

District of Columbia
Department of Health

**Oral Health Care for
Children with Special Health
Care Needs**

Action Plan

Table of Contents

Background	2
Barriers	2
The Forum Planning Process	2 – 4
CSHCN Oral Health Forum	4 – 5
Evaluation	5
Action Plan	6 – 16
1. Education	8 – 10
2. Financing and Reimbursement	10 – 12
3. Workforce Development	12 – 13
4. Accessibility and Care Coordination	13 – 14
5. Information Management	14 – 15
Appendices	17 – 24
A. Forum Participant List	18 – 20
B. Forum Agenda	21
C. Forum Registration Form	22
D. Forum Evaluation Form	23 – 24

Background

In the 2000 *Oral Health in America: A Report of the Surgeon General*, former Surgeon General David Satcher classified dental and oral diseases as a “silent epidemic”. While this statement indicates how much of a major problem oral disease poses to the average young child and adolescent, oral disease has unfortunately proven to have an even more negative effect on individuals with special health care needs.

Approximately 22% (or 118,680) of the District of Columbia’s (DC) population are children under the age of 18 years¹. Of these 118,680 children, approximately 13.8% are children with special health care needs (CSHCN), as compared with a national average of 12.8%. 24.4% of CSHCN in DC have conditions that affect their activities, while 18.4% miss at least 11 school days due to illness².

CSHCN oftentimes require a wide spectrum of services ranging from primary and preventative care to medical equipment and therapies. This need for health care services was especially highlighted in *The National Survey of Children with Special Health Care Needs Chartbook 2001*³. This survey indicated that at least 18% of CSHCN nationally reported that they needed at least one health care service that they were unable to obtain. The service that was most commonly reported as needed but not received was dental care. As in other populations, CSHCN with the lowest incomes as well as those that were uninsured, most often were unable to receive needed services. More than 8% of CSHCN overall needed dental services but did not receive them. Among low-income individuals, at least one-third reported that they needed at least one service but were unable to receive it (with dental care being the most common at 16%), while among uninsured children, at least 29% were lacking dental care they needed⁴.

Barriers

As indicated, there is a great need for dental services amongst CSHCN. In spite of this, there is not an existing infrastructure to provide these services. There is also no baseline data for identifying priority needs. The fact that so few dental providers accept Medicaid (and even fewer provide these services to special needs children) also proves to be a barrier.

The Forum Planning Process

The DC Department of Health (DOH), Oral Health Division was awarded funding by the Association of State and Territorial Dental Directors (ASTDD) in Fall 2006 to conduct an oral health forum and develop an action plan to address the oral health needs of children with special health care needs in the District of Columbia. The DC DOH, Oral Health Division and Children

¹The Kaiser Family Foundation, statehealthfacts.org. Data Source: Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2005 and 2006 Current Population Survey (CPS: Annual Social and Economic Supplements). <http://www.statehealthfacts.org/>

² U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. *The National Survey of Children with Special Health Care Needs Chartbook 2001*. Rockville, Maryland: U.S. Department of Health and Human Services, 2004.

³ Ibid ii

⁴ Ibid ii

with Special Health Care Needs Division assumed the lead in the planning and execution of this forum.

As previously mentioned, CSHCN oftentimes require a broad range of health care services to promote their development, maintain their abilities, and manage their conditions. In an attempt to address these and other problems the DC DOH solicited the input from a multi-organizational, multidisciplinary group of stakeholders in order to develop this Action Plan. This Action Plan is meant to be used to improve the oral health of CSHCN in Washington DC, by enhancing oral health prevention and education as well as increase access to oral health services.

In order to ensure that a meaningful action plan was developed from the generated recommendations and strategies two topics pertaining to the oral health of CSHCN were developed during the planning process prior to the forum. These two topics were then deliberated in facilitated discussions at the forum on May 22, 2007.

Planning Process

In an attempt to make this process efficient, while still ensuring that all stakeholders played an active role in the planning process, contact was made via a series of emails/telephone calls during the four months preceding the forum. The following table gives a brief description of the process.

