

***“Working Together to Improve
Children’s Smiles”***



***2002 Pacific EHS/HS Oral Health Forum
Final Report***

Pohnpei, Federated States of Micronesia
November 14-15, 2002

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I. Purpose of the forum

The purpose of this forum was to:

- Develop model partnerships between MCH, Head Start Programs and Divisions of Oral Health for Pacific Jurisdictions.
- Share ideas, best practices, and collaborative solutions to oral health problems among young children in the Pacific Jurisdictions.
- Identify strategies and the key roles of stakeholders and other entities for action.
- Develop strategic action plans specific to each participating jurisdiction in the form of model Early Head Start Dental Programs and to strengthen current Head Start dental programs.

II. Background

There are eight Head Start grantees/programs for the nine U.S. affiliated Pacific territories (“jurisdictions”) throughout the Pacific. These jurisdictions include Guam, Commonwealth of the Northern Mariana Islands, Republic of Palau, Republic of Marshall Islands, American Samoa, and the four Federated States of Micronesia (Pohnpei, Kosrae, Yap and Chuuk). Pohnpei administers Kosrae’s Head Start Program.

With the exception of Guam, nearly all oral health programs and services are delivered through a public delivery system consisting of government-operated hospitals, Public Health (PH) facilities, Community Health Centers (CHCs) and dispensaries. However, some jurisdictions have Head Start dental clinics and providers who exclusively treat Head Start students. Oral health departments are widely varied with regards to infrastructure, programs, capacity and human resources, but all are faced with a growing epidemic of Early Childhood Caries (ECC) in young children, most of whom attend Head Start.

The Regional Meeting (summit) of Dental Directors/Chiefs for the Pacific, held in Palau in December 2001, galvanized the need for aggressive action to address the problem of ECC. This meeting resulted in the formation of the Pacific Basin Dental Association (PBDA) to represent Dental Directors/Chiefs for the Pacific jurisdictions and ECC prevention has become a top priority. The University of Washington has also been trying to address the Pacific problem of ECC through the Pacific Islands Continuing Clinical Medical Education Program. The oral health component to the program focuses on strengthening dental programs specifically in the area of ECC. Surveillance data and reporting done by the university indicates that nearly all Pacific children become afflicted with ECC. As

it is apparent that effective prevention of ECC must occur very early in the life cycle, even before birth and in very early childhood, collaboration must occur with partners such as Primary Care, Maternal Child Health (MCH) and others to successfully address the problem.

In addition to developing Early Head Start (EHS) and MCH dental programs, current Head Start dental programs in Pacific jurisdictions require strengthening. Agreements between Head Start programs and Ministries of Health have existed in attempt to meet Head Start performance standards in oral health, but most are minimally followed and progress reported out by HS grantees is inaccurate. The epidemic of caries and minimal resources of dental departments to provide necessary treatment is the reason for failure to meet the curative related standards. Preventive Head Start performance standards also need careful review, elaboration and improvement to become more appropriate for the very high-risk Pacific populations. Earlier prevention is also needed since most children are already afflicted with ECC by the time they enter Head Start.

III. Forum Planning Process:

The Pacific Basin Dental Association, in consultation with the University of Washington faculty and the Region IX Dental Consultant, did initial planning for this forum. Stakeholders from Palau, Pohnpei, and American Samoa met at the Regional Head Start Forum in Oakland, California in June 2002. It was agreed that a follow-up forum was necessary to share ideas, best practices and resources (consultants) as a group and to develop action plans relating to HS and EHS at the territory and jurisdiction level.

At the suggestion of the University of Washington, it was agreed that a pre-forum activity for Pohnpei was required to improve their capacity prior to the forum. This activity would be in the form of conducting an on-site visit to observe the administration of the Palau ECC Prevention Program. With this, in consultation with Region IX, local MCH Administrators, Head Start programs, the Hawai'i Department of Health and the University of Washington, PBDA requested funding from Association of State and Territorial Dental Directors (ASTDD) to hold a forum. PBDA sent out invitations (Appendix F) to recommended participants upon notification of funding. Other Pacific jurisdictions (Yap, Chuuk, CNMI and Guam) did not respond to communication regarding a possible forum. The Marshall Islands strongly supported a forum, but felt that one specific only to RMI was more appropriate at this time.

One barrier to the planning process was that there was little response from the regional Head Start Office regarding a technical assistance consultant or to discuss issues relating to Head Start.

IV. Pre-forum activities

Dr. Marcelle Galen, Dental Chief for Pohnpei State participated at a site visit to Palau on October 14-18, 2002 to observe best practices and the administration of the Palau ECC Prevention Program. Besides directly observing the program during MCH clinics, Dr. Galen held discussions with the Dental Chief, Head Start Dental Coordinator, MCH Administrator and the Program Manager for the Palau ECC Prevention Program. Forms, surveillance instruments, educational and promotional materials used in Palau were collected by Dr. Galen so she may adapt some of them to Pohnpei.

V. Forum Participants

Thirty-five participants from MCH, Head Start and Dental Divisions attended the forum in Kolonia, Pohnpei--26 from Pohnpei, three from American Samoa, two from Kosrae, two from Palau, one from Hawai`i and one from University of Washington. A Head Start technical assistance consultant was requested, but not available.

VI. Forum Activities

Pacific Islands Health Officers Association President and Secretary of Health, Education and Social Affairs for Federated States of Micronesia, Dr. Eliuel Pretrick, officially opened the forum with warm welcoming remarks. This was followed by remarks from Dr. Marcelle Galen, Pohnpei Dental Chief; Dr. Simao Nanpei, Pohnpei State Director of Health Services; and Ms. Fasi Jimmy, Executive Director of Pohnpei Head Start. Ms. Jimmy noted that the problem of ECC as been in Pohnpei for at least twenty years and she is very supportive of trying to see what can be done to improve things.

