none"> ■ SCDHEC DOH will coordinate workgroup meeting locations, facilitate group discussions, and provide needed secretarial support ■ SCDHEC DOH will provide for printing and copying of the recommended strategies and postage for mailing to public and private organizations

Evaluation
<ul style="list-style-type: none"> ■ Process Objective - By January 2008 the CSHCN Workgroup will develop strategies to improve the geographical distribution of specialty care for CSHCN ■ Process Objective - By December 2009 the SC Oral Health Coalition/Advisory Council will increase by TBA% the number of dentists accepting Medicaid as payment for treating CSHCN

Action Step 2

Increase the care coordination of CSHCN in the medical home to link with a dental home.

Rationale for Action
<ul style="list-style-type: none"> ■ A medical home is a vital community resource to assist in the early identification of special health care needs, provide ongoing primary care, and coordinate with a broad range of other specialty, ancillary, and related services. Just as important, a dental home that is linked to the medical home is a vital source of coordinated, comprehensive and ongoing oral health care. Unfortunately, many CSHCN in South Carolina lack either a medical or dental home. ■ Dental care should be an integral and explicitly stated part of the comprehensive coordinated services

that the medical home aims to provide for CSHCN with greater efforts to improve access to dental care for poor and more disabled CSHCN.

■ The Robert Wood Johnson Foundation grant project *More Smiling Faces in Beautiful Places* was established to improve oral health for children from birth to age six and children with special health care needs in South Carolina. One major focus of the project was to increase access, coordination and linking of medical and dental resources. A system of care was developed in six pilot site counties for three groups (infants, young children, and children and adolescents with special health care needs). In the established medical home, a group member would receive an oral health risk assessment and then a referral to a dental provider. When a dental referral was made for those at medium to high risk for dental disease, a patient navigator coordinated case services to ensure the children were established in a dental home. In the dental home the child received preventive services as well as disease management and/or reparative services. Performance measures found a higher percentage of children were referred, received dental appointments, and were present for their dental appointments with a patient navigator.

Tasks	Who	When
■ Review the More Smiling Faces in Beautiful Places patient navigator program as a model to improve care coordination for CSHCN in medical and dental homes	■ CSHCN Workgroup	■ Jan. – Jun. 2007
■ Present the issues and options to the SC Oral Health Coalition	■ CSHCN Workgroup	■ By Jul. 2007
■ Develop strategies to replicate the patient navigator program model in areas of need within the state	■ SC Oral Health Coalition	■ By Oct. 2007
■ Present the strategies to public and private organizations and to medical and dental homes	■ SC Oral Health Advisory Council	■ By Dec. 2007
■ Advocate for funding and implementation of the patient navigator program model, monitor progress and make course corrections as necessary	■ SC Oral Health Coalition/Advisory Council	■ Jan. 2008 – Dec. 2009

Resources
<ul style="list-style-type: none"> ■ SCDHEC DOH will coordinate workgroup meeting locations, facilitate group discussions, and provide needed secretarial support ■ SCDHEC DOH will provide for printing and copying of the recommended strategies and postage for mailing to public and private organizations and to medical and dental homes

Evaluation
<ul style="list-style-type: none"> ■ Process Objective - By July 2007 the CSHCN Workgroup will develop strategies to replicate the patient navigator model to improve statewide lining of medical homes with dental homes for CSHCN ■ Outcome Objective - By December 2009 the SC Oral Health Coalition/Advisory Council will decrease by TBA% the number of CSHCN who visit the emergency room for reasons related to oral health disease ■ Outcome Objective - By December 2009 the SC Oral Health Coalition/Advisory Council will decrease by TBA% the number of CSHCN who visit their primary care provider for reasons related to oral health disease ■ Impact Objective - By December 2009 the SC Oral Health Coalition/Advisory Council will increase by TBA% the number of CSHCN on Medicaid who have a “dental home:”

Strategic Objective 3

Promote statewide workforce competency through education, training, leadership and practice opportunities delivered through the latest technology for an expanded pool of talent to increase access to oral health services for children and adolescents.

Action Step 1

Increase the competence of medical and dental professionals to provide assessment, prevention and early intervention, education, treatment and referral for CSHCN.

