



## SCDHEC/Head Start Oral Health Forum

Thursday, April 3, 2003  
SC

North Trenholm Baptist Church, Columbia,  
SC

The objective for today is the development of an oral health strategic plan for the Head Start program in South Carolina. Participants in the work sessions will develop priorities to address the issues of provider and patient access, transportation access, and financial/resources access. Findings from today's sessions will be incorporated in a comprehensive oral health plan to address the needs of South Carolina's children.

### Agenda

- 9:00 am**    **Registration and Coffee**
- 9:30 am**    **Greetings**        *Raymond F. Lala, D.D.S., Director, Division of Oral Health*  
*C. Earl Hunter, Commissioner, S.C. Department of Health & Environmental Control*  
*Lisa F. Waddell, M.D., M.P.H., Deputy Commissioner, Health Services*  
*Mary Bradley Tepper, SCDDSN – Pee Dee Center*  
*Mary Lynne Diggs, Director, S.C. Head Start Collaboration Office*
- 10:00 am**    **Speaker**    *Dr. Harry Bickel*  
*Head Start Quality Improvement Centers*  
*Western Kentucky University*
- 10:55 am**    **Work Group Overview**    *Walter Waddell*
- 11:00 am**    **Break**
- 11:15 am**    **Work Group Session I**    *Access to Oral Health Service Providers*  
*Transportation for Access to Oral Health Services*  
*Funding for Access to Oral Health Services*
- 12:30 pm**    **Lunch**        *“Me and My Big Mouth”*  
*Columbia Marionette Theatre*
- 1:30 pm**    **Work Group Session II** *Continuation of Morning Sessions*
- 2:45 pm**    **Break**
- 3:00 am**    **Work Group Reports**
- 3:30 pm**    **Wrap-Up and Adjournment**

*Walter Waddell, Community Coordinator, DHEC – Division of Oral Health*  
*Mary Lynne Diggs, Director, South Carolina Head Start Collaboration Office*



## Planning for Head Start Oral Health Improvement

According to published Head Start reports, the number one health issue affecting Head Start programs nationwide is access to oral health services. By using this issue as a major focus, participants in the SCDHEC/Head Start Oral Health Forum (held on April 3, 2003) were divided into work groups that addressed: 1) Access to Oral Health Service Providers; 2) Transportation for Access to Oral Health Services; and 3) Funding for Access to Oral Health Services. The following key issues and potential initiatives were developed by the work groups and are presented as information for continued planning by Head Start directors, staff and parents to improve oral health access for children in communities throughout South Carolina.

### Access to Oral Health Service Providers

#### Key Issues:

- The Dental Board does not exercise the law regarding credentialing for dentist. We have credentialing for hygienists therefore we should fully utilize hygienists as providers. In South Carolina 50 dentists are graduated per year from one school but there are 250 hygienists graduated from 7 schools. We have approximately 1,647 actively practicing hygienists and 1,424 actively practicing dentists.
- There is lack of data for the Head Start population in regard to oral health. Need to keep appointment rates and track 0-5 year olds.
- According to Medicaid claims, services are received out of county due to a lack of providers accepting Medicaid. For example, a Union County resident may go to Spartanburg County for needed services.

- Many dentists are not comfortable with treating young children 0 -3 years. Need more training to deal with children for 0-3 and 3-5 years.
- Need more data on the gender/racial breakdown of providers. Mark Jordan in DHEC's State Office of Primary Care has some of this information.
- Providers of dental services need to make presentations to dental students and residents. Peer to rising peer. Need more peer to peer advocacy/education
- Retired dentist can be helpful in recruiting other dentists.
- Special needs are being addressed via the American Dental Education Association. Dr. Salinas at MUSC is providing special needs training.
- State resources are SC Rural Health Access Project, SC Dental Association, Community H.C., SC Primary Health Care Association, and State Dental Coordinator.
- A Robert Wood Johnson Foundation grant is in six counties targeting children 0-6 and special needs children and adolescents.
- American Academy of Pediatrics is promoting children receiving oral assessment by age 1.
- Local community groups/organizations are First Steps, Head Start Health Coordinators (Educators/Advocates), and SC Health Network (State H.S. Advisory Committee).
- Need practical strategies and good models in dealing with Medicaid population.
- Services need to be provided in Spanish. Need Spanish course for dentistry in dental and hygienist schools. This would enhance their cultural awareness and communication skills. However, this would not replace quality interpretation services, either through direct staff or an HABLA like equivalent.
- American Dental Association - Dental Supply Closet. Rentals.
- Challenges are:
  - Language barriers
  - Sensitivity to Medicaid population
  - CEU's for dentists
  - Parent education
  - Pre-natal parent education
- General themes to focus on are:
  - Parent education
  - Provider education
  - Cross training/interdisciplinary/interagency/multi-agency