Dr. Keith Larson, President of PBDA, provided a forum overview and conference goals. Dr. Larson reminded participants that ECC is the number one health problem among Head Start children and it causes a lot of pain and suffering. He also noted that it was time to improve collaboration to address the problem now. It was stressed that each attending jurisdiction would develop strategic plans and would be able to implement them immediately following the forum. The forum should not be the end of the planning process. Head Start plays a critical role in the prevention of ECC, as Head Start is already in the community and works with

families everyday. Head Start is experienced at teaching both parents and children and has a good record of accomplishment at doing this. MCH plays a key role in the prevention of ECC as they serve the populations of focus and are in an ideal position to intervene with mothers and their children.

Dr. Peter Milgrom of the University of Washington gave a presentation, “**Early Primary Prevention of Caries--Collaborative Approach**”. He states Head Start has resources for oral health but is working separately from other agencies. In the best interest of the children, Head Start must not work alone. Because current practices are not working e.g. fluoride supplements are dispensed to children at school but caries rates are still high (99% kids in Head Start have tooth decay), the problem must be addressed differently.

Decay is an infectious disease and the mother is usually the primary source of infection. Infectious bacteria are transmitted from mother to child prior to tooth eruption and can also be transferred between children at school. The end result of this transmission is baby bottle tooth decay or early childhood caries.

Diet and Dental Caries: Every time a child eats snacks containing sugar, teeth are attacked by acid. This acid formation is especially damaging before bedtime because the body produces little saliva during the night. Frequent snacking is a major factor contributing to tooth damage. Practices recommended are: do not fill bottle with sugar-containing product, do not use during sleep times, encourage cup use at 6-8 months, limit sweet and starchy snack foods to meal time, and rinse with water and clean the teeth after meals. Dr. Milgrom encouraged participants to preserve their culture--specifically, against the invasion of outside, western foods.

Hygiene: Hygiene (cleaning children's mouth) should start very early in life. This is not the standard practice in the Pacific and can make a big difference. Fluoridated toothpaste should be used when brushing and parents and teachers need to help children clean their teeth until they are out of Head Start.

Head Start teachers should:

- During home visits, teach parents to look at children's teeth. Caries are subsurface lesions until a hole forms.
- Provide dietary and oral hygiene guidance to parents--children at a young age don't have the required manual dexterity. Parents need to be shown how to provide assistance in oral hygiene and then need to assist the student as well as siblings at home. The teacher or aide must provide assistance at school.
- Purchase fluoride toothpaste and toothbrushes using the Head Start budget and distribute them for home and school use. If fluoride toothpaste is used on teeth everyday, subsurface lesions can be arrested before holes form. If a hole (caries) has already formed, the

fluoride toothpaste will prevent the caries from enlarging. Look for these lesions at the gum line.

- Dispense chewable fluoride tablets. Fluoride reduces enamel softness, promotes repair of teeth and the more it's used, the better it works. Supplements work best if slowly dissolved in the mouth on teeth that are erupting without holes. Supplements are required under Head Start performance standards and should also be used starting at age 6 months.
- Fluoride Varnish is safe and more effective than toothpaste or tablets. Each 10 cc tube of varnish allows 40-80 applications. Apply the varnish with a brush and give the child water because it sets the varnish. This could become a performance measure for Head Start Dental Programs and should already be a part of MCH Dental Programs. Head Start teachers can be taught how to apply fluoride varnish.
- Provide xylitol ("diabetic sugar") snacks to children at school. Xylitol prevents decay and ear infections. Possible delivery mode: xylitol sweetened gummi bears. Dr. Milgrom can provide information on vendors for this.

Summary: Head Start must play a bigger role in children's oral health by sharing resources, educating families during home visits (contact with younger siblings is important), paying attention to diet and frequent snacking, and using fluoride toothpaste, fluoride supplements, fluoride varnish, and possibly providing snacks which are sweetened with xylitol.

After introductions of participants, **Head Start performance standards and application for EHS** was discussed. Although there was no technical assistance from the regional HS office, this discussion was held with the assistance of participating HS Executive Directors from American Samoa and Pohnpei. If jurisdictions are interested in applying for EHS, it was recommended that an oral health prevention program be included in the application. The strategic plans developed during this forum can be folded into the EHS applications. If funding is limited or if it is difficult to take on an entire program, perhaps EHS focusing on oral health or overall health is possible. Dr. Milgrom may be able to provide assistance with this for grant writing. PBDA also can provide assistance with this. The regional HS Office has advised that PBDA may apply on behalf of one or more jurisdictions. Further discussions with the regional HS Office are required.

“MCH Oral Health Best Practices” was discussed by Dr. Karen Hu of the Hawai'i Department of Health, Dental Health Division. Summaries of current and best MCH oral health practices from jurisdictions were reviewed. These were obtained by sending out pre-forum questionnaires to dental chiefs to complete and return before the forum. (Appendix A) Some **best practices** include:

- Dental staff providing preventive oral health services for pregnant women, new mothers and their children “on-site” in MCH clinics.
- Non-dental staff (nurses) providing preventive oral health services for the MCH population (counseling, varnish applications, etc.).
- Fluoride varnish applications at all immunization visits.
- Non-profit organizations assisting with program (e.g. Rotary Clubs) funding.
- Ongoing mass media campaign.
- MCH policies on oral health.
- MCH “oral health card” used like an immunization card.

Barriers that need to be addressed include:

- **Disconnect between MCH and the dental clinic.** Both mothers and children are afraid to come to dental clinics.
 - Possible solutions: Having dental staff “on-site” in more child friendly MCH clinics to provide counseling, exams and varnish applications or having “non-dental” staff (MCH nurses, dispensary nurses, health assistants etc.) trained to provide these types of services. “Referring is less ideal, as inevitably many will not show at dental clinic.”
- **Minimal funding:** Dental departments have little funding. Head Start Dental Programs have no control over budget.
 - Possible solutions: A possible resource for funding assistance may include service or philanthropic organizations such the Rotary Club or the legislators association. Head Start, MCH and Dental Departments must share resources since they have common goals. MCH block grants may be a source. CHC grants are also potential sources.
- **Surveillance:** There is a lack of a surveillance or evaluation instrument for and among jurisdictions. In addition, reports submitted by Head Start are different from what is reported by MCH and dental.
 - Possible solutions and best practices: HS Executive Directors suggest ensuring that MCH and Dental are fully represented and participate in the Health Advisory Committee to help reduce discrepancies.
- **Manpower shortage:** There are not enough staff working in prevention.
 - Possible solutions and best practices : Discussion reveals that additional staffing may be available, but they are being used for clinical care (seeing walk-in patients). Reprioritizing staffing may alleviate this (i.e. reduce staffing in clinical care and assign them to prevention) which is more cost effective in the end.