	Purpose of Letter	Date Letter Sent	Response Due Date
1st Letter	<p>Participants were asked to indicate whether or not they were interested in being involved with all phases of this work group, planning process and also participating in the forum.</p> <p>A brief objective of the ASTDD grant, the forum’s purpose and the phases of the planning process were also outlined in this letter.</p>	2/6/2007	2/20/2007
2nd Letter	Once interested stakeholders/participants were identified and volunteered to act as a work-group member, they were asked to submit topics they believed should be addressed at the Oral Health Forum.	2/27/2007	3/13/2007
3rd Letter	<p>The many responses received as a result of the second contact, were narrowed to the four most popular topics, which were:</p> <ol style="list-style-type: none"> 1. Strategies for increasing access and improving the oral health system of care for CSHCN 2. Addressing barriers to oral health care to CSHCN 3. Strategies for promoting the oral health of CSHCN 4. Strategies to improve dental workforce serving CSHCN 	3/20/2007	4/3/2007

	Purpose of Letter	Date Letter Sent	Response Due Date
	These four topics were then sent to work-group members so that two could be selected to be discussed at the forum. Work-group members were also sent web links with additional information regarding CSHCN and oral health.		
4th Letter	The registration form with the two topics to be deliberated at the forum was sent. Work-group members were asked to indicate which of the sessions they wished to participate in during the forum.	4/10/2007	5/1/2007

2007 Children with Special Health Care Needs Oral Health Forum

The DC DOH, Oral Health Division in collaboration with the DC DOH Children with Special Health Care Needs Bureau hosted the Children with Special Health Care Needs (CSHCN) Oral Health Forum on Tuesday, May 22, 2007 in partnership with the following organizations:

- Association for State and Territorial Dental Directors
- The HSC Pediatric Center
- Hispanic Dental Association

This event was held from 8:30 am to 3:00 pm at the HSC Pediatric Center located at 1731 Bunker Hill Rd NE, Washington, DC 20017. The forum was attended by approximately 60 stakeholders who represented such organizations as DC Dental Society, Howard University, DC DOH, private dental practitioners, DC Public Schools and parents and community members to name a few.

The forum opened with a welcome and opening by Ms. Joyce Brooks, Chief, Children with Special Health Care Needs Bureau of the DC Department of Health and Dr. Oswald Cameron-Morales, President of the Hispanic Dental Association of the Washington Metropolitan Area. Dr. Emanuel Finn, Chief of the Oral Health Division presented on best practices in the coordination of oral health activities for CSHCN in states and territories as recognized by ASTDD. He also spoke on efforts that are currently being engaged in Washington DC of the oral health treatment of that subpopulation. Ms. Twana Dinnall provided an overview of the forum's objectives and data pertaining to the oral health status of CSHCN.

Prior to the forum, participants were asked to select one of two topics of interest which were:

- Strategies for increasing access and improving the oral health system of care for CSHCN
- Addressing barriers to oral health care for CSHCN

On the day of the forum participants were assigned to interdisciplinary groups based on one of the abovementioned topics they selected. The two groups were asked to react and comment on increasing access and improving the oral health system of care for CSHCN and barriers to oral health care of CSHCN in Washington, DC. This was followed by a facilitated discussion to determine recommendations and developing implementation strategies (based on the recommendations made).

To further clarify the purpose of the forum and to ensure that all parties were consistent in thought, participants were encouraged to consider the following:

- Recommendations included:
 - Unmet needs
 - Priorities
 - Identification and/or use of existing resources
 - Capacity of these resources to meet the needs
 - Ideas that are practical and include any political consequences
 - Timelines for proposed activities

- Key questions explored were:
 - Who will drive the effort (stakeholders)?
 - Who else can/should be enlisted as a partner?
 - What resources do they bring, and what limits do they set?
 - What funding and leadership resources have been identified?
 - What are the short & long term outcomes?

Evaluations

To ensure the continued success of future forums, each participant was asked to complete an evaluation form. Participants requiring continued dental education credits (which were sponsored by the Hispanic Dental Association) were required to complete an evaluation form. Of those who completed and returned an evaluation form, over 90% indicated strongly that they believed the overall quality of the forum was either “very good” or “good” and it met the stated objectives.

Action Plan

As previously mentioned, participants were separated into the following two topic groups:

- Strategies for increasing access & improving the oral health system of care for CSHCN
- Addressing barriers to oral health care for CSHCN

Both groups were asked to develop recommendations; and strategies for the implementation of recommendations.

