

Texas
Early Head Start/Head Start Program
Head Start S.O.S. (Save Our Smiles)
Oral Health Forums
Final Grant Report Summary
July 2005

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Head Start S.O.S. (Save Our Smiles!)
Oral Health Action Plan
Texas
July 2005

Introduction

As outlined in the original proposal, the state of Texas experiences a disproportionate share of dental disease in low-income children. Due to the state's geographical size, access to oral health services is a major challenge. Since access challenges are region specific, in order to capture the perceived causes and potential solutions within the Head Start population, Texas opted to host three Early Head Start/Head Start (EHS/HS) oral health forums over the last nine months in different areas around the state. This report is a summary of the action plans developed by the participants at each of the forums, and also includes recommendations for future improvements. The three oral health forums brought together collaborative partners from multiple disciplines, including Head Start staff, to address the oral health problems experienced by EHS/HS enrollees in Texas.

Planning Process

The planning process was through a collaborative partnership between several organizations:

- Texas Head Start State Collaboration Office
- Department of State Health Services
- Texas Dental Hygienists' Association
- University of Texas Health Science Center/San Antonio, Department of Dental Hygiene
- Texas Dental Association

Members of the planning committee met via meetings and conference calls to plan the three oral health forums. Due to the geographical expanse of Texas, it was decided to host three regional Head Start forums instead of one large state conference. The forums were held on the following dates and locations:

- December 3, 2004 in Houston, Texas
- March 12, 2005 in Laredo, Texas
- April 23, 2005 in Lubbock, Texas

Each Head Start forum was conducted in the same format and followed a similar agenda. An invitation was drafted for each of the forums and were either mailed or sent via email 4-6 weeks prior to the forum date. For each forum, 50 – 75 oral health stakeholders were invited. Invitees included: dental professionals from organized dentistry, pediatric dentistry, dental hygiene association, and public health dentistry. Additional invitees included representatives from: state health department, local health departments,

THSteps Medicaid program, Women, Infants, and Children (WIC) program, faith-based ministries, migrant farmworkers, Head Start staff, children and their parents.

The attendance and composition of the attendees for each forum varied. A challenge that the planning committee faced was the minimal participation from Head Start parents. A participant evaluation questionnaire was completed for each forum. Mobile dental vans/organizations that offered dental services in each respective area were invited to the regional forum to showcase their oral health program. A copy of the invitation, agenda, and evaluation results for each forum is included in the Appendix.

Action Plan Development

Each forum started with introductions and opening remarks by the State Dental Director, Dr. Linda Altenhoff. Executive Director, Dorothy J. Calhoun from the Head Start State Collaboration Office in Houston, then gave an overview of the Texas Early Head Start/Head Start Program. Each forum had a keynote speaker that discussed the social and economical impact of oral health diseases for families in Texas. The Texas Dental Hygienists' Association gave a presentation on their fluoride varnish program for Head Start children.

The next segment of the oral health forum focused on identifying challenges and barriers to oral health care and services. This session centered around three specific oral health topic areas: Access To Oral Health Care, Oral Health Education/Promotion, and Oral Disease Prevention. Barriers that were identified were written on flipcharts, and then each participant prioritized their top three barriers for each of the three topics. After lunch, the participants were divided into three specific breakout groups.

Each group was asked to take the top three barriers identified during the brainstorming session for their particular topic, and write an action plan with recommendations for potential solutions. After each group had finished, a spokesperson from each group reported back their recommendations to the entire group of participants. A standardized template was used to record the action plans. The action plans enclosed are submitted verbatim from the input solicited from each of the forums. Copies of these actions plans start on page 4.

Conclusions

Similar recommendations were reported from each forum. Listed below are the most prominent issues discussed during the forums:

- Lack of funding for oral health services in Texas.
- Need to educate the Texas Legislature regarding the importance of access to early preventive oral health services.
- Lack of pediatric dentists who will treat children ages 1-5 years.
- Medicaid program issues to include: lack of Medicaid providers, low reimbursement rates, administrative burdens, and transportation issues.
- Lack of parent education, starting with prenatal care for expectant women.
- The gap between medical and dental providers.