The remainder of Day One was devoted to breaking out into four groups by jurisdiction. **Collaborative strategic planning for EHS and MCH dental programs** was accomplished and final plans were submitted to facilitators by the end of the session. The key objectives for this session were: 1) Identifying gaps, 2) identifying solutions, 3) committing resources and 4) developing plans.

Day Two commenced with each jurisdiction presenting the EHS/MCH strategic plans developed on the first day. The purpose of this was to share information and possible best practices that were being planned. Additional time was needed to further develop these plans, so the groups decided to breakout again until lunch to determine the timeline, accountability and prioritization for the EHS dental plans.

Drs. Larson and Hu facilitated **strategic planning to improve HS dental programs**. All participants were asked to review the Pre-forum Questionnaire Summary for HS Dental Programs (Appendix B). A noted key best practice was having dental representation on the HS Policy Council in Pohnpei. An additional practice used in American Samoa was a Head Start Dental Clinic built by Head Start. Most Head Start Dental Programs were trying to follow the standard Head Start Performance Standards (fluoride, brushing, parent training). As Dr. Milgrom emphasized earlier, “the problem must be addressed differently”, so the participants broke into groups to plan with this theme in mind. The same type of process was used as in earlier breakout sessions with emphasis on finding creative solutions to help overcome some of the barriers faced. This planning concluded the conference.

VII. Acknowledgments

This forum was made possible with the kind assistance and support of ASTDD, MCHB, HRSA and PBDA. Local arrangements provided by the Pohnpei Department of Health and Pohnpei Head Start is greatly appreciated, while the warm island hospitality of the Pohnpeian delegation will not be forgotten. A special thanks goes to Dr. Peter Milgrom, Dr. Karen Hu and Dr. Reginald Louie for their invaluable assistance and advice in making the forum a success.

Pre-forum Questionnaire Summary for EHS/MCH

Jurisdiction	Activities/Policies/Practices	Evaluation
	<u>Preventive oral health services targeting pregnant and new mothers (including curative services for pregnant women and new mothers)</u>	
Palau	Free oral exams for pregnant women in MCH clinic (use portable chair) Free dental treatment for pregnant women Prenatal OH counseling policy	Service provided for 100% Service offered to 100% HMHB survey Policy maintained
Pohnpei	MCH staff refer pregnant women to dental clinic for exams and appointments are given for treatment if required.	Keep referral slips/ log book-tracking needs improvement No clear evaluation
American Samoa	Oral health counseling given in prenatal MCH clinics, referral to dentist for problems that require a dentists attention	
Kosrae	Prenatal patients referred to dental clinic for exam/treatment	New program--some mothers "no show" after initial screening
	<u>Preventive oral health services targeting children (ages 0-3 years)</u>	
Palau	Fluoride varnish applications in all MCH clinics (12,18,24,36 months). Non-dental professionals trained in OH and applying varnish etc. Early Screening in MCH clinics (starting 18 months). OH counseling policy at all immunization visits.	Health Information system %trained % screened & ongoing survey Policy maintained
Pohnpei	WBC fluoride varnish applications just starting, early OH counseling and dental screening (done by referral to dental clinic, not in MCH).	Log book
American Samoa	Fluoride varnish applications in Day Care	No evaluation at this

Kosrae	Centers (just started) MCH nurses conducting screening and giving fluoride tablets in well-baby clinics. Fluoride varnish for all children 0-3 at Well Baby (6 month intervals) Other: (planning process, council activity, capacity building etc.)	time.
Palau	National OH Improvement Plan targeting mothers and their children formally adopted as a part of the 5 year MCH Strategic Plan (input from variety of people). Training non-dental health professionals. PICCEP	Plan implemented # Training sessions
Pohnpei	Rotary club support for fluoride varnish. Dental Rep on HS Policy Council. Dental Director participated in planning forum to Oakland and observation of Palau program. HS/EHS reviewers provided verbal support to emphasize prevention. PICCEP	
American Samoa	Ongoing program planning process Fluoride varnish application program for EHS only recently started and 2 full time dental staff are permanently committed and assigned to implement this program.	
Kosrae	Nothing else	

A. Oral health surveillance methods for MCH or EHS:

Palau: Encounter data, ongoing basic screening survey (18 months-3 years), Healthy Mothers Healthy Babies Survey (all by dental department).

Pohnpei: None

American Samoa: Routine screening. Evaluation of programs are good, but evaluation for results are still not satisfactory.

Kosrae: Basic screening survey (% with active decay, % history of decay, % with ECC, % with urgent needs).

B. Major challenges related to MCH/EHS dental programs (funding, staffing, resources):

Palau:

Funding and linking OH education/promotion to general PH promotion (fragmented programs).

No staff to provide health education/promotion to community.

Staff not highly motivated to provide education/promotion.

Difficult to reach parents in rural areas.

HS Dental Coordinator has limited time to focus on early prevention (need more staff) and has no control over budget (funds are moved from dental account).

Pohnpei:

Need space at MCH clinic to provide preventive services.

Pregnant women and children do not come to dental clinic for follow-up varnish, exams, etc. (many are afraid).

HS Dental Nurses mostly focused on treatment rather than prevention.

Only Dental Nurses applying varnish and only at the dental clinic (should be done by other people and at other locations).

Lack of preventive supplies.