Rationale for Action
<ul style="list-style-type: none"> ■ Since the 1980s, a growing shortage of providers has led to decreased access to oral health care, especially among vulnerable populations. Like many other states, South Carolina does not have enough medical or dental providers with the specialized knowledge and skills to provide high quality preventative and treatment care for CSHCN. ■ Under the <i>More Smiling Faces in Beautiful Places</i> project, continuing educational training was provided for dental and medical professionals. In the dental trainings, the MUSC College of Dental Medicine provided the Pediatric Dentistry for the General Dentists for practicing dentists, dental hygienists, and dental assistants. Reference manuals on pediatric dentistry and continuing education credits were also provided. In addition, the College of Dental Medicine has trained over 1500 dental professionals over the past eight years in its annual continuing education course on Diagnosis and Treatment of Individuals with Special Health Care Needs. ■ In the medical trainings, practicing physicians, nurse practitioners, physician assistants, and registered nurses received the Pediatric Oral Health for the Medical Provider training in small group sessions. These trainings were consistent with the oral health education and anticipatory guidance in the <i>Bright Futures in Practice: Oral Health Guide</i> as well as recommendations of professional organizations such as American Academy of Pediatricians and the American Academy of Pediatric Dentistry. A Pediatric Oral Health for the Medical Provider training was also conducted at the Pediatric Grand Rounds at Palmetto Richland Hospital in Columbia. In addition, the Palmetto Richland Dental Clinic conducted a clinical training session titled Infant Oral Health Programs in Your Office and Your Community for general dentists and their teams.

Tasks	Who	When
<ul style="list-style-type: none"> ■ Review the More Smiling Faces in Beautiful Places medical and dental provider trainings as models to increase the competences of professionals working with CSHCN in medical and dental homes 	<ul style="list-style-type: none"> ■ CSHCN Workgroup 	<ul style="list-style-type: none"> ■ Jul. – Dec. 2007
<ul style="list-style-type: none"> ■ Present the issues and options to the SC Oral Health Coalition 	<ul style="list-style-type: none"> ■ CSHCN Workgroup 	<ul style="list-style-type: none"> ■ By Jan. 2008
<ul style="list-style-type: none"> ■ Develop strategies to utilize the training models and resource materials in continuing education training programs for medical and dental homes 	<ul style="list-style-type: none"> ■ SC Oral Health Coalition 	<ul style="list-style-type: none"> ■ By Mar. 2008
<ul style="list-style-type: none"> ■ Present the strategies to state professional organizations and to medical and dental homes 	<ul style="list-style-type: none"> ■ SC Oral Health Advisory Council 	<ul style="list-style-type: none"> ■ By Jun. 2008
<ul style="list-style-type: none"> ■ Advocate for adoption of the training model and resource materials into continuing educational training programs, monitor progress and make course corrections as necessary 	<ul style="list-style-type: none"> ■ SC Oral Health Coalition/ Advisory Council 	<ul style="list-style-type: none"> ■ Jul. 2008 – Dec. 2009

Resources
<ul style="list-style-type: none"> ■ SCDHEC DOH will coordinate workgroup meeting locations, facilitate group discussions, and provide

needed secretarial support

- SCDHEC DOH will provide for printing and copying the recommended models and materials and provide postage for mailing to state professional organizations and to medical and dental homes

Evaluation

- Process Objective – By January 2008 the CSHCN will recommend continuing education training and resource materials to increase the competences of professionals working with CSHCN in medical and dental homes
- Impact Objective - By December 2009 the SC Oral Health Coalition/Advisory Council will increase the knowledge of TBA number of dental providers on the value of oral health care for CSHCN
- Impact Objective - By December 2009 the SC Oral Health Coalition/Advisory Council will improve the clinical competencies of TBA number of general dentists on treating CSHCN

Action Step 2

Increase the competence of parents, caregivers and others to provide education, early detection, screening and prevention through oral hygiene care, regular dental visits, and a balanced diet for CSHCN.

Rationale for Action

- While medical and dental professional competency building is important, we must recognize that parents, caregivers and others are a constant in the lives of CSHCN. The nature and severity of oral disease and its serious implications for general health makes it imperative that professionals in medical and dental more actively engage and empower family resources in oral health promotion and disease prevention.
- Under the *More Smiling Faces in Beautiful Places* project educational materials on the needs of CSCHN were developed for parents, caregivers and others. The Oral Health for Families with Special Health Care Needs booklet contains specific information on making oral health a health priority for those working directly in homes with CSHCN. It presents some very practical accommodations that can make home care easier such as adapting toothbrushes, different positions for brushing, etc. The booklet will also serve as a health resource for medical and dental providers to disseminate information about oral health and its relationship to overall health.

