Montana
Head Start /Early Head Start
Oral Health Action Plan

A product of the Montana Head Start/Early Head Start
Oral Health Forum
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Compiled by the
Montana Department of Public Health and Human Services
Oral Health Program
with contributions from the
Head Start State Collaboration Office
**Background**

The first Montana Dental Summit was held on November 18, 1999. The Summit's purpose was to engage Montana in the National Oral Health Initiative and was hosted by the federal Health Resources and Services Administration (HRSA) and the Health Care Financing Administration (HCFA) in coordination with the Montana Department of Public Health and Human Services (DPHHS), the Montana Primary Care Association, and the Montana Dental Association. The result of the Summit was the creation of the Montana Dental Access Coalition (MDAC), a coalition of dental professionals, federal, state, and local public health professionals, elected officials, executive branch agency representatives, representatives of higher education, and other people interested in improving oral health and access to dental care in Montana, particularly for the underserved.

Head Start was well represented at the Summits, shared obstacles to accessing dental care for Head Start children and committed to work toward strategies to improve access and promote oral health for Montana children.

Members of the Children, Families, Health, and Human Services Interim Committee of the Legislature were in attendance and invited the Coalition members to bring forth strategies that needed legislative action or executive budget consideration. The coalition met several times to further develop and refine the strategies that were formulated at the Summit.

A second Summit and follow-up Coalition meetings took place wherein workgroups were formed to prioritize strategies. Their efforts resulted in the development of the Montana Dental Action Plan for consideration by the 2001 Legislature and further work by the MDAC continued through the 2003 session. Accomplishments of the MDAC are many. A sample of some of the impressive achievements include:

- Removing existing barriers for dental professionals to treat the underserved
- Supporting initial and continued funding for a school of dental hygiene
- Increasing Medicaid provider reimbursement rates and removing barriers for participation
- Increasing the CHIP dental benefit and simplifying the enrollment process
- Collecting dental workforce trends and needs data
- Passing a law to allow dental hygienists to provide services in public health facilities including Head Start
Planning

The Montana State Head Start Collaboration Office and the DPHHS Oral Health Program are committed to support the continuing work of the Montana Dental Access Coalition to improve access to dental services for children. Resources to host a Head Start/Early Head Start Oral Health Forum became available through a grant from the Association of State and Territorial Dental Directors (ASTDD) supported by the Health Resources and Services Administration (HRSA). The purpose of the forum was to solicit input from a multidisciplinary, multiorganizational group of stakeholders to develop an action plan to improve Head Start oral health components, which includes enhancing prevention and oral health education as well as increasing access to oral health services.

Head Start representatives from various regions in Montana along with representatives from the Head Start Collaboration Office and DPHHS Oral Health Program made up the planning group for the forum. A facilitator with knowledge of oral health issues and experience in hosting community and statewide meetings surrounding oral health issues was secured and included in planning phases to meet objectives. Travel stipends were offered to invitees to encourage participation from Head Starts and community partners.

Forum Proceedings

Head Start directors, coordinators, parents, dental professional organizations, Indian Health Service, State Medicaid and CHIP staff, dentists, dental hygienists, dental assistants, and community health coordinators represented the majority of the nearly 60 attendees at the forum.

Presentations regarding reducing Early Childhood Caries risk and decay transmission, Medicaid and CHIP program updates, partnering opportunities to improve children’s oral health and an update on legislation impacting Head Start made up the morning portion of the meeting followed by discussion of current issues. Six workgroups were formed in the afternoon session to work on specific issues wherein each group was to offer possible actions or strategies to improve each issue. Workgroups were also asked to document strategies that may need legislative consideration.

The six small group discussion topic areas were:

- High incidence of oral disease (including Early Childhood Caries/BBTD)
- Lack of current and accurate data on the oral health needs of the early childhood population
- Lack of access to oral health services
- Lack of public awareness about oral health
- Limited value placed on oral health versus other life/health issues
- Inability to locate a Medicaid/CHIP dental provider or lack of insurance or financial assistance

A summary of workgroup recommendations and possible actions is noted below under each topic area. Discussion centered on known contributing factors, current situation, and important issues. Recommendations noted with an asterisk (*) were deemed possibly requiring legislative consideration.