American Samoa:

Accessibility and coverage of all EHS clients is a problem (transportation).

Staff shortage.

Kosrae:

Short of staff.

Very short of supplies (including fluoride varnish), requests for supplies have yielded very little.

Pre-forum Questionnaire Summary for Head Start Dental Programs

Jurisdiction	Activities/Policies/Practices	Evaluation
	<p><u>Head Start Preventive</u></p> <p><u>Classroom:</u></p>	
Palau	Daily fluoride, daily brushing, OH curriculum	Teacher reports
Pohnpei	Daily fluoride, daily brushing	
American Samoa	Classroom activities/fluoride?	
Kosrae	Dental nurse gives dental health education to students 2-3 times per year	Good but, no reinforcement
	<p><u>Teachers/Families/Community</u></p>	
Palau	Yearly parents training, teacher training	# Trainings
Pohnpei	Parents/teachers workshops includes dental health education	Simple questions to test their knowledge
American Samoa	Teachers and families (parents) have meetings with the ECE Nurse	
Kosrae	None	
	<p><u>Head Start Access/Screening/Treatment</u></p>	
Palau	Screening at centers, referred to preventive clinic for treatment by hospital employees.	Tracked by HS, never close to completing treatment (decay too high)
Pohnpei	Head Start dental nurses visit all centers for screening and treatment (refer to hospital when equipment is broken).	
American Samoa	Clients are brought into clinic for screening, curative and preventive treatment. HS has a dental clinic specifically for HS and EHS clients.	
Kosrae	HS students screened at the beginning of the year and brought to clinic on a weekly basis	Unable to complete treatment

	until the end of the year	
	Other (capacity building, council activity, policy)	
Palau	Not much	
Pohnpei	Planning to implement fluoride varnish program and sealant program for kids with erupted 1 st molars. Dental is a part of HS advisory committee	
American Samoa	Nothing	
Kosrae	Nothing	

A. Oral health surveillance methods for Head Start:

Palau:

Head Start tracks screening/treatment, but their data is different than dental department's data. Surveys every 2 years (to start BSS next year) by dental department.

Pohnpei:

Head Start tracks treatment performance measures.

American Samoa:

Head Start dentist tracks screening, curative and preventive treatment. ECE nurse also screen HS clients.

Kosrae:

BSS, % with active decay, history of decay, ECC and urgent needs.

B. Major challenges affecting your Head Start dental programs: (funding, staffing, resources):

Palau:

Not enough dental staff to provide dental treatment (decay rates are too high).
Need help buying supplies.
HS Dental Coordinator has minimal time to concentrate on prevention.

Pohnpei:

Vendor problems (not paid in time).
Broken dental equipment prevents treatment.
Not enough supplies.
Transportation for Head Start team (The rest of HS does not include them on trips to schools).

American Samoa:

Very high decay rates.

Health education for parents needs to be a priority.

Kosrae:

Short of staff.

No supplies.

PALAU EHS/MCH STRATEGIC PLAN

Preventive OH Services Targeting Pregnant and New Mothers Curative Services for Pregnant and New Mothers	Evaluation/Surveillance
Improve High School Dental Program <ul style="list-style-type: none"> • Meeting with School Health Nurse & principal • Look into “on-site” dental treatment • Establish education/promotion program in school 	Meeting held by January 30, 2003 Service provided on-site Program piloted for freshmen this year and fully next year
Request consultant for HMHB (PRAMS) survey analysis and improving tracking of oral health services for pregnant women (if they follow up with needed care). Source CDC grant funds	Consultant requested and utilized--Larson to ask CDC by December 2003
Develop policy on following-up pregnant women (whether or not they received needed care) <ul style="list-style-type: none"> • Follow-up phone call for those missing appointments • Schedule dental appointments the same day as prenatal medical appointments 	Policy made and followed by February 1, 2003
Provide input to MOH Prenatal Policies and Procedures which are being developed by MCH/Family Health Unit	Policies and procedures include prenatal oral health component. MCH coordinator to finalize by December (implement by February 2003)
Preventive Oral Health Services Targeting Children Ages 0- 3 years	Evaluation/Surveillance
Establish feasibility of establishing a pilot xylitol program for children ages 6-24 months. <ul style="list-style-type: none"> • Meeting with Pediatrician, Clinical Director, Director of PH, Primary Care Chief, MCH Coordinator, MCH Administrator and Dental Staff • Gather background info on xylitol • Develop plan for xylitol pilot program 	Meeting held by February 15, 2003 Info gathered by February 15, 2003 Plan developed by February 28, 2003 Completed
Request fluoride varnish from Head Start	Varnish requested/received (discuss at post forum meeting in February 2003)--Larson
Request additional staffing from Head Start to focus on primary prevention on children age 0-3 years and their parents.	Staff hired
Oral Health Education and Promotion for Parents, Families and Community	Evaluation/Surveillance
Partner with Head Start to help with: <ul style="list-style-type: none"> • Educational video • Radio show to discuss oral health • Family visits for education • Translation and printing of pamphlets to Palauan language 	Materials developed and utilized. Post forum meeting to be held in February 2003 to discuss.

