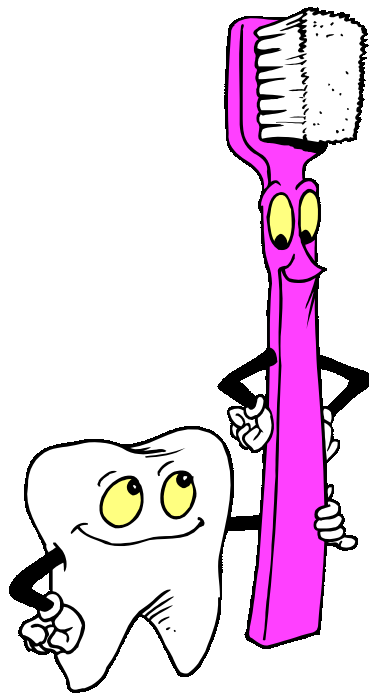


Wyoming Early Head Start/Head Start Oral Health Forum Report

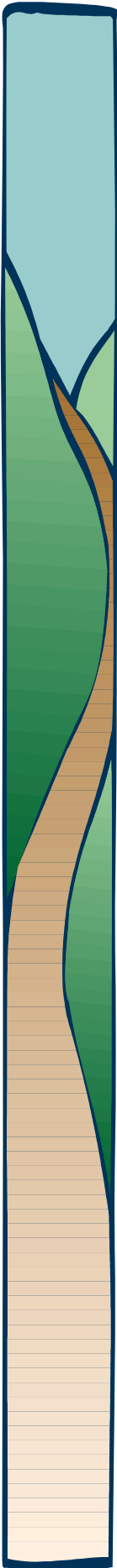
October 23-24 2002



The Wyoming Early Head Start/Head Start Oral Health Forum Report represents the ideas and planning efforts of a dedicated group of Wyoming Citizens who focused on improving the oral health of Wyoming Early Head Start/Head Start children and families. This forum was made possible by a grant from the Association of State and Territorial Dental Directors (ASTDD) and Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB).

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List of Participants

Upon notification of the Early Head Start/Head Start Oral Health Forum grant awards, the WHS-SCP staff contacted those representatives who offered letters of commitment to serve as the Early Head Start/Head Start Oral Health Forum planning committee. The following members were on the planning committee:

Planning Committee Members:

Barbara Crane-JaquesWyoming Head Start-State Collaboration Project
Barb Herrick.....Absaroka Head Start
Dr. Charlie MeyerDental Health Program
Trish O’GradyDental Health Program
Sue Bacon.....Department of Family Services

The planning committee met initially via phone conference and then continued working together for several months via email to plan the format and date of the Early Head Start/Head Start Oral Health Forum. A list of invitees was created, a survey was developed, and a tentative agenda was agreed upon. Although the planning committee had anticipated thirty individual registrations, fourteen individuals registered for the Forum. Of these fourteen, eleven individuals attended. These individuals were dynamic and dedicated to their work and they invite you to join them.

Oral Health Forum Participants:

Barbara Crane-JaquesWyoming Head Start-State Collaboration Project
Eileen DayWyoming Child and Family Development Inc.
Patti Guzman.....Wyoming Kid Care
Ken HeinleinWyoming Institute for Disabilities
Barb Herrick.....Absaroka Head Start
Linda O’GradyWyoming Department of Health
Dr. Charlie MeyerDental Health Program
Trish O’GradyDental Health Program
Kelly Robinson.....WY Dental Hygienists Assoc & WY Nurses Assoc
Betty SonesWHD - Minority Health Program
Bob TranasChildren's Developmental Services

The Wyoming Early Head Start and Head Start Oral Health Forum was coordinated and facilitated by the Wyoming Head Start-State Collaboration Project (WHS-SCP). The WHS-SCP is located at the University of Wyoming, Wyoming Institute for Disabilities.

