

**South Carolina Oral Health Summit**  
**Breaking Barriers: Access to Oral Health**  
**April 26-27, 2001**  
**Columbia, South Carolina**

On April 26-27, 2001 South Carolina conducted a summit conference on oral health, “Breaking Barriers: Access to Oral Health” in Columbia, South Carolina. The purpose of the summit was to promote awareness about oral health, discuss barriers to dental health, highlight successful dental programs, identify solutions, and build support for strategies to improve oral health and increase access to dental health services in South Carolina. The conference brought together decision-makers from state agencies, university medical and dental programs, advocacy groups, oral health practitioners and other health care professionals.

In addition to the federal Health Resources and Services Administration, seven key health stakeholders in the state were summit sponsors: SC Dental Association, SC Department of Health and Environmental Control (DHEC), SC Department of Health and Human Services (DHHS), SC Primary Health Care Association, SC Healthy Schools Children’s Oral Health Coalition, and Midlands Area Health Education Center. State agency representatives attending the summit included professional and administrative staff for the SC Departments of Health and Environmental Control, Health and Human Services, Disabilities and Special Needs, Education, and Juvenile Justice. The University of South Carolina, Medical University of South Carolina, and area technical colleges were well represented. The SC Dental Association and SC Dental Hygienist Associations were active participants in the summit.

A Planning Committee, including agency, dental professional, and child health advocacy members, facilitated the planning, organization, and implementation of the summit. See Attachment \_\_\_ for a list of the Planning Committee members. Columbia was selected to be the summit site, due to its central geographic location and easily accessibility from all areas.

The summit gave much needed visibility and support from federal and state agencies and organizations for improving oral health in SC. A welcome and opening remarks from **Douglas E. Bryant**, DHEC Commissioner and **Larry R. Chewning, DMD**, a member of the DHEC Board of Commissioners and a past president of the SC Dental Association, set the tone for examining oral health issues in South Carolina.

### **Thursday, April 26, 2001**

In the keynote address beginning the summit, “Bringing the Mouth Back Into The Body”, **Jack Dillenberg, DDS, MPH**, presented the importance of oral health to general health and its relationship to readiness to learn in children. He paraphrased C. Everett Koop, the former US Surgeon General, “You are not a healthy person unless you have good oral health. Oral health is part of general health and it can affect your overall health and your quality of life.” Oral health is a priority issue for all young children. Tooth decay is the most common oral health problem for children and is the single most common chronic disease of childhood. Tooth decay is especially widespread in children from low-income families. In presenting problems and barriers to overcome as well as opportunities to improve oral health in South Carolina, Dr. Dillenberg stressed the importance of public awareness in influencing policy makers.

A panel discussion, “**Oral Health: State and National Policy**”, presented summit participants an up to date overview of oral public health from national and state perspectives. The panel was moderated by John Simkovich, DDS, MHA, the Health Director for Trident District. Don Schneider, DDS, Chief Dental Officer for Medicaid and State Operations at the federal Health Care Financing Administration (HCFA), commented on development of policies to promote access to dental services, a nationwide problem. Scott Presson, DDS, MPH, Chief of the Program Services Branch at the Centers for Disease Control and Prevention (CDC), reviewed data on oral public health indicators for children and discussed the importance of access to optimally fluoridated water. Charles Millwood, DMD and Carroll Player, DDS, current and former presidents of the SC Dental Association, recounted their experience in the state with the

intensive campaign to increase the number of dentists enrolled as participants in the state Medicaid program, increase the Medicaid reimbursement for dental services up to the 75<sup>th</sup> percentile, and increase the number of Medicaid children receiving dental services. Bill Prince, Director of DHHS, commented on enhancing and maintaining the momentum to improve access to dental health services through the SC CHIP program which is a Medicaid expansion. Lisa Waddell, MD, MPH, Deputy Commissioner of DHEC spoke about the unmet needs related to oral health and how private and public partnerships must be utilized to improve access to dental services, especially for children.

The afternoon session included two excellent presentations that gave participants a view of activities in other states and broadened the perspective of potential possibilities for South Carolina. **Rebecca King, DDS**, Director of Oral Epidemiology, NC Department of Health and Human Services, presented an overview of the dental public health program in NC, including organizational structure, screening, preventive, treatment and referral policies, community initiatives, legislative support, and partnership within the pediatric community. **Burton Edelstein, DDS, MPH**, Columbia University School of Dental and Oral Surgery and Director of the Children's Dental Health Program in Washington DC, emphasized that children's oral health is an important child health indicator, that positive health behaviors must incorporate oral health at every opportunity, and that the disparity of population subsets who do not have access to dental care services and who suffer from poor oral health must be addressed.