Group 1: Strategies for Increasing Access and Improving the Oral Health System of Care for CSHCN

Forum participants developed a list of issues related to increasing access and improving the oral health system of care for CSHCN to including but not limited to the following:

- Transportation
- Lack of providers
- Financing
- Translation services & cultural competency of providers
- Facilities (location, equipment, room size, etc.)
- Oral Health Education (both parents and community)
- Time commitment
- Case management
- Preparation of dental practitioners (behavioral management/skills, cultural competence, interdisciplinary approach/education, etc.)
- Family centered care
- Service provisions
- Parent friendly language to enhance understanding of terminology
- Accessibility (appointment availability, etc.)
- Dental/medical home that is a “one stop shop”
- Electronic dental records
- Telemedicine
- System for consultants- state controlled reimbursement incentives

The group came to consensus to focus on the following five priority areas to develop recommendations and strategies:

1. Education (providers, families and the general public)
2. Financing and Reimbursement
3. Accessibility
4. Workforce Development
5. Care coordination and information management.

Group 2: Addressing Barriers to Oral Health Care for CSHCN

The second group developed a list of barriers that are encountered in accessing oral health care for CSHCN and developed strategies to overcome these challenges. Barriers discussed included:

- Marginal commitment by Families
- Difficulty finding specialist/providers/network
- Missed opportunities /layering of appointments within families
- Finances (low reimbursement rates, expensive fees for patients etc.)
- Lack of dental schools/students in Washington DC metro area
 - Currently there is only one dental school in Washington, DC (Howard University College of Dentistry) and one in Baltimore, MD (University of Maryland, College of Dentistry) which is approximately 45 miles away
- Lack of education of parents (understanding importance of oral health and keeping appointments)
- Lack of training of practitioners and other support office staff regarding proper way to sensitively interact with children with special needs and their guardians
- Parental fear (cultural, social, economic) and lack of support system
- Insufficient/inadequate facilities/physical plan (wheelchair, transportation ramp) seats for patients, physical plant)
- Transportation
- Communication between family & providers (dentist, family medicine, other providers)
- Continuity of care (insurance, dental, home, transitions)
- Immigration status (language)

From the abovementioned list the group decided to focus on the following top three barriers to develop recommendations and strategies:

1. Difficulty finding specialist/providers/networks
2. Lack of education for parents, providers and the general public
3. Financing

Due to the similarities in issues identified by Groups 1 and 2, the action plan to address the oral health needs of CSHCN will focus on the following recommendations and strategies which concentrate on:

1. Education
2. Financing and Reimbursement
3. Workforce Development
4. Accessibility and Care Coordination
5. Information Management

Workgroup members were encouraged to consider systems and policy changes and existing factors that may prevent any barriers from being addressed. As strategies were developed, workgroup members were asked to determine short and long-term goals, timelines (indicate proposed start dates for activities) and partners to involve in the process. Definitions of all acronyms used are provided on page 15.

1. Education

Recommendation 1A: *Increase knowledge and awareness of the importance of good oral health in Children with Special Health Care Needs*

Strategy	Activity	Timeline	Stakeholders
1. Institute a Citywide Public Information Campaign to make DC residents more aware of the importance of oral health amongst CSHCN & to publicize any available dental resources	Create a website on oral health for CSHCN and put on DOH website	March 2008	DOH Dental practitioners
	Identify/create fact sheets on dental health (especially pertaining to CSHCN)	December 2007	Parents Early childhood development specialists
	Distribute information at public sites (e.g. schools, churches, Medicaid offices etc.)	February 2008	Media
	Develop and distribute a directory of available oral health resources	September 2008	
2. Use best practices to develop	Develop checklist of questions on basic oral health for use at primary care visits	December 2007	DOH Dental school