The mission of WHS-SCP is to strengthen partnerships in Wyoming, which foster a comprehensive and quality early childhood system firmly grounded in the Head Start principle of serving children and families.



Review of National, Regional, and State Oral Health Activities

During the past decade, there has been increasing interest in issues regarding access to oral health services. There are oral health challenges facing Head Start Families, Head Start Staff, health and dental professionals as well as policy makers. To ensure all Early Head Start and Head Start Oral Health Forum (here after referred to as the Forum) participants have the same understanding of Oral Health issues from a national, regional, and state perspective each participant received a packet with multiple reports and a brief overview was given at the Forum.

National

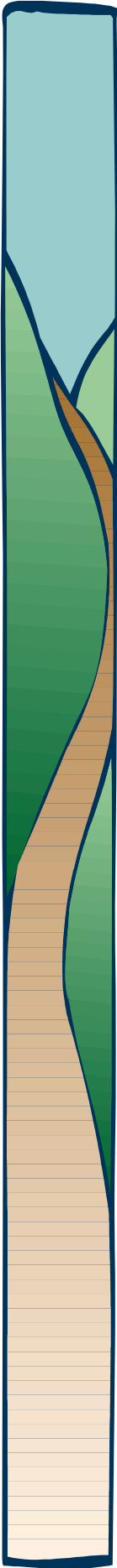
The Forum participants reviewed the national reports provided within the Forum packet such as the Surgeon General's Executive Summary, and Filling the Gaps; Oral Health in America National Report Card.

Regional

In 1999 the National Head Start Partners Oral Health Forum was convened by the Supplemental Food Program for Women, Infants, and Children (WIC), Head Start, Health Resources and Services Administration (HRSA), and the Community Medicare/Medicaid Services, formally known as HCFA, to focus attention on early childhood oral health. The purpose of the National Forum was to discuss strategies for improving oral health status among young children.

One outcome of this Forum was the formulation of an Intra-agency Agreement between the Administration for Children and Families (ACF), Head Start Bureau (HSB) and the Maternal and Child Health Bureau (MCHB) in HRSA to develop linkages to support oral health in Head Start. As part of this agreement ACF, HSB, and MCHB/HRSA sponsored a series of Regional Forums in 2001 and 2002. The Region VIII Forum, "Enhancing Partnerships for Head Start and Oral Health" was held on May 14-15, 2002 in Denver, Colorado. The goal was to determine how organizations and agencies work together at a regional level to improve the oral health for Head Start families.

The Region VIII Forum assessed the current issues, developed strategies, and identified resources needed by Region VIII HRSA and ACF to enhance the oral health component in Head Start. By the end of the Region VIII Forum, a plan was drafted outlining recommended strategies and activities for regional action to support states and Head Start Programs in increasing access to dental care, enhancing preventions, and expanding effective oral health education. The plan delineated ways that Region VIII can combine efforts of ACF, the Centers for Medicare and Medicaid Services (CMS, Formerly HCFA), HRSA and other entities to improve oral health outcomes.



The outcomes of all of the Regional Forums will be combined to develop a national plan for filling the gaps for oral health care.

State

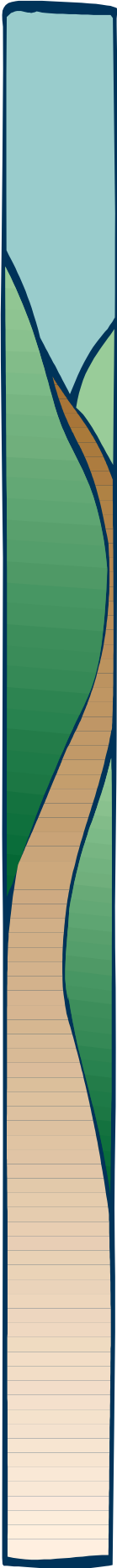
A lively and detailed discussion occurred when members of the Forum began the review of the current state issues. The Dental Health office and the Wyoming Head Start-State Collaboration Project brought data they had collected regarding oral health care. The Delta Dental Office also brought information provided to them by Delta Dental. These data sources showed some similar trends. Wyoming is facing a current shortage of dentists, 46 dentists/100,000 people which is well below the national average. With a high percentage of dentists who are nearing retirement the ratio is anticipated to drop even lower. During the last calendar year alone, Wyoming lost five dentists. During this same year, only two dentists started a new practice in Wyoming. This shortage leads to individuals traveling great distances to access services.