<ul style="list-style-type: none"> • Translation and printing of posters in Palauan language. • Develop oral health presentations which can be used by HS teachers or HS staff to teach parents. • Developing flip charts for educating parents. 	
HS staff to provide home visits to all parents of students to do assessments and education and promotion (teach parents why and how to brush their children's teeth, examine their children's teeth, healthy diet etc.)	Post forum meeting in February 2003 to discuss. Staff hired and activity complete every year
HS staff to provide oral health training for parents in village Head Starts.	Staff hired and regular training held by June 2004 (HS dental coordinator).
HS to purchase toothbrushes and paste for parents to brush their children's teeth at home.	Supplies purchased, promoted and used (ask at post forum meeting)
Other: Planning Process, Council Activity, Capacity Building	Evaluation/Surveillance
<p>Training in preventive oral health (including varnish application) for:</p> <ul style="list-style-type: none"> • Prenatal class instructors • Parenting class instructors • Day care staff • Head Start teachers & parents • Dispensary nurses (for decentralization) • MCH nurses • Dental staff (refresher course) 	Training complete by May (Larson & Dreng)
<p>Follow current and past dental plans which was submitted as a part of the Federal HS application:</p> <ul style="list-style-type: none"> • Improve nutritional assessment for families (not just filling a form) with 1:1 interview or home visits • Improve nutritional education for families (not just once per year in large group) with 1:1 education • Improve oral hygiene education for parents in their homes. Promote brushing and fluoridated toothpaste to be used at home. 	<p>Meeting with HS advisory committee and HS Director regarding following current plan more closely (January 2003 post forum meeting).</p> <p>Nutritional assessment and education for families more individualized. (January 2003 post forum meeting with HS)</p> <p>Regular training for parents</p>
Submit this plan to become a part of the Head Start Quality Improvement Plan and/or a part of the EHS Application	Plan submitted in February 2003
Correspond with Regional HS office re application to EHS BY PBDA	
Establish Family Health Day (includes oral health) and partner with Head Start for this.	MCH staff to discuss in February 2003

PALAU HEAD START STRATEGIC PLAN

Head Start Preventive	Evaluation/Surveillance
<p>Classroom:</p> <p>Establish HS policy (performance measure) of 3 fluoride varnish applications per year. Produce educational video aimed at HS children. Have policy for teachers to actually do brushing for children everyday. Look into feasibility of xylitol gummy worms to be used daily in HS centers and pilot in 2 HS centers. Produce educational posters for classroom use.</p>	<p>Policy established</p> <p>Video created Policy established</p> <p>Program initiated by October 2003 Posters created</p>
<p>Teachers/Families/Community:</p> <p>HS Dental Coordinator will train all teachers on oral health (brushing, fluoride, xylitol, varnish application, lifting the lip) including hands on training. HS will do home visits to all families of HS to discuss health and to counsel on health issues (including oral health). HS Dental Coordinator or HS staff will give parent training on oral health at all centers at least once per year. HS will purchase fluoridated toothpaste and brushes for kids to use at home.</p>	<p>Training complete and teachers able to provide the service.</p> <p>Home visits complete (at least once per year) Training complete (yearly)</p> <p>Toothpaste/brushes distributed</p>
Head Start Access/Screening Treatment	Evaluation/Surveillance
<p>HS will assist with purchase of restorative supplies. HS will arrange screening early in the school year for all schools.</p>	<p>Supplies purchased Screening completed within 90 days</p>
Other: Capacity Building, Council Activity, Policy	Evaluation/Surveillance
<p>Develop a MOU between Head Start and the Ministry of Health to include components of this strategic plan</p>	<p>MOU developed</p>

POHNPEI EHS/MCH STRATEGIC PLAN

Preventive OH Services Targeting Pregnant and New Mothers Curative Services for Pregnant and New Mothers	Evaluation/Surveillance
<p>Educate pregnant mothers during 1st prenatal visit on the importance of oral health and that she can affect her child's oral health.</p> <ul style="list-style-type: none"> • Encourage fathers to come to prenatal visits. • Provide mother with information on regular tooth brushing and flossing. <p>Responsible: MCH Coordinator & Dental Chief, MCH Nurse will do education Implementation: November, 2002 Resources: Dental and MCH</p>	Ongoing--Tuesdays and Wednesdays
<p>MCH will refer pregnant women and new mothers to dental clinic for regular dental check up and treatment.</p> <ul style="list-style-type: none"> • Improve MCH referral procedure for dental checkup. • Encourage pregnant woman to comply with schedule of dental visits. <p>Responsible: MCH Coordinator, MCH Dental Nurse Implementation: Resources:</p>	Feedback (Dental-MCH) & improved communication
<p>Develop policy for education on OH and services through memorandum of understanding between MCH and Dental.</p> <p>Responsible: Chief of Dental Services Implementation: Resources:</p>	MOU complete
Preventive Oral Health Services Targeting Children Ages 0-3 years	Evaluation/Surveillance
<p>Collaborate with special education staff during their well-baby clinic, check-me-out and immunization visits.</p> <ul style="list-style-type: none"> • Plan: Introduction of this issue to IAC Council, meet with private sector, meet with Directors of Education and Health Services. • Memorandum of Understanding needed among agencies. <p>Responsible: Disability Specialist and Dental Aide Implementation: June 2003 Resources: MCH, Education, Dental</p>	Meetings held, MOU developed Preventive OH becomes a part of the Special Ed Program.
<p>Include a dental nurse in the MCH team.</p> <p>Responsible: Chief of Dental Services Implementation: Resources:</p>	Dental Nurse becomes a part of MCH staff
<p>Issue vitamins with fluoride to all children coming for well-baby clinic and immunization.</p> <p>Responsible: Well baby clinic nurse Implementation: Resources:</p>	Log book

Oral Health Education and Promotion for Parents, Families and Community	Evaluation/Surveillance
<p>Provide oral health education</p> <p>Conduct workshops in oral health for teachers and community groups e.g. parent, youth and women organizations, Sunday School. Responsible: Chief of Dental Services Implementation: Resources:</p> <p>Include one dental nurse in immunization field visits (Out in villages 3x/week) with MCH team. Responsible: Chief of Dental Services Implementation: Resources:</p> <p>Train teachers in oral health education. Responsible: Chief of Dental Services Implementation: Resources:</p>	<p>Workshops held</p> <p>Dental nurse included on all field visits</p> <p>Chief holds training</p>
<p>Develop a media campaign targeting families for PH awareness (focus on prevention)</p> <ul style="list-style-type: none"> • Set up radio conference with specialized personnel or • TV interviews of mothers who have complied with required dental visits. <p>Responsible: Dental Chief and HS Implementation: Resources:</p>	<p>Campaign developed Knowledge surveys</p>
<p>Form a parent task force on oral health education and to negotiate with service agencies (interagency for implementation of OH on the community level). Meet with local chiefs, councilmen, community leaders. Responsible: Dental Chief and HS Implementation: Resources:</p>	<p>Task force established</p>
Other: Planning, Council Activity, Capacity Building	Evaluation/Surveillance
<p>Develop a policy for dental health (like immunization certificate).</p> <ul style="list-style-type: none"> • Develop an interagency requirement outlining responsibilities regarding oral health. <p>Responsible: Chief of Dental Services Implementation: Resources:</p>	<p>Policy developed</p>
<p>Plan Dental Health Day Responsible: Chief of Dental Services / MCH Implementation: Resources:</p>	<p>Meetings held to discuss and plan Dental Health Day occurs</p>
<p>Develop school involvement in oral health</p>	<p>Certificate required</p>