- Lack of understanding of the link between oral health and overall health.
- Pediatrician’s lack of knowledge regarding oral health and screening procedures.
- Cultural and language barriers.
- Educational efforts needing to focus on parent and physician education.
- State dental practice act restrictions for registered dental hygienists.
- Better utilization of dental professionals to help improve access to care.
- Education within dental and dental hygiene schools regarding public health careers.
- Education of other Allied Health professionals regarding oral health care.

Next Steps

The planning committee now looks towards the future for strategies to improve the oral health status for the Head Start population. The eminent need in Texas appears to be that a higher profile or emphasis is needed on early education, early access to oral health services, and early preventive care for children. The Head Start planning committee recommends the next steps for improving oral health access:

- Conduct regional Strategic Planning workshops to address steps needed to implement new action plans.
- Grant writing for future funding for Head Start oral health programs.
- Aligning Head Start programs with existing Texas coalitions to increase critical mass and advocacy efforts for oral health.
- Continue to build partnerships between oral health stakeholders, Head Start, and the health care community.

In-Kind Services Time Donated by Planning Committee Members

	Number of Hours	Rate	Total
State Dental Director	30	\$35/hour	\$1,050
State Head Start Director	42	\$33/hour	\$1,386
Dental Hygiene School Faculty	15	\$30/hour	\$450
Dental Student Intern	15	0	\$0
Oral Health Program Specialist	30	\$24/hour	\$720
Head Start Training Specialist	50	\$55/hour	\$2,750
Head Start Clerical Services	100	\$25/hour	\$2,500

Budget

Dental Oral Health Forums

Revenue \$5,000

Expenses

12/6/2004 - Marriott Hotel, Houston	530	Audio Visual & Dental Mobile
	55	Van Electrical Hookup
		Dorothy Calhoun Taxi
		Jason Sabo - Travel &
	566.03	Honorarium
		Maia Shelby - Preparation of
	259.51	Materials
	217.5	AccuGraphics - Banner
		Terri Suzanne Patrick - FedEx
		Kinko's Printing
	62.4	Materials
	89.99	Shara DeShae
		<u>1780.43</u>

Sub-total

3/12/2005 - LaPosada, Laredo	250	Meeting Room Rental
	50	Lectern w/Microphone
		To Ship Forum Materials by
	104	DHL
		Maia Shelby - Preparation of
	360.61	Materials
		<u>764.61</u>

Sub-total

4/23/05 - Four Points Sheraton - Lubbock	110	Audio/Visual
		Jason Sabo - Travel &
	673.05	Honorarium
		<u>783.05</u>

Sub-total

Grand Total 3328.09

Unobligated balance \$1,672 Request this amount be carried
Over to support other Dental
Oral Health projects.

Action Plans

Access To Care Barriers

NEEDS/ISSUES	PROPOSED ACTIVITIES	TIMELINE	SHORT TERM/LONG TERM OUTCOMES	AGENCY /PERSON RESPONSIBLE FOR IMPLEMENTING ACTIVITY
Restoration of CHIPs Dental Benefits (comprehensive benefits)	<ul style="list-style-type: none"> • Advocate—join the push to reinstate CHIP benefits • Begin a letter-writing campaign to legislators within their district • Educating parents regarding importance of CHIPs benefits • Talk to dental providers regarding becoming a CHIPs provider • Make data-driven decisions—see if the number of emergency room dental services has increased due to the elimination of CHIPs dollars. (what kind of increase in dollars spent on emergency dental care?) • Survey of CHIP recipients to see what type of safety net is in place 	Jan., 2005- May 2005	More people having access to dental services Decrease in ER visits Educated parents—decrease in out-of-pocket expenses	Parents Health Educators Legislators HS/EHS programs Dental Providers/Professionals All dental stakeholders All dental stakeholders ALL ALL CHIP outreach staff