Coupled with the lack of providers is the issue that many providers limit the number of individuals that they see who have Government aid programs (i.e., Title 19/Medicaid, Kid Care, etc.) or they do not accept these programs at all. The inadequate reimbursement to providers from the Government aid programs is the primary reason providers limit or refuse to treat individuals participating in these programs. These providers also voice concerns of behavioral problems/noncompliance (missed appointments) that they tend to see with individuals participating in Government programs. Generally, there was also a feeling that there is a lack of recognition between the relationship of an individual's oral health and their overall health. There needs to be an increase in education on oral health matters and prevention including the need for early checkups for young children.

There are concentrations of hygienists in various communities in Wyoming, typically in communities that have dental hygienist programs. Another identified barrier is the state's dental practice act, which prohibits hygienists from independently practicing.

Across the state, Head Start programs incorporate oral health into their daily curriculum by teaching children to brush their teeth and including oral health issues into the educational setting. Every Head Start has a Health Services Advisory Committee and committee members address oral health issues and concerns. Many programs participate in educational and donation programs from companies that market oral health care products.

The Dental Health Program presented a pilot project called the Maternal Dental Care Service that started Aug. 1, 2002 and currently has funds to continue for two years. This pilot was created because research has made the connection between periodontal disease and low birth weight babies. As a



result, there is an emphasis on oral health prevention for pregnant women. Details of the pilot include:

- For a woman to participate in the program she needs to be part of Best Beginnings program which has a financial eligibility of 185% of poverty level
- Program began 8/1/02 and will continue as long as dollars are available per year and have funds set aside for two years.
- Program involved a follow-up visit or the “welcome home” visit through Best Beginnings and at that time a survey will be completed and data collected to show results of program.
- Moms are covered until the end of the month in which the baby is delivered

Concern and discussion continued regarding the overload of dentists and dental hygienists. There are only certain areas of the state in which there are difficulties in scheduling dental services. The best practice for dental services scheduling are those completed in the second trimester. Therefore, the pilot encourages the initial visit to occur during the first trimester and at that time an exam is completed and a treatment plan is developed. The expecting mother’s treatment appointment is then scheduled for a time during her second trimester, this scheduling provides adequate time for the State Dental Office to approve the treatment plan. Dentists have also welcomed this pilot because it will reimburse dentists for cleanings, periodontal, fillings, crowns, root canals (for critical cases), and reimbursement rates are higher than Medicaid’s.

Members of the State of Wyoming have also made oral health a priority by establishing and sending a state team to the National Governor’s Association Oral Health Academy. Due to this Oral Health Academy, the Dental Health Program has focused on many educational activities:

- Newsletters
- U-DOC - The State Dental Office is beginning to promote dentistry through the U-DOC program. U-DOC is a high school summer program offered by the University of Wyoming College of Health Sciences WWAMI Medical Education Program and the Office of Multicultural Affairs (OMA). It is a seven-week program for students who have completed their junior or senior year in high school.
- Creighton Dental School – Currently Wyoming has 5 individuals who are attending. This is a dramatic increase from previous years during which we had no attendees at the school.
- Arizona has a new dental school and the school has set aside two slots for Wyoming and are focusing enrollment from rural states.

Wyoming is currently facing many of the same National and Regional challenges, but Wyoming has some unique issues as well.