**Calvin Jackson, MPA**, Deputy Superintendent at the SC Department of Education, reported briefly on the Healthy Schools project, funded by the CDC and jointly administered through the SC Departments of Education and Health and Environmental Control. He also facilitated a panel discussion on **"Marketing Oral Health Education."** Jack Dillenberg described several public awareness strategies related to oral health used in the state of Arizona. He also shared several outstanding video public service announcements developed for teen tobacco prevention awareness in California. Terry Day, MD, FACS, Medical University of South Carolina, presented information on oral cancer education and public awareness. Linda Kaste, DDS, PhD, Medical University of

South Carolina, described efforts at developing public health education at the undergraduate level as well as work in establishing the dental public health residency program at the College of Dental Medicine. Tandra Medley, SC Hospital Association and Director of the SC Covering Kids project, detailed the importance of public awareness and outreach activities in informing parents of the Medicaid program and enrolling children in SCHIP. Mary Tepper, DMD, SC Department of Disabilities and Special Needs, informed participants of multiple barriers to accessing dental services for children with special health care needs and simple recommendations to better serve this population.

### **Friday, April 27, 2001**

The Friday morning session began with two reports. Robert Burns, **National Governor's Association (NGA)**, gave participants an overview of the NGA Oral Health Policy Academies nationwide and progress made to date through the Academy conducted in December 2000 in Charleston, SC. Raymond Lala, DDS presented the **SC Oral Health Plan**, developed in conjunction with work of the state's team during the NGA Oral Health Policy Academy. The plan expands on the three major priorities that have been identified for the state: education, infrastructure, and workforce development. The SC Oral Health Plan also includes recommendations for a fall 2001 follow up session to this summit. See Attachment \_\_\_\_\_

John Simkovich, DDS, MHA, moderated the panel discussion on "**South Carolina Success Stories.**" Each of the panel participants represented successful projects focusing on oral health, including:

- Ernie Bell, PhD. The Children's Dental Clinic, begun in 1959 in Richland County and later instituted in Lexington County also, provides dental screening, preventive and treatment services at no charge to eligible patients through a model of private/public partnerships, volunteer clinicians, Medicaid reimbursement, and grant funding.

- Page Rogers, MPH, CHES. The Carol H. Drum Public School Dental Screening Program in Spartanburg County has received local or state funding since 1993 to screen kindergarten, 2<sup>nd</sup> grade and 7<sup>th</sup> grade students, refer those with a payment source to local dental providers, and provide further treatment to those without dental insurance or Medicaid.
- Lee Gardner, DDS. The SCDA initiative to recruit more dentists to enroll as providers in the state Medicaid program has been successful. To date, 874 of the 1561 dentists actively participate in the program.
- Charles Hook, DMD. Outreach initiatives of the MUSC College of Dental Medicine are improving access to dental care in the SC Low Country.
- Jay McMurray, DMD. The Women’s Shelter Dental Clinic provides services to patients in great need who are often ignored---mothers and children in the Women’s Shelter.
- Patricia Ramsey. The Mobile Dental Referral Program is a community service project sponsored by Carolina Dentac. It demonstrates how private and public health interests can work together.
- Tammi Byrd, RDH. The School-Based Oral Health Program is coordinating screening, preventive and referral services, utilizing schools as the point of contact.

The panel discussion gave emphasis to two points: 1) numerous community initiatives to improve oral health are underway, and 2) overall coordination and connection to other health systems and initiatives are missing.

A critical session of the summit involved the discussions and reports related to **“Strategies to Break Barriers.”** Participants selected to join one of four concurrent discussions: “Workforce Development”, facilitated by Mark Jordan and Joe Kyle, MPH, “Education”, facilitated by Lynn Hammond, “Cultural Diversity”, facilitated by Terry Peacock, and “Children with Special Health Care Needs”, facilitated by Mary Tepper, DMD. Each group discussed barriers related to their specific topic that are associated with limiting access to oral health. Participants then reconvened and reported on the

major issues developed during the separate group discussions. Major points brought out in the reports included:

Workforce Development. The number of general dentists, pediatric dentists, and dental hygienists practicing in South Carolina is insufficient to meet the dental and oral health needs of the state. Underserved populations, e.g., children with special health care needs, and underserved areas, e.g., rural communities, are especially needy. The dental workforce serving the general as well as underserved populations must be increased if oral health status indicators are to improve. Recommendations to increase the dental workforce and access to dental services as brought up during the group discussion included:

- Increase enrollment at the MUSC College of Dental Medicine. Constraints include shortage of dental faculty and specialists and lack of funds to expand faculty
- Establish licensure by credential in SC
- Increase number of dentists migrating into the state
- Provide financial incentives for dentists leaving school with debt: federal; joint federal and state; state.
- Increase number of hygienists
- Re-establish a bachelor degree program for hygienists

Recommendations to promote access to dental services for underserved populations included:

- Increase the number of pediatric dentists
- Train more general dentists to handle children
- Enroll more dentists as providers in the Medicaid program: maintain Medicaid reimbursement rates; identify, clarify and reduce administrative procedures
- Establish dental practices in community health centers
- Deploy more dentists from the National Health Service Corps to underserved areas in South Carolina
- Expand and strengthen voluntary efforts by dentists
- Increase ethnic/racial diversity

Education. The importance of oral health and its relationship to overall health and academic achievement is not well understood by students, parents, and communities. Almost all children are touched by the public education system and schools are the one place to reach most children. The group discussion focused on raising public awareness about positive oral health behaviors and developing links to schools.

*Issues related to public awareness*

- Benefits of good oral health should be understood, valued, and supported
- Oral health preventive and treatment services
- Parent education for highest risk parents and families

*Issues related to developing links to schools*

- Support from school administrators at district and school building levels
- Incorporating oral health into existing mission and curriculum of schools
- Extended use of school building space and buses
- Release time from class for screening
- Special needs of teens

*Issues related to public and private partnerships with schools*

- Nurses to conduct oral health assessment
- Referral system and follow-up: support from medical and community service providers for local links
- Volunteers

*Issues related to payment resources*

- Dental care should be on par with other medical care for insurance purposes.
- Medicaid eligibility for children should be incrementally increased from the present 150% of the federal poverty level to 165% and then to 200%.

Cultural Diversity. The increasing diversity of South Carolina populations, how diverse populations affect health service delivery systems, and problems and solutions associated with diversity were general points in the group discussion. Issues included:

- Cultural factors affecting access to dental services: language, value of oral health, awareness of oral health needs, and comfort level of patient with dental care provider.
- Problems associated with low socioeconomic status, such as transportation and fear, heightened for minority populations.
- Dental care services for undocumented patients
- Community awareness, acceptance, and accommodation of diversity within the community: integrate oral health into community assessment initiatives.

Children with Special Health Care Needs. The group discussion focused on care of the child with special needs at home, barriers to accessing dental care services, preventive and treatment services from dental care providers, and problems associated with providing services to a child with special health care needs. Issues related to the family included:

- Promotion of dental care as a priority for family caregiver and dental staff
- Education and accountability for maintaining home care
- Education for families and recipients about the Medicaid Mental Retardation/Related Disabilities (MR/RD) waiver expansion and Children's Rehabilitative Services.

Recommendations for health care providers included:

- Include oral health in all health care provider education.
- Expand special needs dentistry training (for all ages) in the dental school curriculum.
- Provide sensitivity training for dentists, physicians, nurses, dental hygienists, and dental assistants while in school.
- Begin preventive mode early for children with special needs. See before age one.
- Provide incentive for more specialists, e.g., periodontists, to accept Medicaid patients.
- Educate providers about public health care systems, processes, and Medicaid MR/RD waiver.

During lunch, a discussion to consolidate the major issues brought up in the reports and also develop strategies to break barriers and promote access to dental care services was facilitated by **Nancy Whittle, MSW**. Strategies discussed included:

Promote oral health for consumers and policy makers in community systems initiatives:

- Link oral health to the First Steps (the Governor’s Readiness to Learn program), Healthy Communities, and Turning Point initiatives.
- Include dentists on all health advisory boards.
- Develop a speakers bureau.
- Develop public awareness campaign.
- Develop Blue Ribbon Commission for Oral Health

Develop targeted education and awareness campaigns for education and health professionals:

- Conduct public awareness campaign
- Present at professional meetings
- Expand all health professional curricula to include oral health.
- Integrate oral health into the public school TEACH program curriculum.
- Implement the recently completed oral health curricula in kindergarten, second grade and seventh grade.
- Implement the Healthy Schools “Train the Trainer” program on oral health

The Friday afternoon session featured concurrent workshops focusing on oral health incorporated in public health education and community initiatives. Also, the SC **Healthy Schools Children’s Oral Health Coalition** held a scheduled meeting. The agenda for the meeting is included as Attachment \_\_\_\_\_.