<ul style="list-style-type: none"> • Dental certificate Responsible: Chief of Dental Services Implementation: Resources: • Include oral health in HS curriculum Responsible: Education Specialist Implementation: Resources: • Have a room in each elementary schools designated for dental treatment Responsible: Chief of Dental Services / Department of Education Implementation: Resources: Directors of Health and Education, Dental Chief 	<p>Oral Health in curriculum</p> <p>Rooms designated</p>
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POHNPEI HEAD START STRATEGIC PLAN

Head Start Preventive	Evaluation/Surveillance
<p>Classroom:</p> <p>Distribute oral fluoride tablets. Responsible: Chief of Dental Services Implementation: Resources:</p> <p>Apply fluoride varnish quarterly Responsible: Chief of Dental Services Implementation: Resources:</p> <p>Give children xylitol gum after snack. Responsible: Chief of Dental Services Implementation: Resources:</p> <p>Provide clarification on oral health curriculum Responsible: HS Education Specialist Implementation: School Year 2003-2004 Resources:</p> <p>Provide toothbrushing instructions using toothpaste (send brush home, brush using a timer). Responsible: Chief of Dental Services Implementation: Resources:</p> <p>Develop poster reflecting good teeth Responsible: Implementation: Resources:</p>	<p>Develop form for tracking. Responsible: Chief of Dental Services</p> <p>BSS</p>
<p>Teachers/Families/Community:</p> <p>Provide oral health instruction</p> <ul style="list-style-type: none"> • Provided by teachers Include oral health information in parent-teacher conference. Teachers need pre-service training Dental nurse gives teacher and parents annual training • Provided during home visits by _____ Responsible: Implementation: Resources: • Presented during parent orientation at beginning of school year. 	

<p>Responsible: Implementation: Resources:</p> <p>Organize task force among current parents and service agencies each school year. Responsible: Chief of Dental Services Implementation Resources:</p>	<p>Task force formed</p>
Head Start Access/Screening Treatment	Evaluation/Surveillance
<p>HS dental nurses will visit all centers for screening. Responsible: Chief of Dental Services Implementation: Resources:</p> <p>HS dental nurse will refer patients to dental clinic for preventive and restorative treatment. Responsible: Chief of Dental Services Implementation: Resources:</p> <p>Develop dental nurse's referral procedure for treatment of complicated cases (e.g. behavioral or medical management) by dentist at the dental clinic. Responsible: Chief of Dental Services Implementation: Resources:</p>	<p>Protocol established</p>
Other: Capacity Building, Council Activity, Policy	Evaluation/Surveillance
<p>Plan and construct a dental building in the municipalities. Responsible: Chief of Dental Services and HS Director Implementation: Resources:</p>	<p>Meetings held with stakeholders to discuss</p>

KOSRAE EHS/MCH STRATEGIC PLAN

Preventive OH Services Targeting Pregnant and New Mothers Curative services for Pregnant and New Mothers	Evaluation/Surveillance
Preventive Oral Health Services Targeting Children Ages 0- 3 yrs	Evaluation/Surveillance
<p>Purchase fluoride varnish and glass ionomer restorative material for alternate restorative technique. Responsible: Chief, Dental Division Implementation: Resources: HS to purchase varnish and glass ionomer restorative materials.</p> <p>Apply fluoride varnish during well baby and immunizations visits. _____ will apply varnish. Responsible: Chief, Dental Division Implementation: February 2003 Materials: supplied by legislators association</p>	<p>Supplies purchased</p> <p>Varnish application will become a regular part of immunization visits.</p>
Oral Health Education/Promotion for Parents, Families and Community	Evaluation/Surveillance
Other: Planning Process, Council Activity, Capacity Building	Evaluation/Surveillance

KOSRAE HEAD START STRATEGIC PLAN

Head Start Preventive	Evaluation/Surveillance
<p>Classroom:</p> <p>Dental nurse will increase the number of classroom visits, teaching the importance of brushing. Responsible: Implementation: Resources:</p> <p>HS staff will apply fluoride varnish at least every 3 months. Responsible: Implementation: Resources:</p> <p>HS staff will do tooth brushing for students. Responsible: Implementation: Resources:</p>	<p>Oral hygiene improved. (BSS)</p> <p>Caries rate decreased. (BSS)</p> <p>Teeth will have less plaque. (BSS)</p>
<p>Teachers/Families/Communities:</p> <p>Provide community education within local church groups in various municipalities. Responsible: Chief, Dental Director Implementation: Resources:</p> <p>Dental staff member should attend quarterly parent meetings to provide oral health education. Responsible: Implementation: Resources:</p>	<p>Training sessions held</p> <p>Staff attends parents meetings and holds training</p>
Head Start Access and Screening Treatment	Evaluation/Surveillance
<p>Complete treatment plans by the end of the school year.</p> <ul style="list-style-type: none"> • Utilize Alternative Restorative Technique as necessary. <p>Responsible: Chief, Dental Division Implementation: Resources:</p>	<p>Treatment plan completed</p>
Other: Capacity Building, Council Activity, Policy	Evaluation/Surveillance
<p>Meet regularly with HS Coordinator to follow up on preventive measures being taken.</p> <p>Meet regularly with Pohnpei HS managers to discuss purchase of dental supplies requested. Responsible: Implementation: Resources:</p>	<p>Meetings, progress reports</p> <p>Meetings, supplies purchased</p>