	<ul style="list-style-type: none"> • Get specific Head Start data (how many HS/EHS families lost CHIPs benefits) and how much HS/EHS programs are paying for these services • Significantly more children who were eligible for CHIPs—more children eligible were not outreached and informed • Implementing new types of outreach strategies for the diverse populations • Educational campaign targeting parents to renew CHIPs benefits • Educate policy makers regarding our knowledge of how much money Texas is losing due to loss of Federal match for CHIP dollars 	<p>January 2005 – May 2005</p> <p>January 2005 - May 2005</p> <p>June 2005</p> <p>June 2005</p> <p>January 2005 – May 2005</p>	<p>Collect data to measure economical impact from loss of CHIP benefits</p> <p>More children who are eligible will receive dental services</p> <p>More eligible children will receive dental services</p> <p>More informed parents and recipients of dental CHIP benefits</p> <p>More state funding allocated by legislators</p>	<p>State Health program, CHIP Administrator</p> <p>CHIP Administrator, Medicaid program, State Health Department</p> <p>State Health department, CHIP Administrator</p> <p>CHIP Administrator</p> <p>All dental stakeholders</p>
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<p>Inadequate number of dentists to treat young children with high level needs (Pediatric Dentists)</p>	<ul style="list-style-type: none"> • ADA request additional funding to expand the pediatric residency programs • Target dental schools to educate the dental students to make them more comfortable treating the very young child • Increase exposure to pediatric patients • Visit the dental offices to explain the crucial need for their specialized services • Present at local dental society meetings regarding treating underserved populations • Educating parents regarding pediatric dental care • Educating dental providers regarding timelines when children should receive their first dental visit (policy change) 	<p>January 2005</p> <p>August 2005</p> <p>September 2005</p> <p>ASAP</p> <p>ASAP</p>	<p>Additional pediatric dentists</p> <p>More general and pediatric dentists</p> <p>More providers seeing pediatric patients</p> <p>Increase provider awareness to public health dentistry</p> <p>Increase parent's IQ</p> <p>Improve provider compliance</p>	<p>ADA/AAPD/dental schools</p> <p>TDA, TAPD, 3 dental schools in Texas</p> <p>TDA, TAPD, dental schools TDA, TAPD</p> <p>TDA, local dental society</p> <p>All dental stakeholders</p>

	<ul style="list-style-type: none"> • Embrace the utilization of registered dental hygienists for early education and early preventive services • Support school-based prevention programs utilizing dental hygienists • Support pregnancy and 0-3 programs utilizing dental hygienists • Recruit dental providers in becoming Medicaid or CHIPs providers 	<p>2-5 years</p> <p>2-5 years</p> <p>2-5 years</p> <p>August 2005</p>	<p>Increased number of dental professionals to improve access</p> <p>Decrease transportation problems, and more children receive preventive services in schools</p> <p>Early prevention during pregnancy</p> <p>Increase number of Medicaid providers</p>	<p>Legislature, State Board of Dental Examiners, State Medicaid program</p> <p>Same</p> <p>All dental stakeholders, Head Start</p> <p>State Medicaid program, TDA, TAPD</p>
Funding Dollars	<ul style="list-style-type: none"> • Legislative mandate for more money • Fully fund CHIP dental and oral health services • Raise the \$300 cap for benefits • Parents possibly paying more for co-pays (last resort) • Pro-bono care from dental providers at health fairs • Grant writing 	<p>January, 2005</p> <p>January, 2005</p> <p>January, 2005</p> <p>January, 2005</p> <p>February, 2005</p>	<p>Increase in the availability of services</p> <p>Comprehensive dental services for CHIP patient</p> <p>More preventive services/state money saved by providing prevention services/benefit from Federal match</p> <p>Parents will have a more active role in their children's dental health</p> <p>Increased awareness of oral health by the professionals/increasing parents dental IQ</p>	<p>ASTDD</p> <p>Legislators</p> <p>Legislators</p> <p>Parents/HS staff</p> <p>Dental professionals/parents/HS staff</p> <p>HS staff/healthcare</p>

	<ul style="list-style-type: none"> • Dental vouchers • Support initiatives that provide free or pro-bono work • Research “loan” forgiveness programs to make dentists more aware of these programs • Promote dental discounts plans (to decrease or offset parents’ expenses) • Investigate the possibility to giving CE credits for dental personnel who volunteer or do pro-bono services • Lift restrictive statutory changes regarding scope of practices for RDHs 	<p>February, 2005 February, 2005</p> <p>1- 2 years</p> <p>1-2 years</p> <p>1-2 years</p> <p>1-2 years</p>	<p>Increased funding for dental services Increased availability of services Increase in availability of free dental services More dental personnel to treat underserved populations</p> <p>Parents will pay less out-of-pocket fees</p> <p>Recruit more providers to participate in volunteer programs</p> <p>Allow RDHs to provide preventive services; therefore preventing disease instead of paying for the cost of treatment</p>	<p>professionals Dental professionals/state legislators Dental providers/community/HS staff Federal government</p> <p>Insurance/HS programs (advocating)</p> <p>ADA</p> <p>State Board of Dental Examiners/Legislators</p>
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Access To Care Barriers