Strategy	Activity	Timeline	Stakeholders
and implement inter-disciplinary training sessions to instruct primary care providers, physicians, (particularly obstetricians, pediatricians and family practitioners) about the importance of oral health	Customer service training for frontline staff, dental providers and other health providers about culturally sensitive way to interact with this population	May 2008	DC Dental Society Dental providers Physicians (obstetricians, pediatricians and family practitioners)
	Identify/create fact sheets on dental health (especially pertaining to CSHCN) and make available to physicians	December 2007	Caregivers/Parents AAP (DC Chapter) AAFP
	Identify non-dental health care providers who provide prenatal and pediatric care to patients	June 2008	
3. Encourage community residents to become advocates to promote oral health of CSHCN	Identify/create fact sheets on dental health (especially pertaining to CSHCN)	December 2007	DCPCA City Council Politicians DOH Parents Dental school
	Encourage community partners to testify before city council to sensitize DC politicians & policy makers about the oral health status of CSHCN	September 2008	DC Dental Society Dental providers Physicians (obstetricians and pediatricians) Faith based organizations
	Partner with DC water and sewer agency to improve community awareness of fluoride in water. CDC Oral Health Division would be used as a resource for this activity.	December 2007	Community Leaders DC CSHCN Advisory Board
	Conduct town hall meetings/forums on oral health needs of CSHCN	Currently in progress	DC Assembly on School-Based Health Care
	Create a listserv for ongoing communication with workgroup participants	March 2008	
4. Develop private/public partnership with HUCD to make graduating students more comfortable with treating CSHCN	Establish a lecture series with dental schools to promote the development of skills and sensitivity of dental students in managing CSHCN	September 2008	HUCD HUCD Department of Dental Hygiene HUCD Department of Dental Hygiene – Advisory Board
	Create a certification/licensing program for dentists who specialize with CSHCN	September 2009	HUH Dental Residency

Strategy	Activity	Timeline	Stakeholders
	Identify dental providers who will train other providers in the management of CSHCN (“Train-the-Trainer” program)	September 2008	Program DC DOH
	Educate non-dental health care providers about the importance of oral health (and its relation to systemic health)	September 2008	
	Identify and/or create a brief handout which describes the importance of oral health for physicians and primary care providers to share with patients	December 2007	
5. Educate parents/children about the importance of good oral health for homebound children	Identify/develop a curriculum to be used by health care professionals (e.g. dentists, physicians, social workers) to teach parents/children about the importance of good oral health for homebound children	September 2008	Community Leaders DC CSHCN Advisory Board DC DOH Parents/Caregivers HUCD
	Conduct trainings with parents/children at community-based locations where parents often meet	December 2007	

2. Finance and Reimbursement

Recommendation 2A: *Ensure that Medicaid reimbursement rates are not a financial disincentive for provider to see special needs patients*

Strategy	Activity	Timeline	Stakeholders
1. Establish an oversight committee to provide guidance on the development	Convene committee to provide guidance on how reimbursement rates are determined	May 2008	Dentists Dental Societies Parents

Strategy	Activity	Timeline	Stakeholders
of reimbursement rates	Recommend that reimbursement rates be increased to 85% - 90% of the usual and customary rate	September 2008	DC City Council DC DOH MAA MCO
	Establish uniform reimbursement rates utilized by Medicaid Managed Care Organizations in DC	June 2009	DCPCA
2. Establish quality measures for care delivery	Create an additional code for CSHCN	September 2008	DC DOH Oral Health Program Dentists Dental Societies Parents DC City Council DC DOH MAA MCO DCPCA
3. Determine ways to ensure that un-insured and under-insured CSHCN have a dental home and adequate dental coverage	Conduct meetings with stakeholders	June 2009	Dentists Dental Societies Parents DC City Council DC DOH MAA MCO DCPCA

Recommendation 2B: *Aim to mandate 100% compliance with Oral Health Assessment (OHA) forms for the DC Public and Charter Schools*

Strategy	Activity	Timeline	Stakeholders
1. Recommend that DC codes and legislations are amended to state that the completion of OHA forms be mandatory	Sensitize leaders of DCPS, DC Charter School system, DC politicians and policy makers about the benefits of strong oral health policies	September 2008	DCPS DC Charter School system Parents Local school staff Dentists

2. Educate parents on the importance oral health and the completion of OHA forms	Include early notification letters for parents in registration packages sent by DCPS and DC Charter School system	December 2007	DCPS DC Charter School system Parents Local School Staff Dentists
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3. Workforce Development

Recommendation 3A: *Increase the dental workforce currently available to provide dental services to CSHCN*