- Health promotion-preventing disease
- Integration/specialization-pediatric dentistry in schools (formal training)
- Increased awareness of available resources
- Recruit more dentists

**Potential Initiatives:**

- Peer education/success stories (newsletters, study clubs, district management, get mentors to share). This may include hard economic data, with client encounter and outcome data. This would help sway those dentists sitting on the fence to become involved.
- Awards to dentist (Head Start and SC Dental Association) for humanitarian and special needs.
- Mobile services
- Tax credit (legislated)
- DHHS - Showcase their models of success
- Approach new providers
- Share information via the website.

**Transportation for Access to Oral Health Services**

**Key Issues:**

- Need clarification of the laws regarding transporting of children in buses and vans, use of car safety seats for children, and HIPAA (Health Insurance Portability and Accountability Act of 1996) requirement for signed consent.
- Need greater communication between providers of transportation, dental providers, DHEC, DHHS, DSS, etc.
- There is need for Spanish speaking transportation providers, transportation for non-Medicaid children and car safety seats for children.
- Need greater communication between caseworker and Head Start on dental appointments and especially follow-up treatment.
- Dental hours are a problem for many parents and the more established dentists are seeing less children
- Messages to transportation agency are not always received and callbacks are a problem.
- Parents and children are traveling greater distances due to the lack of pediatric dentists.

- Need better timing of transportation with school bus routes, appointments and school hours.
- Need transportation for emergency cases.

**Potential Initiatives:**

- Expand and improve communication between providers (caseworkers, Head Starts, transportation & dental providers).
- Assure that materials are appropriate for linguistics, culture and educational level.
- Expand volunteer base (in particular the Individual Transportation Providers (ITP) and for emergency cases).
- Clarify issues (legal) related to vans vs. buses (Jacob's Law).
- Assure that issues related to HIPAA are addressed.
- Clarify issues and improve access to car seats (build community linkages).

## **Funding For Access To Oral Health Services**

**Key Issues:**

- Medicaid is the best option to serve Head Start children but Head Start can also pay for services if Medicaid or private insurance does not cover the cost.
- The number of Medicaid eligible children has increased but the expenditures for eligible services have decreased with many optional services being cut.
- Dentists may leave parents hanging when their office has reached the Medicaid service cut-off point. This leads to a lack of access because parents have nowhere to go for services.
- Some dentists schedule appointments for Medicaid eligible children during school hours causing them to miss classes. This practice conflicts with school policy. Regular insurance children receive appointments after school hours.
- Some dentist will drop a child after they miss two appointments. Some charge a deposit fee to make an appointment, which is not allowed by federal Medicaid Policy. Need greater follow up after missed appointments.
- Some children with problem behaviors or very young children may be turned away from services and have to go great distances for a specialist.
- Parents should receive greater awareness through education that dentist must report child abuse and neglect. They are required to report dental neglect.

- The state pays part of the funds to educate dentist and why shouldn't the dentist have a responsibility to provide services to the poor? Could a loan repayment program be used to get dentist to relocate to underserved areas.
- Dental homes for children need to be established and linked to the medical home.

**Potential Initiatives:**

- Provide education to Head Start staff and parents to increase their understanding of the oral health care system and empower Head Start families to manage their oral health.
- Provide Head Start education to providers (dentists, hygienists, doctors, nurses, health care workers, etc.) to increase their understanding of Head Start goals, funding, activities, operational standards, etc.
- Provide Head Start education to educators and child care workers to increase their knowledge of Head Start clients, referral of clients for services and advocacy for clients.
- Provide Head Start education to collaborative community partners (agencies, organizations, leaders, etc.) to increase their knowledge of services, referrals and advocacy.