At the “**Oral Health/Community Health**” workshop, presenters included:

- Sohailla Digsby, RD. A Dentist and Day Care collaborative health education initiative in Georgetown County, involving a partnership of the public health nutritionist, community dentists and dental hygienists, and day care centers, has

- incorporated tooth brushing into the daily day care routine and promotion of positive oral health hygiene and behavior for preschool children.
- Jim Allen, MPH, MSW. A major community initiative in Lee County, Health Connection for School Success, incorporates oral health into community development. Grant funding enables a school-based project to provide access, including transportation to appointments, to preventive, health, dental and mental health services, to develop comprehensive, culturally appropriate health education to increase family knowledge of health promotion and maintenance to improve school success, and to foster health and prevention services for at risk children and families.
  - Melinda McMeekin, MSW, LMSW. Family support services, provided by DHEC staff statewide, offer nursing, nutrition, social work, psychosocial, health education, and paraprofessional services for the Medicaid population. Family support services are a resource to partnerships with medical and dental providers as they complement and enhance delivery of clinical services.
  - Diean Rovenstine, MEd, RD, LD. In the statewide WIC program, oral health is incorporated in patient education classes and printed materials as well as staff development training at county, district, and state levels.

Two community initiatives focusing on assessment of oral health needs were the focus of the “**Community Assessment and Surveillance**” workshop. Results of an a screening assessment pilot project in Anderson County, Big Smiles for Little Scholars, and an oral health needs assessment of elementary age children in the Allendale Smiles for a Lifetime Clinic were presented.

- Doreen Brewer, RDH and Donald Peace, Jr., MSA, RRT. The collaborative community planning, implementation, and findings of a pilot project to complete an in-depth dental assessment of first grade children in six public schools in Anderson County were presented. Almost 59% of the children screened were found to have dental concerns requiring a referral; only 67% of the parents listed a dentist’s name under the dental home section of a take-home survey; and only 54% of the parents stated that the child had seen a dentist within the last six

months. In addition to screening, children were taught the proper way to brush their teeth and were given a packet containing a toothbrush and toothpaste. DHEC family support staff provided follow up for children who did not have dental providers. This pilot provided data pertinent to the dental health status of children in Anderson County and valuable lessons for follow up intervention for 2001-2002.

- Dee Dee Chewning, RN, SNP, NCSN. The Allendale Smiles for a Lifetime Clinic, located on site at the Allendale County Middle School, provides dental screening, preventive and treatment care to school children through a partnership of Commun-I-Care, Sisters of Charity of St. Augustine, MUSC and Allendale County School District. Allendale County is one of the poorest counties in the state. An assessment of 2,700 elementary and middle school students there confirms data from the Surgeon General Report that low-income children have a much heavier burden of dental disease and greater unmet need for dental care than children in higher income families.

At the summit summary session certificates for continuing education credit (through the Midlands Area Health Education Center (AHEC) and the SC Dental Association) were awarded to over 120 participants. Anecdotal comments from participants have been most positive about information gained from the summit, knowledge learned about initiatives and programs, and valuable contacts with other professionals across the state. Midlands AHEC summarized the evaluation forms submitted by participants. See Attachment \_\_\_\_\_ for an evaluation analysis and comments. The Breaking Barriers: Access to Oral Health summit was most successful in achieving the stated purpose of providing a forum to promote awareness about oral health, discuss barriers to access, highlight successful community dental programs, and build support for strategies to improve oral health in South Carolina.

Attachment \_\_\_\_\_

**Breaking Barriers: Access to Oral Health  
April 26-27, 2001**

**Planning Committee**

Dr. Raymond Lala	DHEC, State Dental Coordinator
Betsy Wolff	SC Healthy Schools Children's Oral Health Coalition
Pat Koch	Family Connection of SC, Inc.
Jane Hemphill	Midlands Area Health Education Center
Karren Gordon	State Maternal, Infant and Child Health Council
Tammi Byrd	SC Dental Hygienists Association
Linda Collison	DHEC, Division of Children with Special Health Care Needs
Carole Gibbs	DHEC, Bureau of Maternal and Child Health
Phil Latham	SC Dental Association
Mary Kenyon Jones	Betsy Wolff and Associates
Terry Peacock	DHEC Office of Minority Health
Nancy Whittle	DHEC Office of Community Development