Strategy	Activity	Timeline	Stakeholders
1. Develop training activities to encourage dental professionals to provide care to CSHCN	Host activities (e.g. on-line classes, forums) that offer continuing education credits to individuals who participate	September 2008	ADA ASDA Dental Society Dental Schools HUCD DC Board of Dentistry DC DOH Oral Health Program
	Use best practices to determine material/information to share with dental professionals	December 2007	
2. Provide dental students and hygienists with additional exposure to CSHCN while they are still in training	Use best practices to develop curriculum	September 2008	
3. Institute student loan repayment program in Washington, DC	Determine if plan submitted to DCPCA and the DC City council can be applied to Dental Health professional	Currently in progress	DCPCA DC DOH Oral Health Program DC City Council

Strategy	Activity	Timeline	Stakeholders
	Advocate that clinics serving as receptor sites for loan repayment program provide dental services to CSHCN	Currently in progress	Politicians DOH Parents Dental school DC Dental Society Dental providers Physicians (particularly obstetricians and pediatricians) Faith Based Organizations Breast feeding organizations

Recommendation 3B: *Develop incentives for dental practitioners who provide care for CSHCN*

Strategy	Activity	Timeline	Stakeholders
1. Determine effective incentives to increase the number of dental practitioners providing care to CSHCN	Host focus groups with dental practitioners and community based clinics	February 2008	DC Dental Society DC DOH DCPCA
2. Investigate the possibility of creating tax incentives for dental practitioners	Host focus groups with dental practitioners	February 2008	ADA ASDA NDA
	Develop a tax credit recommendation by the dental society	March 2008	DC Dental Society Dental Schools DC City Council

4. Accessibility and Care Coordination

Recommendation 4A: *Increase the accessibility of oral health services for CSHCN*

Strategy	Activity	Timeline	Stakeholders
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Strategy	Activity	Timeline	Stakeholders
1. Conduct a needs assessment to determine barriers being experienced by CSHCN to access oral health services	Host focus groups with CSHCN and their parents/caregivers to determine barriers	December 2007	Academia DC City Council/Policy Makers DC CSHCN Advisory Board DC DOH DCPS Dental Society Dentists Parents/Caregivers Physicians
	Host focus groups with dental providers, physicians, community based providers and other health care professionals to determine barriers which they face in providing dental services to CSHCN	March 2008	
	Include input of non-traditional partners (e.g. teachers, home health aids, adult living centers etc.) to assist in the development and implementation of feasible solutions	March 2008	
	Develop and distribute a directory of available oral health resources	September 2008	
2. Identify current best practices of providing dental care for CSHCN through a public health medium	Network with other jurisdictions to determine what programs/initiatives they have successfully developed and/or implemented to increase access of oral health services for CSHCN	September 2008	DC City Council/Policy Makers DC CSHCN Advisory Board DC DOH DC Assembly on School-Based Health Care Dental Society Dentists Parents/Caregivers Physicians

5. Information Management and Care Coordination

Recommendation 5A: *Create an improved system for information management and care coordination*

Strategy	Activity	Timeline	Stakeholders
1. Expand the EPSDT/SMRF form to include dental care and dental providers	<p>Encourage parent network to act as advocates to address issues</p> <p>Contact DC PICHQ who developed the SMRF form</p> <p>OR</p> <p>Re: Rec 5A - On reconsideration, the DOH (Bette Wolfe) should be contacted with the recommendation to modify the SMRF (which could then be submitted to DC PICHQ, a committee that she is a member of). Parents have no role in the developing or modifying the SMRF and have no idea what it is (standard medical record form).</p>	May 2008	<p>DC DOH MAA DC DOH CSHCN Bureau DC DOH Oral Health Division DC CSHCN Advisory Board DC PICHQ</p>
2. Include forensic information on child's dental care records	Create a database of information so providers can share information on patients	March 2009	<p>American Dental Association for Forensic Dentists Physicians Dental Practitioners DC DOH</p>
3. Increase dental care coordination for CSHCN	Develop strategies to link CSHCN with dental homes	December 2007	<p>Physicians Dental Practitioners</p>

Strategy	Activity	Timeline	Stakeholders
	Build on work being done by parent advocate groups to enable advocates to participate in the coordination of oral health care	Currently in progress	DC DOH Caregivers/Parents DC CSHCN Advisory Board MCO DCPS DC Chartered Schools DCPCA