AMERICAN SAMOA EHS/MCH STRATEGIC PLAN

Preventive OH Services Targeting Pregnant and New Mothers Curative Services for Pregnant and New Mothers	Evaluation/Surveillance
<p>MCH nurse or physician will refer all pregnant women to dentist in the dispensary's dental clinic on the first MCH visit.</p> <ul style="list-style-type: none"> Examination/screening, prophylaxis, palliative, and oral hygiene instructions will be provided at no cost on day of referral. <p>Responsible person: Chief of Dental Services Implementation: Resources:</p>	<p>Pregnant women referred to the dental clinic will receive dental care.</p>
<p>Comprehensive care will be provided at no cost to the pregnant woman/new mother.</p> <ul style="list-style-type: none"> If contraindications to treatment are noted, restorative treatment may involve alternative restorative techniques. Future dental appointments will be made on the same day as MCH visits. If a dental appointment is missed, the pregnant woman will have the opportunity to obtain dental work on the next scheduled MCH-dental appointment. Follow up calls will be made if appointments are missed. <p>Responsible: Chief of Dental Services Implementation: December 2002: Meet with Dental, dispensary dentists, MCH, and HS January 2003: Media awareness of plan February 2003: Implement Plan Resources:</p>	<p>Policy started</p>
Preventive Oral Health Services Targeting Children Ages 0-3 years	Evaluation/Surveillance
<p>Early Head Start Dentist will treat children in day care centers. Responsible: Chief of Dental Services Implementation: In place Resources:</p>	
<p>MCH nurse will refer children to the dental clinic.</p> <ul style="list-style-type: none"> Dental screening and treatment by dentist at dental clinic on same day of well-baby checks/immunization at the MCH clinic. Oral health education will be done at each visit. Definitive treatments such as prophylaxis, restorations, and fluoride varnish treatment, if appropriate, will be provided as needed. No fee for services. <p>Responsible: Dispensary Dentist Implementation:</p>	<p>Procedure followed Progress reports</p>

<p>December 2002: Meet with Dental, Dispensary Dentists, MCH, and HS January 2003: Media awareness of plan February 2003: Implement Plan Resources:</p>	
<p>Apply fluoride varnish to erupted teeth at least 2x/year. Responsible: Dispensary Dentist and Early Head Start Dentist Implementation: December 2002: Meet with Dental, Dispensary Dentists, MCH, and HS January 2003: Media awareness of plan February 2003: Implement Plan</p> <p>Consent form: Add question "Has your child received fluoride varnish in last 3 months?" Responsible: Chief or designee Implementation: Completion by November 2002 Resources:</p>	<p>100% of day care centers children will receive fluoride varnish by December 2003 100% of children treated by dispensary dentists will receive varnish application. Implementation February 2003</p> <p>Form developed and used</p>
<p>Distribute fluoride supplements to children. Responsible: Dentists (Dispensary and Early Head Start) Implementation: December 2002: Meet with Dental, Dispensary Dentists, MCH, and HS January 2003: Media awareness of plan February 2003: Implement Plan Resources:</p>	<p>Staff meetings</p>
Oral Health Education and Promotion for Parents, Families and Community	Evaluation/Surveillance
<p>Hire a full time oral health educator.</p> <ul style="list-style-type: none"> To develop, coordinate, and schedule media-related oral health education and information e.g. sealants, fluoride supplementation and varnish, etc. To teach teachers and other health professionals how to apply fluoride varnish. <p>Responsible: Implementation: Resources: MCH funds</p>	<p>Staff hired</p>
<p>Develop questionnaire to measure success of media campaign. Parents, patients, mothers to complete and react to media campaign. Will measure awareness as a result of media campaign.</p> <ul style="list-style-type: none"> Will measure awareness of oral health through increase/decrease in numbers seeking care. Radio call-ins to comment on media education. <p>Responsible: Implementation: Resources:</p>	<p>Questionnaire developed.</p>
<p>Organize and participate in Dental Health Month Responsible:</p>	<p>Dental Health Month established</p>

Implementation: Resources:	
Provide monthly in-service meetings for HS parents and caretakers. <ul style="list-style-type: none"> • Feature topics emphasizing oral health and prevention. 	HS will track attendance and report to dentist.
Other: Planning Process, Council Activity, Capacity Building	Evaluation/Surveillance

AMERICAN SAMOA HEAD START STRATEGIC PLAN

Head Start Preventive	Evaluation/Surveillance
<p>Classroom:</p> <p>Develop toothbrushing drills in schools. Responsible: Chief of Dental Service and School Program Dentists Implementation: February 2003 (Dental Health Month) Resources: School Health Insurance Program (SCHIP)</p> <p>Have one time per week fluoride rinse. Responsible: Chief of Dental Service and School Program Dentists Implementation: Next semester (2003) Resources: SCHIP</p> <p>Include dental health in school curriculum Responsible: Chief of Dental Service and DOE Health Coordinator Implementation: Meet with coordinator in January 2003 Resources:</p>	<p>Compare DMFT 1-2 years after the program was first introduced. Look at the caries prevalence data.</p> <p>Compare DMFT 1-2 years after the program was first introduced. Look at the caries prevalence data.</p>
Head Start Access and Screening Treatment	Evaluation/Surveillance
<p>Consolidate all community ECEs into one facility. Responsible: ECE Dentists (visits all centers for screening and treatment), Director of ECE Implementation: In progress Resources: DOE, EHS (ECE)</p>	<p>Compare number of students covered in this current practice to the previous practice of bussing children to the ECE center clinic. Compare number of treatment plans completed.</p>
Other: Capacity Building, Council Activity, Policy	Evaluation/Surveillance
<p>Make one room available in each school for dental treatment services. Responsible: Dental Chief, Education Department Implementation: Resources:</p> <p>Establish an advisory council or board Responsible: Dental Chief Implementation: Resources:</p> <p>Train teachers and parents to increase awareness Responsible: Dental Chief or designee Implementation: Resources:</p> <p>Provide continuing education for dental staff Responsible: Dental Chief or designee Implementation:</p>	<p>Compare # children treated, # treatment plans completed with #s during years children were bussed.</p> <p>Advisory council established</p> <p>Trainings occur</p> <p>Trainings occur</p>

