

**Wisconsin
Early Head Start/Head Start Oral Health Forum Report
2003**



Early Head Start/Head Start Oral Health Forum Report

Section 1: Background.....	3
Section 2: Planning Process.....	5
Section 3: Method to Develop an Action Plan	6
Section 4: Participants.....	6
Section 5: Forum Action Plan.....	7
Section 6: Forum Expenses and Revenues.....	9
Section 7: Primary Contact Person for Questions	9
Appendices:
A. Healthy Smiles for a Head Start Survey	
B. Core Planning Team and Meeting Schedule	
C. Methods/Planning Documents—not included on the website	
D. Participants—not included on the website	
E. Forum expenses and revenues	

Section 1: Background

A Head Start oral health forum was beneficial to Wisconsin because existing data reveal multiple factors affecting current and future access to oral health preventive and treatment services across Wisconsin. These factors include socioeconomic disparities, racial/ethnic considerations for health care access, and health care workforce issues.

The Wisconsin Head Start Oral Health Forum focused on creating an action plan addressing multiple factors affecting current and future access to oral health services. Goals included increasing the percentage of children receiving an examination, prevention and treatment services and increasing oral health promotion and education for families. The Forum helped define the role state, regional and local oral health programs and partners play in improving health for children enrolled in Head Start and Early Head Start.

In May of 2003, the Wisconsin Department of Health and Family Services (DHFS) conducted the first statewide oral health screening survey of children enrolled in Head Start. The Forum provided a venue to release the *Healthy Smiles for a Head Start Survey Report* in the fall of 2003 and utilized reported data to assist in creating the action plan. It provided specific information on untreated caries, caries experience, early childhood caries, and treatment urgency utilizing the *Association of State and Territorial Dental Directors Basic Screening Survey* for preschool children.

Healthy Smiles for a Head Start Survey of Oral Health Status

The Wisconsin Department of Health and Family Services conducted a statewide oral health survey of preschool children enrolled in the Head Start Program, *Healthy Smiles for a Head Start Survey Report, 2003*. The survey assists in oral health program planning to support the overall Head Start goal of increasing the school readiness of young children in low-income families. Key findings of the survey indicate 48 percent of the children screened had decay experience (untreated decay or fillings) in their primary teeth while 24 percent had untreated decay at the time of the screening. While the proportion of children with decay experience increased slightly with age from 35 percent in 3-year-olds to 57 percent in 6-year-olds, the proportion with untreated decay remained stable with age at about 25 percent. Slightly more than 22 percent of the children had a history of early childhood caries (ECC) – defined in this survey as a dental decay pattern signified by decay on the upper front teeth. Survey results were disseminated at the *Healthy Smiles for Wisconsin Head Start Forum*. (See Appendix A.)

In 2001-02, DHFS conducted the *Make Your Smile Count Survey*, a statewide representative random sample of 3,307 third grade children. Two recommendations from the survey were:

- By the time Wisconsin children reach third grade, 60% have experienced dental caries. The Division should consider developing or expanding primary prevention programs for infants, toddlers, and preschool children.
- Almost 31% of the children screened had untreated decay. The Division should consider the evaluation of access problems within the state and consider the development of a short and

long-term plan to improve dental care access for children. This is especially critical in the northern region where 46% of the third grade children had untreated decay.

The 2001-02 *Make Your Smile Count Survey* identified socioeconomic disparities as a factor affecting dental caries burden. Other key findings reveal:

- Children surveyed who attended lower income schools had significantly more untreated decay (44.5%) compared to children in both middle (31.7%) and higher income schools (16.6%).
- Children attending lower income schools were less likely to have dental sealants (33.5%) compared to children in both middle (49.9%) and higher income schools (56.6%).
- 8% of the children in lower income schools were in need of urgent dental care, compared to children in middle (2.2%) and high-income schools (1.5%).

Race and ethnicity key findings from this survey indicate:

- Compared to white children, a significantly higher proportion ($p < 0.05$)* of minority children had caries experience and untreated decay. 25% of white children screened had untreated decay compared to 50% of African-American, 45% of Asian, and 64% of American Indian children.
- More than 11% of African American and 13% of Asian children were in need of urgent dental care compared to the 4% state average.
- Compared to white non-Hispanic children, a significantly higher proportion of Hispanic children had caries experience and untreated decay, while a significantly lower proportion had dental sealants.