NEEDS/ISSUES	PROPOSED ACTIVITIES	TIMELINE	SHORT TERM/LONG TERM OUTCOMES	AGENCY /PERSON RESPONSIBLE FOR IMPLEMENTING ACTIVITY
Need for more funding	Restore CHIP	2005 Legislative session	<p>Assist parents in writing form letter to government representatives; have list available to parents about their local legislators (internet)</p> <p>Educate parents on legislative issues and upcoming bills</p>	Head Start agencies, parents, community health agencies, Oral Health Conference, www.tachc.org
Underinsured and Uninsured children	Develop list of agencies that provide low cost dental services	Summer 2005, following completion of the development of Action Plan	<p>Provide list to parents/programs that will provide low cost services</p> <p>Assist parents in accessing services (transportation, funding, etc.) for their own dental health to role model dental hygiene for their children</p>	Oral Health Consultant, Dental Hygienist Assoc., Dental schools
Parental Involvement (Lack of Knowledge)	Ongoing parent education/training from local providers in family's primary language; provide incentives (scholarships, gifts, etc.)	At the beginning of program year and at least quarterly	<p>Work with local agencies to train lay people to educate families (ex- how and when to brush child's teeth, nutrition, etc.)</p> <p>Involve parents in all aspects of training, recruit Head Start parents to mentor other parents to encourage participation</p>	<p>Associations, WIC, dentists, trained lay people, HSAC, Local Oral Health Consultant, parents, Head Start staff</p> <p>Head Start staff</p>

	<p>Educate and monitor staff on how to continue oral health</p> <p>Educate providers/staff about current dental protocols and HSPS requirements, respectively</p>	<p>At orientation and annually</p> <p>ASAP</p>	<p>Ensure that oral health professionals provide consistent and realistic information about how staff can promote oral hygiene</p> <p>Develop curriculum that can be used by Head Start staff in classroom and at parent events</p> <p>Collaborative agreements with Head Start and dental providers to develop policies, procedures and forms that can be dually used</p> <p>Educate staff about their oral health needs to instill ongoing personal dental care to transfer to Head Start children and families (Role modeling)</p>	<p>Head Start staff</p> <p>Head Start, State Health department</p> <p>Head Start, TDA, TDHA, TAPD, State Health Department</p> <p>Head Start</p>
Utilization of Dental Professionals	Federal/State legislation that allows for hygienist to conduct oral exams, minor treatments, etc.	Within the next 5 years	<p>Specific criteria/certification developed that allows hygienist to be able to provide services</p> <p>Pilot project in Head Starts to research effectiveness and ensure that HSPS are satisfied</p>	Dental Hygienist Assoc., ADA, legislators

	Medicaid provider status for dental hygienists	2005 Legislative session	Reimbursement for services to individual hygienists	Legislature, State Board of Dental examiners, State Medicaid Department
Language Barriers	Ensure that communication is understood	Within the next year	<p>Develop information that is “user friendly” and culturally appropriate</p> <p>Provide booklet of phrases for providers to reference common terms</p> <p>Special funding for providers to obtain training in learning second language</p> <p>Develop/create models to use in demonstrations</p> <p>Offer free toothbrushes for at home</p>	ADA, dentists, translators, Head Start staff, suppliers