Acronyms

AAFP – American Association of Family Physicians

AAP – American Association of Pediatrics

ASDA – American Student Dental Association

CDC – Centers for Disease Control and Prevention

CSHCN – Children with Special Health Care Needs

DC – District of Columbia

DCPCA – District of Columbia Primary Care Association

DCPS – District of Columbia Public Schools

DOH – Department of Health

HUCD – Howard University College of Dentistry

HUH – Howard University Hospital

MAA – Medical Assistance Administration (Medicaid)

MCO – Managed Care Organization

NDA – National Dental Association

OHA – Oral Health Assessment Form

PICHQ – Partnership to Improve Children’s Healthcare Quality

SMRF – State Medicaid Resource File

Appendices

Appendix A: Forum Participant List

District of Columbia · Department of Health
Children with Special Health Care Needs/Oral Health Forum
Participant List

Last Name	First Name	Degree(s)	Organization	Title
Anderson	Gail		Quality Trust for Individuals with Disabilities	Lead Advocate
Ardis	Bruce		The HSC Pediatric Center	Assistant Vice President
Austin	Glenda		DCPS Head Start	Nutrition Assistant
Bellamy	Danny		Health Services for Children with Special Needs, Inc.	Chief Operating Officer
Berry	Karyn	MD	DC DOH	
Biddle	Cara	MD, MPH	Children's National Medical Center, Complex Care Program	Pediatrician
Blackmoore	Keisha		McKinley Tech High School	
Brooks	Joyce	MSW	DC Department of Health	Chief CSHCN - MFHA
Brown	C. Jay		DC Dental Society	CEO
Brown	Linda		HSCSN, Inc	Family Epilepsy Advocate
Burton	Carey		DCPS Head Start	Nutrition Assistant
Calkins	Liliana		HUCD	Program Manager; Community Dental Center
Camardese	Sue	RDH, MS	Department of Pediatric Dentistry; Children's Hospital National Medical Center	Clinical Manager
Cameron	Oswald	DDS	Hispanic Dental Association of the Washington Metropolitan Area	President
Campbell	Cyd	MD	Health Services for Children with Special Needs	Medical Director
Cohen	Barry	MD	AMERIGROUP Community Care	Medical Director
Cox	Ayele	DMD	Unity Health Care	Dental Director

Last Name	First Name	Degree(s)	Organization	Title
Cushing	Cindi	MHS	DC DOH (MAA)	Outreach Coordinator, Office of Children and Families
Davis	Conan	DDS, MPH	CMS	Chief Dental Officer
DeFlorimonte	Coleen	MSN, CPNP	DC Department of Health - Woodson Wellness Center	Clinic Coordinator
Dinnall	Twana	MHS	DC Department of Health	Dental Coordinator
Finn	Emanuel	DDS, MS	DC Department of Health	Chief, Oral Health Division
Gordon	Nicholas		DC Department of Health	Intern
Harris	Rhonique	MD, MHA	Children's National Medical Center	Director of Mobile Operations
Hodges	Doreen		Family Voices of the District of Columbia	Executive Director
Holt	Katrina	MPH, MS, RD	National Maternal & Child Oral Health Resource Center	Director
Hughes	Debony	DDS	Prince George's Co. Health Department	Dentist
Hutchinson	Juanita		DC DOH - Oral Health Division	Community Educator
James	Latoya	MA	HSCSN	Director, Account Management & Provider Operations
Jones	Tara	MPH	Health Resources Solutions, Inc.	Consultant
Jones	Thelma	BS	Family Friends	Liason
Kalavapudi	Kirtana	MPH	DC Action for Children	Public Policy Analyst
Keyes	Kenneth	DDS	Children's Health Project of DC - CNMC	Dentist
Koenig	Richard		DC Dental Society	Communications Director
Leonard	Jennifer	JD, MBA	DC Assembly on School-Based Health Care	Executive Director
Manning-Cox	Georgetta	DDS, MPH	Howard University College of Dentistry	Director, Division of Community Dentistry