In addition, available statistics from the Wisconsin Head Start Program Information Report (PIR) indicated there were 56 Head Start programs, seven delegate agencies, 834 classes and 276 Head Start Centers across the state. During the 2000-2001 school year, 15,678 Wisconsin children were enrolled. The number and percentage of children by race and ethnic groups include:

➤ American Indian or Alaskan	6.84%	1,142
➤ Asian	4.95%	826
➤ Black or African American	25.92%	4,327
➤ Hispanic or Latino	16.97%	2,833
➤ Hawaiian or Pacific Islander	1.12%	20
➤ White	45.04%	7,518
➤ Other/Unknown	.16%	26

Of 15,390 Wisconsin children enrolled in Head Start during 2000-2001, 73% received a dental examination. Of the children receiving an examination, 29% were diagnosed as needing treatment. Of these, 73% had or were receiving treatment at the time of reporting. Of the children who had examinations, 82% received preventive care.

Potential barriers include: socioeconomic disparities, low provider participation in Medicaid and BadgerCare programs, budgetary and regulatory constraints to implementing widespread early childhood prevention programs, and a diminishing pool of practicing dentists resulting in 50 health professional shortage areas (HPSAs).

Along with state surveys and Head Start Program Information Report, Medicaid statistics showed low provider participation in Medicaid and BadgerCare. In Wisconsin, there were a total of 357,339 eligible for Health Check in FFY 2001, but only 19.5% received any dental service, while 8.6% received treatment services.

The Wisconsin Head Start PIR indicated that 68.82% of children are enrolled in Medicaid/EPSDT and 5.63% are enrolled in CHIP (BadgerCare). The report indicated 84.42% of the children had health insurance, 15.58% did not have health insurance. Nationally, it is estimated that for every medically uninsured person, there are 2.6 people without dental insurance. At this ratio, an estimated 4,126 children enrolled in Head Start during this time period would have no dental insurance benefits.

Oral Health Workforce

The Wisconsin Primary Health Care Association analyzed data collected through a dentist survey conducted by DHFS. Results indicate that an estimated 56 new dentists will enter practice in Wisconsin each year between 2000 and 2010. However, higher numbers of dentists plan to leave practice with a net deficit in numbers of 153 fewer dentists in five years and 436 fewer in ten years. This is anticipated to affect youth access to oral health services. Wisconsin has a ratio of 53 dentists per 100,000 population or 1,887 persons per dentist. According to the American Dental Association, nation-wide in 1999 there were 59 dentists per 100,000 population.

Barriers to prevent or reduce dental disease in Early Head Start and Head Start populations are addressed in Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public, Wisconsin's state public health plan:

Disparities in health status between majority and non-majority populations are linked to education, environment, income and other socioeconomic factors as well as race and ethnicity, culture, and lack of access to quality health care and preventive health services.

The final action plan utilizes the State Health Plan for categorization.

Section 2: Planning Process/Group

A Head Start/Oral Health Initiative Planning group met beginning in August 2002 to assist DHFS in developing the Head Start Oral Health Forum Grant and the Healthy Smiles for Head Start Survey. This initial planning group had representatives from the Wisconsin Primary Care Association, Wisconsin Head Start Association, Children's Health Alliance of Wisconsin, and Great Lakes Head Start Quality Network, the State's Chief Dental Officer, State Oral Health Consultant and State Early Childhood Coordinator. The core-planning group continued to meet on a regular basis via teleconference to plan the Forum. Facilitators met prior to the forum to review the forum agenda and facilitation methods. (See Appendix B)

The Wisconsin Division of Public Health contracted meeting facilitation services from the Children's Health Alliance of Wisconsin (CHAW) for planning, implementation and reporting of the Forum.

Goals of the grant included:

1. Convening a core planning team to plan and implement a forum featuring Healthy Smiles for Head Start survey data (survey conducted in November of 2002), and other sources.
2. Facilitating a forum of multidisciplinary, multiorganizational stakeholders to develop an action plan using available assessment data.
3. Creating an action plan that strengthens Early Head Start/Head Start oral health program components through strategies to increase oral health prevention access, oral health promotion efforts, providing oral health education, improving access to oral health services and determining the role state oral health programs can play in planning to improving oral health access for Early Head Start and Head Start programs.