Oral Health Education/Promotion Barriers

NEEDS/ISSUES	PROPOSED ACTIVITIES	TIMELINE	SHORT TERM/LONG TERM OUTCOMES	AGENCY /PERSON RESPONSIBLE FOR IMPLEMENTING ACTIVITY
Language barriers and education of parents re: diet/nutrition	<p>-Borrow program on obesity to be placed on Texas Health Steps website (this will be in English and Spanish).</p> <p>-Develop character (i.e. tattle tooth dude) to be utilized as a visual educational tool.</p>	<p>1 year</p> <p>1 year</p>	<p>-Recognition among all cultures to address cultural diversity.</p> <p>-Recognition among all cultures to address cultural diversity.</p>	<p>-Head Start, school nurses, TDHA, TDA, Texas Health Steps.</p> <p>- MOCAH (Museum of Cultural Arts Houston) *Rhonda Adams</p>
Parent education-- understanding the importance of baby teeth	<p>-Head Start health coordinators/dental hygienists will conduct parent meetings to educate the parents on the importance of baby teeth.</p> <p>-Place Texas Health Steps program on the Head Start website.</p>	<p>1 year</p> <p>1 year</p>	<p>-Make sure every H.S. Director/health coordinator utilizes the Texas Health Steps outreach counselor in their region.</p> <p>-Make the same information accessible to everyone. Also link to other networks to further educate them.</p>	<p>-Head Start Health coordinator/director. Also use community resources (dental hygiene schools.)</p> <p>-Head Start and Texas Health Steps</p>
Education—Link from oral health to overall health	<p>-Develop PPP (or program) for school PTA meeting to educate parents.</p> <p>-Develop a visual logo or important information section to be placed on the front of school take-home</p>	<p>6 mos- 1 year</p> <p>1 year</p>	<p>-Improve attendance at schools by keeping children healthier, and will long-term mean more money for the schools.</p> <p>-Heightened awareness of oral health. Also, increase</p>	<p>-Local dental hygiene societies. Dental and dental hygiene students.</p> <p>-H.S. coordinators, teachers (school officials).</p>

	folders.		in children's dental visits. This will also lead to more money for the schools.	
Utilization of dental personnel i.e. dentists/dental hygienists	-Find a happy legislator to change the law to allow dental hygienists to go into the schools.	4 years	-Use the available dental manpower to the very best of our abilities.	-TDHA, TDA
	-Establish further coalitions with dental and dental hygiene schools.	2 years	-Develop relationships between professional organizations.	-Head Start, Dental schools and dental hygiene schools. Also TDHA.

Access To Care Barriers

NEEDS/ISSUES	PROPOSED ACTIVITIES	TIMELINE	SHORT TERM/LONG TERM OUTCOMES	AGENCY /PERSON RESPONSIBLE FOR IMPLEMENTING ACTIVITY
<p>Lack of Medicaid dental providers</p> <p>Lack of Pediatric dentists</p>	<p>Educate Legislators, Commissioners, DSHS & etc. about the need for increasing the % benefit(s) of reimbursement fees to providers</p>	<p>ASAP</p>	<p>No Short Term</p> <p>Long Term = Fall, 2005 Spring, 2006 For increased amount of dental providers & pediatric dentists Invite Legislators into HS/EHS</p>	<p>Everyone Dental Prof. Medical Prof. Head Start staff Etc.</p>
	<p>Educate dental providers regarding the Medicaid program</p>	<p>ASAP</p>	<p>Short Term = Recruiting more to sign up as providers Long Term =</p>	<p>HHSC TMHP</p>
	<p>Allow dental hygienists to become providers to improve access</p>	<p>ASAP</p>	<p>Short Term Long Term = more providers</p>	<p>Legislators State Board of Dental Examiners Dental Prof. Child Advocacy</p>
	<p>Educate dental schools (students) to become Medicaid providers following their completion of certification(s)</p>	<p>ASAP</p>	<p>No Short Term Long Term = more public health education Ethical, moral, & social responsibility</p>	<p>HHSC TDA DSHS Dental Schools</p>
	<p>Educate more of the general dentistry population to become willing to attend to pediatric needs</p>	<p>ASAP</p>	<p>Long Term = more children being served Prevention= less disease</p>	<p>TDA Dental Schools HHSC DSHS</p>

	Extend the Head Start opportunities by revisiting & changing the Dental Practice Act to expand the “Alternative Practice Settings” definition which would include HS/EHS locations	ASAP	Long Term = upfront prevention, more children served, increased collaboration	Head Start Legislature State Board of Dental Examiners
	To provide tax incentives/benefits/credits for Medicaid providers	ASAP	Long Term = more providers participating, more children being served	State of TX Local, Federal
	Offering on-line training opportunities for medical/dental providers to become more comfortable with working with HS/EHS	ASAP	Long Term = increase the provider base, increased awareness	Head Start TDA DSHS
	Increased awareness of the support services in order for Medicaid patients to fulfill their appointments (to handle “no shows”)	ASAP	Short Term = fewer missed appointments, revenue gain Long Term = fulfilling responsibilities, adding value to the system	HHSC DSHS
	Securing increased funding for preventive dental services	ASAP	Long Term= increased providers, increased services to children	Everyone Child Advocacy
	To establish a “pro-bono” school nurse referral program	ASAP	Long Term = increased awareness of children’s oral health needs	DSHS TDA Dental/ Medical Prof. Dental/Medical schools