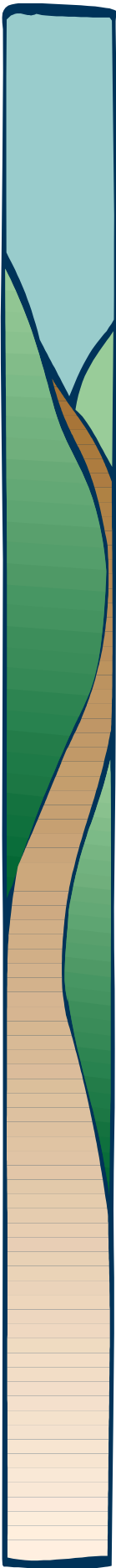
Where do we go from here...

Forum participants brainstormed problems that exist in oral health care and some ways oral health care could be improved in Wyoming. The primary issues coalesced around improving accessibility to oral health care for everyone. Several ideas of how to increase accessibility included increasing the number of dental specialists and settings at which dental services are provided, the utilization of dental hygienists (policy) and primary care providers, the level of reimbursement for providers, the use of ACS's (payer for Medicaid) training for dental offices on the reimbursement system, the number of Medicaid clients treated in dental clinics, sensitivity or respect for all clients, understand the environment of the providers, and make dental hygienists eligible providers for preventative care with Medicaid.

There is also a concern about changing perceptions to include oral health as part of overall health. In support of this, forum participants expressed specific examples; 1) the need for a strong connection between pre-natal care and oral health prevention services to ensure the infant's health and 2) different types of bacteria that exist at certain stages of periodontal disease have been found to be linked to heart disease in adults. In some areas there is also health related concerns that stem from cultural practices. For example in some cultures, mothers pre-chew the food for their children. This practice passes bacteria from the mother to the baby much sooner than baby would normally be exposed to the bacteria.

Another overall trend came down to funding. There needs to be more money and emphasis placed on prevention, more money put into the budget of the State Dental Program and additional financial support for those adults who do not have the means or the services to pay for dental services. There was discussion that the community dental clinics are possible solutions. Currently there is only one in the state (Casper) although other communities are seeking clinics. For a community to be awarded funds for a clinic they have to be designated as an underserved population; South Cheyenne has been deemed a shortage area and is currently seeking a dental clinic. These clinics are not to be confused with a volunteer clinic.

An important emphasis is to reduce the number of dental caries in children. The Forum participants would like to have children receive dental education and prevention services earlier, through working with the parents. Participants would also like to maximize oral health services through collaboration, no one program can provide all services – e.g. Head Start serves the neediest of the needy but in order to provide all of the services needed they must connect to other services providers. The development of an interagency communication system would assist with collaborative efforts.



Once the Forum participants identified these needs or possible solutions, the next phase was to determine who could do this work. The participants discussed whether these issues should be addressed within an existing oral health group or that this group formally form to work on these issues. The latter was the consensus.

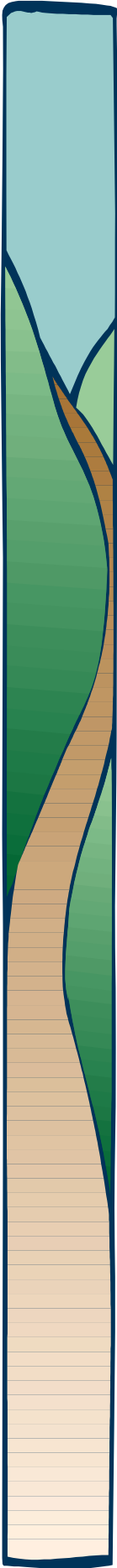
Forum participants determined the coalition should become an active network that advocates for any oral health issue in order to increase the accessibility of oral health care for Wyoming Citizens across the lifespan through earlier intervention and increasing education and preventive practices.

As the Forum participants decided that the development of a coalition would be the best method to accomplish tasks and lobby for policy change, the participants need to investigate approaches to involve community businesses, non-traditional partners, and other oral health groups and those businesses that could provide financial support to the coalition. The Forum participants also thought it was important to look at these other coalitions and observe their successes and difficulties.