1) High Incidence of Oral Disease (including Early Childhood Caries)

Recommendations:
- Facilitate collaboration between doctors and dentists (e.g., education, prevention, costs of care)
- Secure public funding for prevention services including incentives, education and no co-pay
- Advocate for supportive legislation
- Awards for prevention activities
- Oral health counseling at doctor and dentist’s office
- Public service advertising

Resources needed:
- Financial source for awards
- Time and professional expertise to create the PSA or use some that are already created


Recommendations:
- Work to revise HIPPA to allow more collaboration and interagency sharing
- Establish a standardized collection/data gathering system so all agencies (i.e., Head Start, WIC) track the same information and data collection has a meaningful, collective purpose
- Create a specialized committee to decide what data should be collected and for what purpose; who wants what data; and when and how it will be collected and tabulated
- Make changes to WIC to partner with Head Start to provide dental training and education as well as nutritional education to WIC parents. WIC participants would be encouraged to have a dental exam and early prevention strategies would be implemented prior to age 3 when the child is eligible for Head Start
Resources needed:
- Collection system gathering committee
- Working relationships among agencies and with HIPPA

3) Lack of Access to Oral Health Services

Recommendations:
- Revise reimbursement process/provide incentives or bonus to practitioners that are willing to accept Medicaid patients
- Explore ways to reduce Medicaid paperwork for dental practices
  * Lobby the legislature
- Identify ways to assist with transportation so that families don’t miss their appointments
- Work to increase number of dentists in the State
- Provide incentives for new dentists to move to Montana
- Lobby the Dental Association to create a national license
  * Make it easy for volunteer, retired dentists by expanding the statute for retired dentists (See Note pg 9)
- Increase education efforts
- Allow dental hygienists to provide care per recent legislation in Montana (SB 190) (See Note pg 9)

Needed resources to accomplish the recommendations:
- Parents
- More dental professionals
- Dollars to support oral health education
- Incentives to practice in Montana – would most likely need money

4) Lack of Public Awareness about Oral Health

Recommendations:
- Open additional Early Head Start programs and community health centers in more communities in the State
- Increase statewide marketing and public education
- Collaborate to improve consistency among obstetricians, pediatricians, and dentists
- Locate Head Start and community health centers in the same location

Resources needed:
- More dental personnel
- More communities to advocate for the Head Start and health centers to be placed in their communities
- Money for the marketing
- Federal increase in Early Head Start funding
5) Limited Value Placed on Oral Health versus other Life/Health Issues

Recommendations:
- Focus on parents' oral health and empower them to be the role model
- Create and customize simple oral health messages and education that is considerate of life situations
- Link parents (caregiver) to community resources to support overall health including:
  - Mental health services
  - Family services and home visits
  - Oral health services
  - Educational opportunities (i.e., GED, college)
  - Case management
- Provide broad education and training for medical professionals, Head Start staff, and community-based service organizations to increase the value of oral health and the prevention of oral disease (consider public service announcements as one strategy)

Resources needed:
- Grant funds
- Collaborate with and link professional organizations
- Time to educate family service professionals about the importance of oral health

6) Inability to locate a Medicaid/CHIP Dental Provider or lack of insurance or financial assistance

Recommendations:
- Make it easier for providers to take Medicaid (i.e., share the cost of systems)
- Educate parents, caregivers, and children through programs, stricter policies, and helping families understand the importance of not missing appointments
- “Buy a practice for a day” through Medicaid funds
- Involve health departments and the dental hygiene association

Resources needed:
- Changes in Medicaid policy
- More dental providers that accept Medicaid
- Public Education campaign and money to create and implement
Outcomes/Priorities
Forum participants used a voting method to provide a relative ranking of the small group recommendations. In the list below, redundant recommendations were combined. The following recommendations are listed in rank order according to the number of “dots” they received:

- Facilitate collaboration and improve consistency among obstetricians, pediatricians and other doctors and dentists (e.g., education, prevention, costs of care) (18 dots)

- Revise reimbursement process/provide incentives or bonus to practitioners that are willing to accept Medicaid patients (16 dots)
  - “Buy a practice for a day” through Medicaid funds
  - Involve health departments and the dental hygiene association
  - Explore ways to reduce Medicaid paperwork for dental practices
  - Lobby the legislature
  - Share the cost of electronic systems
  - Educate parents, caregivers, and children through programs, stricter policies, and helping families understand the importance of not missing appointments; identify ways to assist with transportation so that families don’t miss their appointments

- Make changes to WIC to partner with Head Start to provide dental training and education as well as nutritional education to WIC parents. WIC participants would be encouraged to have regular dental exams and early prevention strategies would be implemented prior to age 3 when the child is eligible for Head Start (15 dots)

- Provide broad education and training for medical professionals, Head Start staff, and community-based service organizations to increase the value of oral health and the prevention of oral disease. Consider public service announcements as one strategy (8 dots)

- Increase statewide marketing and public education (8 dots)

- Open additional Early Head Start programs and community health centers in more communities in the State (5 dots)

- Work to revise HIPPA to allow more collaboration and interagency sharing (5 dots)

- Work to increase number of dentists in the State (3 dots)
  - Provide incentives to come to Montana
  - Lobby the Association to create a national license
- Make it easy for volunteer, retired dentists by expanding the statute for (FQHC) retired dentists

- Establish a standardized collection/data gathering system so all agencies (i.e., Head Start, WIC) track the same information and data collection has a meaningful, collective purpose (2 dots)

- Focus on parents’ oral health and empower them to be the role model. Create and customize simple oral health messages and education that is considerate of their life situations (2 dots)

The following recommendations received no “dots:"

- Secure public funding for prevention services including incentives, education and no co-pay
- Advocate for supportive legislation
- Create a specialized committee to decide what data should be collected and for what purpose; who wants what data; and when and how it will be collected and tabulated
- Increase utilization of dental auxiliary professionals/personnel
  - Lobby the legislature
  - Increase the education level of professionals
- Link parents (caregiver) to community resources to support overall health including:
  - Mental health services
  - Family services and home visits
  - Oral health services
  - Educational opportunities (i.e., GED, college)
  - Case management

At the April 2004 Montana Head Start Association meeting, members will identify which priorities they can implement in their programs and communities. They will create short and long term plans for each program and for the Association.

The Montana DPHHS Oral Health Program (OHP) will host a “train-the-trainer” session in 2004 for Head Start staff and local partners to collect data on the oral health needs of Head Start children utilizing the Basic Screening Survey training instrument developed by ASTDD and CDC. Standardized training has been accomplished for dental professionals and public health and school nurses statewide. A portion of the remaining forum grant funds will support training kits and travel expenses to attend the training session. The Oral Health Program will provide screening forms, data input, and generate data reports. The data collected will assist the Head Start and the MDAC in advocating for additional funding for oral health activities.
A portion of the remaining grant funds will be utilized in providing oral health education materials for each Head Start/Early Head Start program by September 2004 in preparation for the 2004/2005 school year.

Examples of materials are those available through the Child and Adult Care Food Program (CACFP) like puppets and other engaging props, posters and handouts for parents and teachers.

The HS/EHS Oral Health Action Plan strategies will be incorporated into the development of a Montana State Oral Health Plan. A draft plan will be developed April 1, 2004 and further refined to include legislative planning in September 2004 to prepare to advocate for resources and support of oral health measures during the 2005 Legislative session.

(Note: Recent MT Board of Dentistry action (February 2004) has created a licensure status for retired dental professionals and dental students who volunteer services for no remuneration. The Board also adopted rules containing medical and dental guidelines for dental hygienists to obtain a Limited Access Permit to provide services in public health facilities. Both of these efforts were initial strategies introduced to the legislature and Board by the MDAC).