Oral Health Prevention Barriers

NEEDS/ISSUES	PROPOSED ACTIVITIES	TIMELINE	SHORT TERM/LONG TERM OUTCOMES	AGENCY /PERSON RESPONSIBLE FOR IMPLEMENTING ACTIVITY
<p>Provide early preventative messages at earlier ages via collaborative networking</p>	<p>Research what already exists within local communities and tap into those resources.</p> <p>Identify other interested groups.</p> <p>Utilize Texas Department of State Health Service flipcharts that remind parents about important oral health practices in Pediatric and OB/GYN offices where parents are receiving services.</p> <p>Identify through a risk assessment the determination of high risk needs.</p>	<p>Immediately and fully implemented within 1 year at local levels. Re-assess at that time for possible implementation at the state level.</p> <p>Develop within one year.</p>	<p>Develop a written list of local, oral health resources.</p> <p>Invite new parties to participate.</p> <p>Oral Health Prevention materials will available and in local offices for use by trained nurses or physicians.</p> <p>A Pilot project will be established using Fluoride varnish program.</p>	<p>Texas Department of State Health Services.</p> <p>Local Head Start Programs.</p> <p>Texas Department of State Health Services.</p> <p>Texas Department of State Health Services.</p>
<p>In Prevention, we are interested in changing the Dental Practice Act to allow Dental Assistants & Hygienists to provide more preventive services.</p>	<p>Bring dental professional organizations (TDA, TAPD, TDHA, TBSDE) to the table to discuss and develop consensus on scope of practice to provide preventive services to the underserved populations.</p>	<p>Initial meeting within 3 months With utilization of a professional trained mediator</p> <p>Initial meeting with legislators during consensus process and</p>	<p>Consensus on political agenda</p> <p>Legislative support</p>	<p>Texas Department of State Health Services</p>

	Meet with legislators after professional consensus obtained on preventive services scope of practice.	after consensus obtained		
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Oral Health Education/Promotion Barriers

NEEDS/ISSUES	PROPOSED ACTIVITIES	TIMELINE	SHORT TERM/LONG TERM OUTCOMES	AGENCY /PERSON RESPONSIBLE FOR IMPLEMENTING ACTIVITY
Education within dental schools to be future Medicaid providers	Work with Dental Schools-Deans. Internship in rural communities. Change perception of Medicaid patient. Mentor students. Career counseling in dental professions. Recruitment of minority and gender (males in dental hygiene). Give the dental students a Medicaid form to fill out for the experience. Brain storm what you would do as a practicing dentist with a no-show.	18 months	Make contact with the dental schools – the Dean. Present ideas. Presentation to dental students.	TDA, TDHA, Head Start Directors/Nurse coordinators, T/TA Network
Education of other allied Health Professionals	Get more pediatricians on board. Educate providers in community health centers: <ol style="list-style-type: none"> 1. flip charts in office, 2. check list for provider to use in education of client, 3. nutrition training/sippy cup. Raise everyone's awareness of oral/systemic health connection.	1 Year for items 1-3; 5 years for getting pediatrician on board.	Provide flipcharts and sippy Cups in treatment rooms and in Head Start centers.	TDSHS, WIC, TDA, TDHA, Head Start
Anticipatory Guidance for parents at early age (child under 4)	Teaching family health to high school students. 1. Follow up with one on	1. 5 years. 2. Ongoing	Make sure stakeholders are involved. Contact list updated.	School nurses, WIC, TDSHS. Family Consumer Science Texas

	<p>one after group education. 2.Need to share success stories among different entities so they are available to adopt. Funding for teaching/education.</p>		<p>Invite many entities. Have representatives from a variety of groups/agencies.</p>	<p>Cooperative Extension in rural communities. In cooperation or sponsorship with local churches, or agencies or groups that the community trusts.</p>
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