**Questions and Answers** from the DHL Nov. 22, 2013 Webinar:

 Collaborative Partnerships: Examples of Head Start Oral health Activities in Kansas and Maryland

**What is the best way to get parents to come to educational sessions?**

Parent involvement is very important and providing babysitting during the educational session as well as serving snacks is helpful to getting parent attendance. Try building excitement by having interactive segments in the session that involve the teachers. If they are excited, they will pass that energy on to the families. Another idea is to hold a health night meeting and include the Head Start nurses in the planning.

**Are any of your programs using CAMBRA or a modified CAMBRA ?**

The acronym CAMBRA stands for “Caries Management by Risk Assessment”. CAMBRA is a method of assessing caries (cavity) risk and making dental treatment and restoration recommendations based on a patient’s caries risk.

In Kansas the Teeth for Tots and Teeth for Two oral health resource guides include the behavioral risk assessment questions to help guide home visitors on which modules to use. We have also offered a workshop to community outreach hygienists to teach/review the CAMBRA process (including the clinical assessment), especially when proving care to children under age 3 in community based settings.

 **Is there interest in collecting data on these activities?**

Collecting information on the HS Oral health activities and oral health programs is very important. Both states are in the process of collecting data.

 Kansas is still at the stage of collecting data on “outputs.”  How many children served in each site?  How many fluoride varnishes?  How many home visitors attended Teeth for Two or Teeth for Tots workshops?

Maryland is piloting a data collection tool that includes charting and recording of teeth, fluoride varnish applications, and case management, visiting the classroom 3 x /year.

**For KS, how is your HS billing for your midlevel providers done without being recognized as providers? In PA, FQHCs are able to bill for a "dental encounter" but they are the only group that can get paid for midlevel services.**

The Extended Care Permit (ECP) hygienist is not a true midlevel provider. We have just completed training for a new level of ECP. The ECPIII can provide palliative care with temporary/sedative fillings, extraction of loose baby teeth, and adjustment and reline of dentures. That said, hygienists in Kansas are not allowed to receive direct reimbursement for their services. They are paid through other entities that can draw down funds from Medicaid including safety net clinics, health departments, and Head Start programs.

**In Maryland or Kansas are any HS programs employing a dental hygienist to provide dental hygiene care, educating families and staff, providing care coordination with dental communities?**

Dental hygienists in Maryland are employed by health departments and health centers but not by Head Start programs

In Kansas, there is a dental hygienist hired 2 days per week by a HS program which resulted from the OHS Oral Health Initiative grant. The program continued employing the dental hygienist after the Initiative funds ran out due to the many services provided and positive outcomes. There are several other programs that contract with an ECP hygienists to provide on-site services as needed. Many of our state’s safety net dental clinics have robust outreach services where ECP hygienists come on-site to provide care, but they are paid by the clinics and not the Head Start program.

**Have any locations had any success with using local dental hygiene schools as a method of providing prophy/exams to head start participants?**

Dental and Dental Hygiene schools across the country are having their students involved in Head Start providing oral health screenings/ exams , fluoride varnish applications , education and referrals to dental homes.

The level of involvement varies and it would be a good idea to survey which schools are involved, encourage more interaction and learn of good models of providing services to Head Start.

**Statements from audience:**

It would be extremely helpful to increasing access to care if Head Start would permit a dental hygienist exam with a referral to a dental home as needed to fulfill the Head Start requirement.

RDH assessment/triage leads to increased comprehensive services with a dentist.