Tasks	Who	When
■ Review the More Smiling Faces in Beautiful Places training resource materials as a model to increase the competences of parents, caregivers and others to manage the oral health needs of CSHCN in partnership with a medical and dental home	■ CSHCN Workgroup	■ Jan. – Jun. 2007
■ Present the issues and options to the SC Oral Health Coalition	■ CSHCN Workgroup	■ By Jul. 2007
■ Develop strategies to utilize the training resource materials in educational training programs provided by public and private organizations and by medical and dental homes	■ SC Oral Health Coalition	■ By Oct. 2007
■ Present the strategies to public and private organizations and to medical and dental homes	■ SC Oral Health Advisory Council	■ By Dec. 2007
■ Advocate for adoption of the training resource materials into educational training programs, monitor progress and make course corrections as necessary	■ SC Oral Health Coalition/Advisory Council	■ Jan. 2008 – Dec. 2009

Resources

- SCDHEC DOH will coordinate workgroup meeting locations, facilitate group discussions, and provide

needed secretarial support

- SCDHEC DOH will provide for printing and copying the recommended models and materials and provide postage for mailing to public and private organizations and to medical and dental homes

Evaluation

- Process Objective - By July 2007 the CSHCN Workgroup will recommend training and resource materials to increase the competences of parents, caregivers and others to manage the oral health needs of CSHCN in the home and community
- Impact Objective - By December 2009 the SC Oral Health Coalition/Advisory Council will increase the knowledge of TBA the number of parents and families on the value of oral health care for their CSHCN
- Impact Objective - By December 2009 the SC Oral Health Coalition/Advisory Council will increase the skills of TBA the number of parents and families on assisting their CSHCN on daily oral hygiene

Appendix Table 1

Overview – Objective 1

Objective	Action Steps	Tasks	Who	When
<ul style="list-style-type: none"> ■ Advocate through partnerships for a statewide policy requiring early and periodic oral health screenings for all children and adolescents and support adequate insurance coverage for medical or dental professionals providing the screenings 	<ul style="list-style-type: none"> ■ Support oral health practice protocols of national organizations that recommend CSHCN screening by a dental or health professional beginning at age one with periodic screenings throughout childhood and adolescence ■ Support adequate insurance coverage for early and periodic oral health screenings of CSHCN provided by medical or dental professionals 	<ul style="list-style-type: none"> ■ Provide a summary document and supporting resources for the oral health screening protocols of national professional organizations and develop early and periodic screening protocols and forms for CSHCN served in medical and dental homes ■ Present the issues and options to the SC Oral Health Coalition ■ Develop strategies to have the screening protocols/forms adopted in medical and dental home practice ■ Present the strategies to state professional organizations and to medical and dental homes ■ Advocate for adoption of the screening protocols/forms into practice, monitor statewide progress and make course corrections as necessary ■ Review Medicaid and private insurance benefits to compare and contrast coverage for early and periodic oral health screenings of CSHCN served in medical and dental homes ■ Present the issues and options to the SC Oral Health Coalition ■ Develop strategies to support adequate insurance coverage for screenings in medical and dental homes for CSHCN that are under-insured or lack insurance ■ Present the strategies to public and private insurance sources and to medical and dental homes ■ Advocate for adequate insurance coverage for screenings, monitor progress and make course corrections as necessary 	<ul style="list-style-type: none"> ■ CSHCN Workgroup ■ CSHCN Workgroup ■ SC Oral Health Coalition ■ SC Oral Health Advisory Council ■ SC Oral Health Coalition/Advisory Council ■ CSHCN Workgroup ■ CSHCN Workgroup ■ SC Oral Health Coalition ■ SC Oral Health Advisory Council ■ SC Oral Health Coalition/Advisory Council 	<ul style="list-style-type: none"> ■ Jan. – Jun. 2007 ■ By Jul. 2007 ■ By Oct. 2007 ■ By Dec. 2007 ■ Jan. 2008 – Dec. 2009 ■ Jul. – Dec. 2007 ■ By Jan. 2008 ■ By Mar. 2008 ■ By Jun. 2008 ■ Jul. 2008 – Dec. 2009

