Maternal and Child Health Oral Health Institute: Atlanta

Atlanta, Georgia
May 15-16, 2006

Prepared for:
Health Resource and Services Administration

Prepared by:
Sandra Silva, M.M.
Health Systems Research, Inc.

September 2006
Executive Summary

The Maternal and Child Health Bureau (MCHB), through its “Building Maternal and Child Oral Health Knowledge and Enhancing Expertise in States and Communities” contract with Health Systems Research, Inc. (HSR), is investing resources in the development and execution of tailored oral health learning opportunities called Oral Health Institutes (OHIs). These OHIs have a special focus on developing and sustaining partnerships that improve oral health outcomes for the MCHB target populations: mothers, pregnant women, children, and children with special health care needs (CSHCN). As defined by the MCHB leadership, the intents of the OHIs are to:

- Create or reinforce partnerships between State maternal and child health (MCH) programs and State dental programs
- Involve CSHCN Directors in State-level oral health planning opportunities
- Elevate the visibility of oral health needs with MCH stakeholders and the general public
- Create learning components that are driven by the needs identified in advance by participants.

The MCHB identified the following key stakeholders as the OHI participants most able to implement changes at the State level:

- MCHB Directors and key staff members
- State Dental Directors
- CSHCN Directors and key staff members
- Medicaid, State Children’s Health Insurance Program (SCHIP), and/or Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Directors
- Head Start (HS) Collaborative and/or Regional Offices.

On May 15–16, 2006, the fourth OHI convened since late 2005, was held in Atlanta, Georgia. The nine States in attendance included Alabama, Florida, Indiana, Kentucky, Maryland, Mississippi, Missouri, New Jersey, and Oklahoma. Each State team included the State Dental Director and representatives from the key stakeholder groups. In addition, an expert faculty was
available throughout the OHI to answer questions and provide guidance during the planning process.

The format of the Atlanta Oral Health Institute included a combination of educational plenary sessions and State partner and peer-to-peer breakout sessions. The breakout sessions were used to identify collaborative activities that participants could undertake to improve the oral health of MCH populations. The OHI was designed to meet the needs of all participating States regardless of where they were on the planning continuum. The content of the plenary presentations were identified by a planning committee and included the following topics:

- Establishing the dental home and facilitating its inclusion in the medical model
- Using Medicaid/SCHIP/EPSDT resources to fund oral health services
- Defining the dental workforce challenge and opportunities to utilize non-dental medical providers to expand access to care
- Providing an overview of oral health issues facing CSHCN
- Building public awareness on oral health through social marketing and policy development
- Optimizing oral health services in rural areas.

In addition to the interactive plenary sessions, States were given the opportunity to learn from their counterparts in other states during two peer-to-peer breakout sessions. These sessions encouraged attendees to share successful strategies and promising practices for enhancing the oral health of MCH populations. Attendees were asked to focus on identifying collaborative strategies, both large and small, for enhancing oral health that could be replicated in different States. The evaluation information gathered from participants at the conclusion of the meeting indicated that participants found the peer-to-peer sessions especially informative. For many of the peer groups, this was a unique opportunity to convene specifically to discuss the oral health needs facing their respective States.

The Institute also included two State Partner sessions where key stakeholders from the same State were asked to identify three oral health priorities and corresponding activities among MCH,
CSHCN, Medicaid/SCHIP, and State dental program representatives and brainstorm how partners could work together to improve oral health outcomes for MCH populations. These activities were to augment any oral health planning efforts currently underway in their States and were considered the priority outcome of the OHI. The activities identified by the State Partners in Atlanta were included in an action planning grid that States were asked to revise and submit in the weeks following the OHI.

A number of States mentioned collaboration in the activities identified during the State Partners sessions. Several planned to collaborate with the HS Program through Statewide forums or summits. Some States also mentioned collaborating with HS at the community level by promoting oral health through community HS health teams. One State would like to integrate oral health activities into its State Maternal and Child Health Early Childhood Comprehensive Systems Grant. Three States discussed improving collaboration between medical and dental providers, such as by training nurses to conduct oral health screenings. Three States will place greater priority on the continuation of planning activities, either by developing a State Oral Health Plan or by working with a Statewide Oral Health Coalition to promote oral health activities.

Five States mentioned the population of CSHCN as an area of priority. A few States planned to provide training and education to dentists to increase the number of dentists willing to treat these children. Other States will expand their emphasis on the oral health needs of CSHCN within existing programs, such as an early childhood caries (ECC) program.

Almost all States included a policy-related strategy. Five States specifically mentioned their interest in reviewing Medicaid and EPSDT guidelines and policies. Three States recognized the limitation of their current dental practice acts and planned to review the appropriate legislation. One State mentioned expanding the responsibilities of public health hygienists. During the closing plenary session, each State was asked to present a brief summary of their priorities, corresponding activities, and partners. They were also asked to identify any specific technical assistance need, if possible. Considering the brief amount of time available for
planning in Atlanta, the States are to be commended for making bold progress in identifying strategies with the potential to significantly impact oral health outcomes.