Section 3: Methods to Develop an Action Plan

On October 13, 2003, a statewide Forum was held. The Forum utilized six Interactive Television Network (ITV) sites including the Children's Health Education Center to encourage statewide participation. Each site had a regional facilitator to assure the Forum Goals were achieved. Secretary Helene Nelson of the Wisconsin Department of Health and Family Services provided the welcome and Dr. James Crall provided the keynote address. Dr. Murray Katcher, Chief Medical Officer provided a primary care perspective, Dr. Warren LeMay, Chief Dental Officer, discussed results of the 2003 Healthy Smiles for a Head Start Survey. A panel of local Wisconsin Oral Health Head Start Programs including a Menomonee Tribal Health Center reviewed their programs to highlight successful practice models. Nancy McKenney, State Oral Health Consultant presented an overview of how the initiatives integrated with the current State Health Plan and moderated the question and answer session. Stakeholders utilized assessment data from Division of Public Health *2002 Healthy Smiles for a Head Start Survey* and other sources to develop an action plan to improve Head Start oral health components. The Forum utilized nominal group techniques, group break outs with report backs to focus on enhancing prevention, oral health promotion, education, and increasing access to oral health services. It also included determining the role the state can play in improving oral health for Early Head Start and Head Start programs. Children's Health Alliance coordinated both the Forum and the Core Planning Team. Evaluation indicated the Forum was well received with a composite score of 3.59 out of a possible 4. (See Appendix C.)

Section 4: Participants

Organizations and individual stakeholders were identified by the core planning team and contacted by the Children's Health Alliance. A "Save the Date" was sent out in advance of the forum. The use of association web sites, e-mail list serves and meetings assisted in reaching a diverse group of people. In addition, contact information from previous oral health meetings and summits were used to send out invitations. There were 69 participants. (See Appendix D.)

Section 5: Action Plan

After the Forum, a draft version of the following action plan was sent to forum participants for review and input prior to submitting it to ASTDD.

Healthy Smiles for Head Start Forum, 10/14/03 Prioritized Objectives

Systems/ Infrastructure Priorities: (as categorized by “Healthiest WI 2010”)

Community health improvement processes and plans

1. Develop oral health literacy program for Head Start staff and parents
2. Reach out to dental professionals and communities to solicit linkages with Head Start for care and education
3. Coordinate oral health messages with hospitals, LPHD and schools
4. Establish formal collaboration with Head Start and WDA
5. Incorporate fluoride training in Head Start as standard of practice
6. Educate non-Head Start community regarding cultural and social issues related to SES disparities experienced by Head Start families
7. Empower Head Start families to voice dissatisfaction with current system
8. Engage key community leaders in finding solutions to disparities in oral health care for Head Start children and families
9. Increase media coverage of need/scope of problem and possible solutions
10. Put positive spin on current situation using it as a marketing tool to increase Head Start enrollment

Coordination of state and local public health system partnerships

1. Involve National Guard in seeking solutions to disparities in access to oral health care for Head Start children and families

Sufficient, competent workforce

1. Integrate Medical/Dental linkage at all levels for triaging oral health care needs for Head Start children
2. Provide technical college education for Head Start staff to acquire credentials
3. Legislate standing orders for Registered Dental Hygienists (RDH)
4. Provide funding for Head Start RDH on staff with LPHD
5. Change regulation from exam to screening to allow dental hygienists to perform triaging and referral for appropriate treatment needs of Head Start children
6. Create mid-level dental provider with ability to work in a collaborative relationship with dentists—similar to nurse practitioner/physician relationship
7. Increase the scope of practice for dental hygienists to work with increased autonomy in a public health setting
8. Provide training to all health professionals at all levels to create a common message for oral health literacy
9. Create legislation that would mandate MA/BC service by all oral health professionals

Equitable, adequate, and stable financing

1. Educate legislators regarding the issue of lack of access to oral health care for Head Start children and families
2. Request legislative support for solving problems of lack of access to oral health care for Head Start families and children
3. Allow reimbursement for dental and medical professionals to apply fluoride as needed without prior authorization when based on an assessment of risk
4. Interview parents for legislative stories and encourage them to voice their concerns with legislators
5. Revise MA budget and paperwork requirements to be more like private insurance
6. Require HMO contractors to be accountable for treatment and preventive needs of Head Start Children
7. Increase reimbursement level for DDS according to number of Head Start children treated
8. Create code for FL varnish reimbursement for medical professionals and dental professionals
9. Allow public health departments to bill for fluoride therapies completed by dental hygienists

Health Priorities (Added after review of Forum attendees)

Access to primary and preventive health services

1. Reduce the portion of children with dental caries experience in their primary and permanent teeth.
2. By 2005 80% of Wisconsin Head Starts will offer oral health assessment and screening opportunities, utilizing BSS screening forms to document oral health status and incidence of early childhood caries.
3. By 2005 Wisconsin Head Starts will regularly assess and monitor dietary fluoride supplement intake of all Head Start children.
4. By 2005 85% of Wisconsin Head Starts will offer fluoride varnish placement three times per year, including anticipatory guidance.
5. By 2005 Wisconsin Head Starts will have 100% of Head Start enrollees brushing their teeth after lunch and snack.