Appendix Table 2

Overview – Objective 2

Objective	Action Steps	Tasks	Who	When
<ul style="list-style-type: none"> ■ Expand statewide infrastructure resources to meet the range of oral health services required by children and adolescents 	<ul style="list-style-type: none"> ■ Increase the number of specialized providers to evaluate and treat CSHCN having complex medical conditions or behavioral issues ■ Increase the care coordination of CSHCN in the medical home to link with a dental home 	<ul style="list-style-type: none"> ■ Review the SC Dental Directory for Individuals with Special Health Care Needs data to identify specialty care service providers for CSHCN and the geographical distribution of the providers in the state ■ Present the issues and options to the SC Oral Health Coalition ■ Develop strategies to increase specialty care services in areas of need within the state ■ Present the strategies to public and private organizations ■ Advocate for funding and implementation of speciality care services in areas of need, monitor progress and make course corrections as necessary ■ Review the More Smiling Faces in Beautiful Places patient navigator program as a model to improve care coordination for CSHCN in medical and dental homes ■ Present the issues and options to the SC Oral Health Coalition ■ Develop strategies to replicate the patient navigator program model in areas of need within the state ■ Present the strategies to public and private organizations and to medical and dental homes ■ Advocate for funding and implementation of the patient navigator program model, monitor progress and make course corrections as necessary 	<ul style="list-style-type: none"> ■ CSHCN Workgroup ■ CSHCN Workgroup ■ SC Oral Health Coalition ■ SC Oral Health Advisory Council ■ SC Oral Health Coalition/Advisory Council ■ CSHCN Workgroup ■ CSHCN Workgroup ■ SC Oral Health Coalition ■ SC Oral Health Advisory Council ■ SC Oral Health Coalition/Advisory Council 	<ul style="list-style-type: none"> ■ Jul. – Dec. 2007 ■ By Jan. 2008 ■ By Mar. 2008 ■ By Jun. 2008 ■ Jul. 2008 – Dec. 2009 ■ Jan. – Jun. 2007 ■ By Jul. 2007 ■ By Oct. 2007 ■ By Dec. 2007 ■ Jan. 2008 – Dec. 2009

Appendix Table 3

Overview – Objective 3

Objective	Action Steps	Tasks	Who	When
<ul style="list-style-type: none"> ■ Promote statewide workforce competency through education, training, leadership and practice opportunities delivered through the latest technology for an expanded pool of talent to increase access to oral health for children and adolescents 	<ul style="list-style-type: none"> ■ Increase the competence of medical and dental professionals to provide assessment, prevention and early intervention, education, treatment and referral for CSHCN ■ Increase the competences of parents, caregivers and others to provide education, early detection, screening and prevention through oral hygiene care, regular dental visits, and a balanced diet for CSHCN 	<ul style="list-style-type: none"> ■ Review the More Smiling Faces in Beautiful Places medical and dental provider trainings as models to increase the competences of professionals working with CSHCN in medical and dental homes ■ Present the issues and options to the SC Oral Health Coalition ■ Develop strategies to utilize the training models and resource materials in continuing education training programs for medical and dental homes ■ Present the strategies to state professional organizations and to medical and dental homes ■ Advocate for adoption of the training model and resource materials into continuing educational training programs, monitor progress and make course corrections as necessary ■ Review the More Smiling Faces in Beautiful Places training resource materials as a model to increase the competences of parents, caregivers and others to manage the oral health needs of CSHCN in partnership with a medical and dental home ■ Present the issues and options to the SC Oral Health Coalition ■ Develop strategies to utilize the training resource materials in educational training programs provided by public and private organizations and by medical and dental homes ■ Present the strategies to public and private organizations and to medical and dental homes ■ Advocate for adoption of the training resource materials into educational training programs, monitor progress and make course corrections as necessary 	<ul style="list-style-type: none"> ■ CSHCN Workgroup ■ CSHCN Workgroup ■ SC Oral Health Coalition ■ SC Oral Health Advisory Council ■ SC Oral Health Coalition/Advisory Council ■ CSHCN Workgroup ■ CSHCN Workgroup ■ SC Oral Health Coalition ■ SC Oral Health Advisory Council ■ SC Oral Health Coalition /Advisory Council 	<ul style="list-style-type: none"> ■ Jul. – Dec. 2007 ■ By Jan. 2008 ■ By Mar. 2008 ■ By Jun. 2008 ■ Jul. 2008 – Dec. 2009 ■ Jan. – Jun. 2007 ■ By Jul. 2007 ■ By Oct. 2007 ■ By Dec. 2007 ■ Jan. 2008 – Dec. 2009