The Forum participants would like to ensure that information sharing regarding programs and oral health issues and activities, including successes and challenges continues. The forum also recognized the need to involve entities who are not here today such as school nurses, dietitians, WIC, all Head Starts, WHRN, the Tobacco Coalition, Wyoming part B & C (Scott Moncrief), and the Primary Care Association (Renee Gamino-Diaz and Bev Morrow). A concern that needs to be dealt with further is that dentists are busy and typically they are not at these types of meetings. The coalition will have to work on how to get dentists involved.

The Forum participants decided that they would like to meet quarterly (from the October Meeting). These meetings will alternate between face to face meetings and conference calls. The participants would also like to look into possibly establishing an annual one-day conference which could connect to another conference but add a training component. At this time, Barbara Crane-Jaques at the Wyoming Head Start-State Collaboration Project will act as the contact individual for the Oral Health Forum members. Each Forum participant will act as the agency contact person to this group and on a regular basis update the team on successes and failures of their activities and efforts. The members were encouraged to mail any oral health related information to other members, as they deem important. The Wyoming Head Start-State Collaboration Project will be mailing the final report of the Oral Health Forum to all those who attended the Forum.

The Forum participants would like to complete a matrix of the oral health programs within Wyoming. This task was assigned to Barbara Crane-Jaques. This information should be disseminated to direct care providers. Connect



Wyoming may assist with obtaining matrix information. This connection could be strengthened by getting all Forum participants introduced to Connect Wyoming and Pathways Plus and ensuring that all of the Forum participants are listed in Pathways Plus. Barbara will work with Connect Wyoming to email an introduction to Pathways Plus/Connect Wyoming to all Forum participants that would allow any of them not listed in the database to become a listed agency.

Connecting to Wyoming groups with an emphasis on oral health is also very important. The Forum participants felt that developing a connection between this forum and the NGA is important to disseminate information between Head Starts, the Oral Health Forum members, and the NGA. A member of WHS-SCP (Barbara) will act as the liaison.

More immediately, the Forum members decided that it would be beneficial for them to see the entire invitation mailing list to see what players might be missing from the table and to encourage new members to attend. They would like to see the establishment of the list serve after the holidays (beginning of 2003) and to have the matrix and the Invitation Mailing list for the forum be the initial information disseminated via the list serve. The WHS-SCP will also attempt to have meeting notes mailed to participants within three weeks from the Forum date and it was decided the group will be called “Wyoming Oral Health Coalition.” A final point was to remind all members to assess how the group is doing. Make sure to ask how this working for you, and then adjust accordingly.

Long-term actions the Forum plans to complete include: 1) extending the panel of participants, 2) developing a web chat, 3) expanding the meetings to include training for direct care providers, and 4) establishing a web site.

Conference Call for next meeting

The Forum scheduled their next conference call meeting for the second week of January from 10 a.m. until noon. The participants would also like to see that addition of some new members on this call.

Summary

The Wyoming Oral Health Coalition will invite member organizations/agencies to develop a vision statement, mission statement, goals, and objectives.

Preliminary destinations/initial areas of focus:

1. to increase accessibility to oral health services for all persons from birth to death
2. to become an advocate for oral health issues
3. to promote earlier intervention of oral disease by increasing education and preventative services
4. to establish a network and communication resources for oral health issues.



Addendum: Background Information of Participants

To begin the Wyoming Early Head Start and Head Start Oral Health Forum (here after referred to as the Forum) participants provided background information on their program and their expressed interest in attending the Forum. Below is a synopsis of the information that was shared:

Head Start

Head Start and Early Head Start are comprehensive child development programs, that serve children from birth to age five, pregnant women and their families. All Head Start and Early Head Start programs are governed by the Head Start Performance Standards, which mandates Head Start to serve families who live at or below 100% of the Federal Poverty Level. Head Start is also mandated to serve children with disabilities. Head Start Programs meet many of the Head Start Performance Standards by partnering with community agencies and organizations.