Adequate and appropriate nutrition

1. By 2005 Head Starts would offer healthy snack choices for improving oral health.
2. By 2005 Head Starts would limit all juice intake to 4 ounces per school day and offer unlimited water availability.

Section 6: Forum Expenses and Revenues

The total amount requested from ASTDD was \$5,000. An itemized budget, including the amount and source of funding and in-kind support are located in the grant application. The actual forum expenses and revenues as itemized by Children's Health Alliance of Wisconsin are located in **Appendix E**.

Section 7: Primary Contact Person for Questions and Reporting

Name: Nancy McKenney, RDH, MS
Title: Oral Health Consultant
Agency: Wisconsin Department of Health & Family Services
Address: P.O. Box 2659
One West Wilson Street
Madison, Wisconsin 53701-2659
Phone: (608) 266-3201
Fax: (608) 267-3824
Email: mckennr@dhfs.state.wi.us

APPENDIX A:

DHFS 2003 Healthy Smiles for a Head Start Survey

http://dhfs.wisconsin.gov/health/Oral_Health/pdf_files/headstartreportPPH0003.pdf

APPENDIX B:

Core Planning Team and Meeting Schedule

Healthy Smiles for Wisconsin Forum Core Planning Group Participant Contact List

Diana Aronson, Health Coordinator, UW Oshkosh Head Start
920-424-1235

Aronson@uwosh.edu

Valarie Bradley
Wood County Head Start
715-422-0428

vbradley@charterinternet.net

Paula Brown
847-949-2181

brownp@cesa5.k12.wi.us

Colleen Cantlon, DHFS
608-267-9300

cantlcm@dhfs.state.wi.us

Pat Carlson
Western Dairyland EOC, Inc. WOEOC Head Start
1-800-782-1063 Extension 246

1-715-284-5300 home

patcwhs@westerndairyland.org

Shelley Cousin, Executive Director, Wisconsin Head Start Association
608-262-7806

cousin@waisman.wisc.edu

Kathleen Endres, RDH, CDHC, Data Collection Consultant
(920) 729-9394

Karamoben3@aol.com

Mari Freiberg, Wisconsin Primary Health Care Association
608-277-7463 Ext. 228

Mfreiberg@wphca.org

Julia Herwig
WI Early Childhood Collaborative Project

JH720@aol.com

Barb Knipfer
Dane County Parent Council, Inc.
608-270-3449
Barb.Knipfer@dpcinc.org

Warren LeMay, DDS, Chief Dental Officer, DHFS
608-266-5152
lemaywr@dhfs.state.wi.us

Nancy McKenney, State Oral Health Consultant, DHFS
608-266-3201
mckenr@dhfs.state.wi.us

Midge Pfeffer, Oral Health Project Manager, CHAW
414-390-2193
Mpfeffer@chw.org

Karen Ordinans, Executive Director, CHAW
414-390-2194
Kordinans@chw.org

Ruth Brennan
2212 N. ML King Drive
Milwaukee, WI 53212
(414) 263-8289
ruthbrenna@aol.com

Sue Horning
Social Development Commission
Milwaukee, WI
(414) 906-2758
shorning@cr-sdc.org

Meeting Schedule:

October 2002
March 2003
April 2003
May 2003
July 2003
August 2003
September 2003
October 2003
October 14, 2003—Healthy Smiles for WI Head Start Forum
November 2003—post forum wrap up

APPENDIX C Planning Notes (not included on the website version)

APPENDIX D Participants (not included on the website version)

APPENDIX F:

Contractual Forum Expenses and Revenues

**Children's Health Alliance of WI
Healthy Smiles for Head Start Forum 10/14/03—Expenses and Revenues**

Expenses:

\$876.66	Technology for six distance sites
\$50	Room fees at distance site (\$1200 room and technology charges for Children's Health Education Center site in Milwaukee were waived)
\$923.55	Breakfast, beverages, box lunch—six sites
\$500	Dr. Jim Crall honorarium
\$309	Dr. Jim Crall travel, lodging
\$300	Printing packet contents
<hr/>	
\$2959.21	Expenses—Subtotal
\$520	40 hours—Administrative Assistant—pre and post forum duties
\$2300.79	Project Manager—pre and post forum duties (actual expenses for more than 100 hours of time are adjusted to budget)
<hr/>	
\$ 5780	Total Expenses

Revenue:

\$4400.	Grant dollars from DHFS
\$1380.	Registration--69 people
<hr/>	
\$5780.	Total Revenue