Last Name	First Name	Degree(s)	Organization	Title
Maruca	Robert		DC DOH (MAA)	Senior Deputy Director, Medical Assistance Administration
McGuire	Bridget	DDS	Prince George's Co. Health Department	Dentist
McMorris	Jacqueline	MD	DC CSHCN Advisory Board	Chairperson
Mitchell	Candace	DDS, MBA		Dentist
Morrison	Kim		CSHCN Division; Maternal & Primary Care Administration	Epilepsy Program Coordinator
Muhammad	L. Khadijah		DC Department of Health	Public Health Analyst
Noble	Vanessa	RDH	Mary's Center for Maternal Child Care Inc	Dental Hygienist
Perry	Venessa	MPH	Health Resources Solutions, Inc.	Consultant
Randolph	Linda	MD, MPH	Developing Family Centers	President & CEO
Rivers-Stewart	Myrna		DCPS Head Start	Nutrition Assistant
Schuyler	Vincent	BSN	Children's National Medical Center DC PICHQ	Director, Transition Services Program Director, DC-PICHQ
Scott	Betty		Quality Plan Administrators, Inc.	Office Manager
Smallwood	Tiffany		HSCSN, Inc	Family Epilepsy Advocate
Smith	Chawleen		Health Services for Children with Special Needs	Special Needs Coordinator, Provider Affairs
Stokes	Melissa		DC Public Schools Head Start Programs	Coordinator, Health Services
Thomas	Erica		DC DOH	Program Specialist
Truitt	Lisa	BS	Amerigroup	AVP, Health Promotion
White	Davene	RN, NNP, MPH	Howard University Hospital	Director, HUH CARES WIC & Early Childhood Services
Whitmore	Colleen		DC DOH (MFHA)	
Willis	Kim	MPP	DC Action for Children	Policy Analyst
Young	Michal	MD	Howard Univ College of Medicine	Interim Chair, Department of Pediatrics

Appendix B: Forum Agenda

DC Department of Health · Oral Health Division



Children with Special Health Care Needs (CSHCN) Oral Health Forum

Tuesday, May 22, 2007

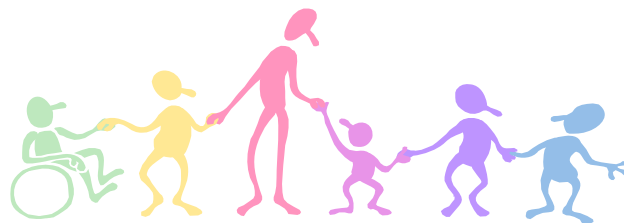
8:30 am – 3:00 pm

HSC Pediatric Center

1731 Bunker Hill Rd NE · Washington, DC 20017

Agenda

- 8:30 – 9:00 am** **Registration & Continental Breakfast**
- 9:00 – 9:15 am** **Welcome & Remarks**
Ms. Joyce Brooks (Chief, Children with Special Health Care Needs Bureau, DC DOH)
Dr. Oswald Cameron-Morales (President, Hispanic Dental Association of the Washington Metropolitan Area)
- Best Practices in Oral Health Treatment for Special Health Care Needs**
Dr. Emanuel Finn (Chief, Oral Health Division, DC DOH)
- 9:15 – 9:30 am** **Introduction – Forum Objectives**
Ms. Twana Dinnall (Public Health Analyst, Oral Health Division, DC DOH)
- 9:30 – 11:00 am** **Recommendation Development**
Concurrent Group I
Strategies for increasing access and improving the oral health system of care for CSHCN
Concurrent Group II
Addressing barriers to oral health care for CSHCN
- 11:00 am - 12:00 pm** **Report: Concurrent Sessions (Recommendations)**
- 12:00 - 1:00 pm** **Lunch & Networking**
Remarks
Mr. Robert Maruca (Senior Deputy Director, Medical Assistance Administration, DC DOH)
Dr. Jacqueline McMorris (Chairperson, DC CSHCN Advisory Board)
- 1:00 - 2:00 pm** **Implementation Strategy Development**
Concurrent Groups I & II
- 2:00 - 2:30 pm** **Report: Concurrent Sessions (Implementation Strategies)**
- 2:30 - 3:00 pm** **Next-Steps/Closing Remarks/Adjourn**



Children with Special Health Care Needs (CSHCN)