<p>Resources:</p> <p>Work with DOE, ECE, and MCH. Responsible: Dental Chief Implementation: Resources:</p>	<p>Meet with these stakeholders to discuss collaboration to improve oral health</p>
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October 01, 2002

APPENDIX G

[Address]

Dear [Name]

I am pleased to announce that American Samoa, Pohnpei, Kosrae and Palau are to convene a Collaborative EHS/HS Oral Health Forum in Pohnpei later this year. You have been identified as a key stakeholder from your country to participate in this important forum.

The Forum will be held on **November 14-15, 2002 in Kolonia, Pohnpei.**

The Pacific Basin Dental Association with assistance from the Association of State and Territorial Dental Directors is organizing this forum. Participants will be composed of representatives from MCH, Head Start Programs, Regional Head Start Office, Oral Health Divisions, Hawaii Department of Health, and the University of Washington.

The objectives for the forum include:

- Developing model partnerships between MCH, Head Start Programs and Divisions of Oral Health for Pacific Jurisdictions
- Sharing ideas, best practices and collaborative solutions to oral health problems among young children in the Pacific Jurisdictions
- Identifying strategies and the key roles of stakeholders and other entities for action.
- Developing a strategic action plan specific to each participating jurisdiction in the form of model Early Head Start Dental Programs and to strengthen current Head Start Dental Programs

At your earliest convenience, please confirm your attendance with me as soon as possible so we may make necessary arrangements. Dr. Marcelle Galen (pnidds@mail.fm) is the local coordinator and once you confirm attendance she will arrange hotel accommodations. Transportation to and from the airport, venue and hotel will be provided. Please feel free to contact her if you have any other questions regarding local arrangements. Hope to see you in November!

Sincerely,

Keith Larson
President, Pacific Basin Dental Association
E-mail: dental@palaunet.com
Fax: 680 488-1211

Enclosures

Pacific Forum on Head Start & Oral Health

November 14-15, 2002

Kolonia, Pohnpei

Day One (Thursday, Nov. 14. 2002)

- 8:00-8:30 Opening Session and Welcome
Keith Larson *PBDA*
Marvelle Gallen *Chief, Dental Services, Pohnpei*
Simao Nanpei *State Director of Health Services, Pohnpei*
Elinel Pretrick *Secretary of Health, Education and Social Affairs, FSM*
Ms. Fasi Jimmy, *Executive Director of Pohnpei Head Start*
- 8:30-9:00 Forum Overview & Conference Goals
- 9:00-9:15 Participants introductions
- 9:15-10:00 “Early Primary Prevention of Caries-Collaborative Approach”
Peter Milgrom *University of Washington / PICCEP Project*
- 10:00-10:15 Break
- 10:30-11:15 Performance Standards for HS/EHS
Application for Early Head Start
Regional Head Start Technical Assistance Consultant
- 11:30-12:30 LUNCH
- 12:30-1:30 MCH Oral Health “Best Practices” for the Pacific & Open discussion
Karen Hu *Hawaii Department of Health/Dental Health Division*
- 1:45-4:00 Strategic Planning Session I (break-out by jurisdiction)
- Early Head Start (MCH) Dental Program Development
- Objectives: *Identify gaps
 *Identify solutions
 *Committing resources
 *Developing Plans
- 4:00-4:15 Next steps

Day Two (Friday, Nov. 15, 2002)

- 8:00-8:15 Housekeeping
- 8:15-9:15 Review of Strategic Planning Session I
Reports from each group (Palau, American Samoa, Pohnpei/Kosrae)
- 9:15-9:30 Break
- 9:30-10:30 Head Start “Best Practices” & open discussion
Karen Hu
- 10:30-11:30 Strategic Planning Session II (break-out by jurisdiction)
- Strengthening Head Start Dental Programs
- Objectives: *Identify gaps
*Identify solutions
*Committing resources
*Developing plans
- 11:30-12:30 LUNCH
- 12:30-2:00 Strategic Planning Session II continued
- 2:00-2:15 Break
- 2:15-3:00 Review of Session II
Reports from each group (Palau, American Samoa, Pohnpei/Kosrae)
- 3:00-3:30 Integrating plans into actual HS/EHS applications
Regional Head Start Technical Assistance Consultant
- 3:30-4:00 Next steps and closing

THANK YOU!!!

PARTICIPANT LIST

Appendix I

Pohnpei

- Rihna Alex
- Vensis Alphonz
- Salterson Alten
- Sterah Amaraich
- Paulina Andon
- Jayleen Anson
- Lucas Carlos
- Nolensner Charley
- Bilorendihna Edward
- Adelina Felix
- Dr. Marcelle Gallen
- Masalyn Gallen
- Elperyna Hadley
- Beauter Hainrick
- Hermine Henry
- Deruko Iehsi
- Adelihner Ioanis
- Elise Ioanis
- Nelsihda Jack
- Fasi Jimmy
- Eriko John
- Dabeia Jossein
- Elizabeth Miquel
- Kimiko Moses
- Marilist Ohsy
- Elnory Phillip
- Natalia Poll
- Josepha Rodriguez
- Sihter Santos
- Emerihda Shed
- Nelsihna Shelten

American Samoa

- Dr. Salamo Laumoli
- Dr. Leute Lopa
- Milaneta Tinitali

Palau

- Dr. Keith Larson
- Juaquina Uloenghong

Kosrae

- Dr. Kenneth Miklos
- George Tilfas

Hawai'i Department of Health Dental Health Division

- Dr. Karen Hu

University of Washington

- Dr. Peter Milgrom