Head Start ensures all enrolled children receive developmental, dental, vision, hearing, physical, and a dental screening. Specifically, dental screenings:

- Only indicate that the child has no visible defects, needs care, or needs immediate care
- Can either be done by a hygienist or a dentist
 - If done by a dentist it is called a dental examination
 - If done by a dental hygienist it is called a dental screening
- Are typically donated services to the Head Start Program
 - Follow up care based on the screening is not always donated or available

Individuals representing Head Start and Early Head Start representatives expressed a desire 1) to inform dental professionals of the comprehensive nature of Head Start and 2) to clarify and communicate with all Head Start programs the qualifications of professionals who can provide dental screenings. The Forum also provided the opportunity to physically meet partners with whom they have previously worked, to learn about available resources and what other agencies/organizations are doing regarding oral health activities and initiatives. The Head Start representatives thought that it would be beneficial to share information about the oral health care challenges that Head Start programs encounter and to learn about programs that can financially assist the parents of Head Start children who are in need of dental services.

Wyoming Institute for Disabilities

WIND is an organization, which focuses on improving the lives of people with disabilities through training, technical assistance, research, information dissemination and community services. WIND staff view preventative care and oral health as completely compatible with this matter.



Wyoming Department of Health - WDH

The WDH works to promote health by ensuring that Wyoming citizens have access to health care and prevention. The WDH has many programs, the following programs were participants in the Forum.

Dental Health Program

The Dental Health Program assures access to oral health care for low-income children in Wyoming by focusing on prevention and treatment.

Individuals representing the Dental Health Program expressed that their initial interest for attending the Forum was from the oral health focus. The Dental Health Program Representatives felt that by attending, they had an opportunity to learn more about the Head Start programs and the needs of Head Start families as well as how Head Start funds can be utilized for medical services. For example, representatives from the Dental Health Program are aware that Head Start Programs have money in their budgets for medical services, however they understand that many programs do not typically use any of this money for dental services. As a result of the forum the Dental Health Program has established an agreement with one Head Start Program that states that the Dental Health Program will pay for half of a child's dental care, and is the Head Start program will pay for the other half of dental care costs.

Minority Health Program

The Minority Health Program focuses on the disparities associated with health care for Wyoming minority populations. In the area of Oral health large disparities exist.

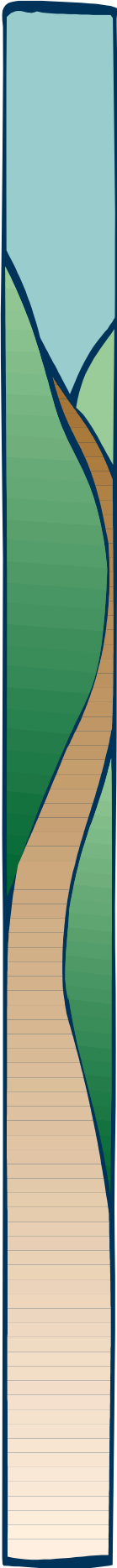
The Minority Health representative offered that her initial interest in attending the Forum was the opportunity to learn more about what resources, agencies and organizations exist in Wyoming that focus on oral health. The Forum also gave her the opportunity to promote the need for patient education and the need for a dental care focus in primary health care.

Community and Family Program

The Community and Family Program focuses on access initiatives for health care such as the Kid Care program, Covering Kids, and the State Planning grant.

The representative from the Community and Family Program said that her interest in attending the Forum was because the Community and Family Program does have a current focus on oral health and has been involved in several oral health related activities. These activities include:

- Membership in the Governor's Oral Health Team and attending the Governor's Association Oral Health Academy. This team has made



steps toward improving oral health and it recognize that there is still a great deal more to do.