Oral Health Forum

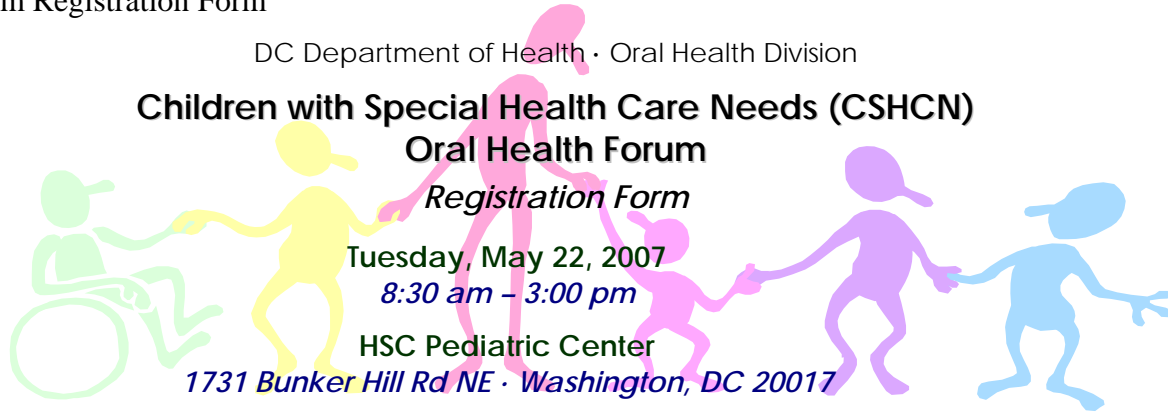
Registration Form

Tuesday, May 22, 2007

8:30 am – 3:00 pm

HSC Pediatric Center

1731 Bunker Hill Rd NE · Washington, DC 20017



Primary Registrant (Print or Type)

Last Name: _____ First Name: _____

Miss Mr. Ms. Mrs. Dr. Degree(s): _____

Please choose one of the following sessions to attend:

- Strategies for increasing access and improving the oral health system of care for CSHCN
- Addressing barriers to oral health care for CSHCN

Name as you want it to appear on badge: _____

Organization: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____ Fax: _____



Accessibility:

Indicate if you or your guest(s) have a disability and require accommodations to fully participate in the CSHCN Oral Health Forum

Any special dietary requirements? Yes No

If **yes**, please explain: _____

Indicate if you will require Continuing Dental Education Units (CDEs)

Thank you for registering for the CSHCN Oral Health Forum. Please return completed registration forms **no later than May 1, 2007** to Ms. Twana Dinnall via **email** at twana.dinnall@dc.gov or by **fax** at (202) 535-1710 (Attn: Twana Dinnall). For further details please contact Ms. Dinnall via email or by **telephone** (202) 724-7667.

The CSHCN Oral Health Forum is presented in partnership with the following organizations:



Appendix D: Forum Evaluation Form



DC Department of Health · Oral Health Division
Children with Special Health Care Needs (CSHCN)
Oral Health Forum

Tuesday, May 22, 2007

8:30 am – 3:00 pm

HSC Pediatric Center

1731 Bunker Hill Rd NE · Washington, DC 20017

Evaluation Form

Thank-you for attending our CSHCN Oral Health Forum.
 Please take the time to complete this evaluation form to help us improve future Forums

Name (mandatory if you require CDEs) _____

	← Strongly Disagree			Strongly Agree →	
	1	2	3	4	5
Quality of Forum					
The forum's overall quality was very good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The overall quality of all the speakers was very good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The forum's objectives were clearly stated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The forum was able to meet the stated objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The handouts/material used during the forum were relevant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning process prior to forum was organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information shared today will assist me in work I do pertaining to CSHCN and/or Oral Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUALITY OF SESSIONS

Strategies for increasing access and improving the oral health system of care for CSHCN

Overall quality of this session was very good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall quality of this session's facilitator(s) was very good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This session was well organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handouts or materials used during this session were relevant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There was sufficient time for reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The format used for reporting was very good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information presented was useful and relevant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend this session for future forums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Addressing barriers to oral health care for CSHCN

Overall quality of this session was very good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall quality of this session's facilitator(s) was very good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This session was well organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handouts or materials used during this session were relevant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There was sufficient time for reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The format used for reporting was very good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information presented was useful and relevant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend this session for future forums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What did you find most useful about this forum?

What recommendations would you make to improve this forum?

What topics would you like to see addressed during future forums?

Additional comments:

Thank-you for completing this evaluation form and participating in the DC Department of Health – Oral Health Division’s CSHCN Oral Health Forum

The CSHCN Oral Health Forum is presented in partnership with the following organizations:



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