

Dental Public Health Activity Descriptive Summary

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Kansas Children and Youth with Special Health Care Needs Program

The Bureau of Oral Health, the Kansas MCH program, a Kansas safety net dental clinic and the state oral health coalition Oral Health Kansas collaborate on a project to improve the oral health of Kansas children and youth with special health care needs. In 2005 the Kansas Head Start Association was awarded a CATCH Planning Grant that funded a multidisciplinary planning process to develop a uniform response to the unmet dental needs of children with special health care needs. In 2007 the Bureau of Oral Health submitted a successful Health Resources and Services Administration Targeted State Oral Health Service Systems (HRSA TOHSS) to implement many of the ideas that were discussed that day.

The Kansas CYSHCN Program has three parts:

1. Oral Health Education and Preventive Services – Administered by Oral Health Kansas’ program coordinator Marcia Manter, the grant funds regional dental hygienists that serve as parent educators for families and support systems of children with special health care needs. They provide training for caregivers that focus on periodic oral screening, the causes of dental decay and periodontal disease, and essential components of daily oral health care, as well as common oral health conditions and challenges for CSHCN. In some cases the hygienist is also able to provide preventive services such as fluoride varnish to the child. The hygienists partner with regional resources across Kansas. Key partners in this effort include Families Together (KS’s Family Voices), the University of Kansas Medical Centers, Special Olympics, and numerous Kansas medical and dental providers.
2. Access Point for Dental Care for Children with Special Health Care Needs – A Kansas safety net dental clinics, GraceMed in Wichita, provides dental care for children with special needs that have dental treatment needs but require sedation in order to receive restorative care. GraceMed developed a contract with a local anesthesia group that visits the clinic several times a year to treat patients that have been turned away from other safety net clinics and other Medicaid providers. All children treated in this project lack the resources to be treated by private practitioner specialists, and most have not seen a dentist in a number of years. Local service providers (Heartspring), the Bureau of Oral Health, the KDHE MCH program, other safety net clinics and parent educators refer eligible children to GraceMed for care. This project has been highly successful and GraceMed staff loves the special needs clinic days. An arrangement between Heartspring, GraceMed and the Bureau of Oral Health is in development to sustain the project after the grant ends in August of 2011.
3. Collaboration with the Title V MCH CYSHCN Program – Staff at the CYSHCN program coordinates oral health activities with Bureau of Oral Health. Collaborations have included the inclusion of oral health information on the Kansas Resource Center (formerly the Make a Difference Hotline) and work with transition planning for youth with special health care needs as part of the Systems n Sync project. The MCH program also works with the parent educators and GraceMed to identify providers and organizations that would benefit from oral health education and services. One of the best examples includes the inclusion of the dental hygienists during the KU Medical Center’s specialty clinic days. The hospital has regular appointment days for families with children with cerebral palsy, cleft lip and palate and spinal cord disabilities. The families see numerous specialists that day, and now that includes a visit with the dental hygienist and a fluoride varnish application.

The Bureau of Oral Health and Oral Health Kansas also utilize grant funds to provide provider educational sessions. These have included in person educational events, webinars and online training that continues to be available at: <https://ks.train.org>.

Lessons Learned:

The importance of partnerships in this effort cannot be overestimated. Although it was universally acknowledged that poor oral health is a major problem for Kansas children with special health care needs, it took time to identify ways that parent educators could access these families and provide

services in a meaningful way. The educators were regional contract employees, so they lived in the communities that they were serving. Oral Health Kansas would provide initial guidance on how to make contacts, but it was left to the individual hygienist to follow through, sometimes with mixed results. The MCH staff also assisted with names and local contacts. Several of the project hygienists were already working with populations with special needs so this project just bolstered what they were already doing. For hygienists new to this work, they were often challenged to find partners and venues where they were well received. It took a special type of person to be persistent and motivated to get this project moving. Over the four year grant period there was some educator turnover, but several exceptional dental hygienists stuck with us for the whole project, developing programming skills and strong relationships with their local disability communities. These relationships ultimately assisted with program sustainability. At the University of Kansas Medical Center, the staff so valued the services the hygienists were providing they asked the MCH program to continue to fund the project. One of the project hygienists independently submitted a grant to a private funder, and between this funding and other funds promised by MCH program and the Bureau of Oral Health, this program will continue for many years to come.

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