- Determining that only 30% of the children eligible for Medicaid visit the dentist. Therefore, financial ability to pay for services is not the only issue regarding dental health care access. There are many issues that impact access and the Community and Family Program would like to know more about why dental care is not being accessed.
- Monitoring the Wyoming Kid Care program, which is a program that provides insurance to children not on Medicaid. The Community and Family Program is aware that the dental benefit is the most widely used service of the Kid Care Insurance. Additionally the Kid Care program works closely with the Dental Health Program.

Wyoming Dental Association

The representative from the Wyoming Dental Association said that his interest for attending the Forum was the discrepancy between what patients and dentists report about accepting Medicaid. The Dental Association recognizes that there is a core group of dentists who accept Medicaid but unfortunately, there are some who do not take Medicaid patients at all or their share of Medicaid patients. The Dental Association is working to build a good climate with dentists who do not currently accept Medicaid.

National Governor's Association Oral Health Academy

Wyoming was one of ten states chosen to attend the National Governor's Association (NGA) Oral Health Academy.

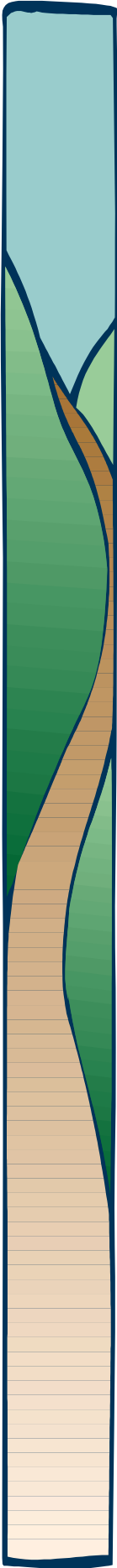
Donated Dental Services (DDS) Program

The Wyoming Donated Dental Services is part of the National Foundation of Dentistry for the Handicapped, which serves individuals who are low income and have a disability. Currently the Wyoming DDS Program is leading states with the highest participation rate of dentists in the DDS Program @ 47% (national average is 17%). The current challenge is the lack of dentists in Wyoming; the wait list for DDS services is more than a year long.

Dental Hygienists Association/Registered Nurse Association

The Dental Hygienists Association's mission is to improve total health: to promote better health through dental hygienist's art and science and through preventive treatments.

The representative from these two Associations expressed her initial interest for attending the Forum was to ensure that oral health is seen as part of overall health care. A trend is now starting to emerge in which oral health is viewed as a part of an individual's overall health. This representative wanted to make sure that Forum participants were aware that dental disease is the only disease that is



totally preventable and dental hygienists can be part of the solution to some of the problems identified. However the first challenge is reducing the barrier to accessing hygienists. Two ways to reduce the barrier would involve removing the restriction of having to go to the dentist prior to seeing a hygienists and establishing school based dental programs. In less than 10 states, hygienists can be reimbursed as a 3rd party provider for Medicaid and insurance. Wyoming does not allow direct reimbursement to dental hygienists. Another mechanism would be mobile dental health offices staffed by dental hygienists that can go to the children and all Medicaid recipients. Another barrier affecting oral health involves Dental Sealants. A hygienist in Wyoming cannot apply dental sealants without the supervision of a Dentist. As sealants are the #1 oral health preventative method for children, allowing dental hygienists to apply them would increase the accessibility to sealants for children. She also wanted to point out that alternative methods of access are needed and establishing hygienists as reimbursement directly from Medicaid would be very beneficial. Because only 50% of the population sees a dentist regularly alternative methods that allow the hygienists to go to the other 50% (like nursing homes, etc.) could improve the oral health in this segment of the population.

In summary, most of the Forum participants wanted to learn about what other agencies/organizations in Wyoming were doing regarding Oral Health. Forum participants also shared some common concerns that focused on access to Oral Health Care, the availability of dentists and hygienists, and education regarding the importance of Oral Health care.