

South Dakota Oral Health / Head Start Summit

**March 12, 2003
Cedar Shore Resort
Chamberlain, South Dakota**

The South Dakota Oral Health / Head Start Summit was held on March 12, 2003 at the Cedar Shore Resort in Chamberlain, South Dakota. The summit was held thanks to financial support from the HRSA-MCHB and ASTDD. The South Dakota Oral Health Coalition organized and hosted the summit. Mr. Michael Felix of Allentown, Pennsylvania was retained to facilitate the summit.

The South Dakota Head Start Association hosted a networking meeting among the coordinators and health specialists the evening before the summit in order to establish their desired outcomes from the summit. Mr. Felix facilitated the discussion at their meeting.

The summit was held in two parts with the morning dedicated to sharing information and the afternoon dedicated to planning.

I. Information Sharing

- A. During the first segment of the morning the group heard about the dental challenges for Head Start Children in South Dakota. The presenters were: Leesa Kraeger, Executive Director, South Dakota Head Start Association and John Thomas, Program Specialist, Administration for Children and Families, Health and Human Services, Region VIII.
- B. The second segment outlined the current picture of oral health in South Dakota. The presenters were: Scott Jones, President and CEO, Delta Dental Plan of South Dakota; Julie Ellingson, Dental Health Program Coordinator, South Dakota Department of Health; and Paul Knecht, Executive Director, South Dakota Dental Association.
- C. The last segment of the morning reviewed the current projects initiated by the South Dakota Oral Health Coalition. The following are the topics and the corresponding presenters:

- ♣ Hygiene Proposal - Jeanette Grady, President, South Dakota Dental Hygiene Assoc
- ♣ Student Loan Program - Scott Jones, President and CEO, Delta Dental Plan of SD
- ♣ Mobile Dental Unit – Carrie Mikkonen, Care Mobile Manger, Delta Dental
- ♣ Dental / Medical Interfaces Project – Paul Knecht, Executive Director, SDDA

II. Planning

After lunch the summit participants divided into two groups to hold breakout discussions.

A. Group One - Head Start/Practitioner Break Out Group Discussion

This group recognized that Head Start organizations can be a catalyst to improve the oral health of Head Start, Early Head Start and underserved children in local communities. There is an existing network of organizations and individuals both locally and state-wide to support Head Start's efforts. New and innovative dental-access programs are being created that Head Start will utilize. The relationships and networks formed at the summit will facilitate the implementation of the plans created at the summit.

The majority of the discussion centered around expanding access for children via a mobile dental unit. The unit is being donated by Ronald McDonald House Charities and operated by Delta Dental Plan of South Dakota. Many of the potential strategies were discussed including:

- Local organizing groups are needed with Head Start taking the lead and working with WIC and Social Services.
- Build support at the state level—to encourage participation by local entities: Department of Health, Department of Education, Social Services, Department of Commerce. Information needs to be shared on the details with state staff, followed by a personal contact. State staff need to send an announcement supporting the work to their local entities.
- The mobile unit is the organizing event, but a system of services can be built into the local community targeting oral health education and prevention.
- Dentists will need to be targeted for education and promotion by Delta Dental. Areas to be served will need to be prioritized and shared with local organizing groups to support local planning.
- Region XI Head Starts function via a different Regional entity. Plan needs to be developed to bring the XI programs into the process. SDHSA, or local neighboring Head Start programs, can go to their Region XI neighbors and provide the information to join.

Prevention Activities were discussed, including:

- The IHS dental varnish project in one Region XI program was successful.
- Xylitol-cavity prevention gum.
- Help medical doctors understand how oral health screenings and dental varnish support overall health for children.
- Protocols are needed for the dental varnish and mobile project.
- Nurse application of the varnish is within the scope of practice for nurses if they have a standing order from a medical doctor or prescription from a dentist and have attended accredited training.

Other comments shared in the breakout session included:

- Project should be comprehensive—each community must decide if they will start with prevention, education or begin with the mobile unit project with the prioritized list developed by Delta Dental.
- Each local task force should write a plan to participate based on their community needs.
- Task force will also need to address how to reach the non-Head Start children.
- Head Start staff do not need to be the local project lead. If WIC, the Child Care Nurse consultants or others would like to volunteer, that is a local decision.

- Delta Dental may be available to help locate supportive dentists who might call dentists in an area that needs support for the project.
- Head Start 101 is needed for all of the dental community—understanding HS regulations, deadlines, approach to working with parents.
- Family service staff can be enlisted to support the local task force.
- Director support is also needed—hold a director’s networking to work out some of the details.
- Support outside the dental community is needed. Head Start could take the lead in local communities.

B. Group two - Non- Head Start Break Out Group Discussion

The project breakout group developed a brainstorming list surrounding the areas of:

- Dental work force recruitment.
- Increasing access to dental care for the underserved including the disabled.
- Collaboration between medical and dental care providers.
- Sources of funding for innovative programs.

C. Action Plan / Next Steps

The summit participants gathered as one group and developed the following action plan:

1. Each Head Start program will identify staff to be the local community lead for the oral health initiative in their communities. (Region VIII/SDHSA need to contact their Region XI neighbors who missed today to move the work forward.) Local grass roots activities can include:
 - Share the proposal and build support within the agency from the director and family service staff. SDHSA can assist in contacting directors and/or scheduling a networking session for directors.
 - Identify local players to work on the project -build a task force
 - Choose and prioritize focus area (access/prevention/education) and establish a written plan of action. Plan can work simultaneously on all areas or focus in steps.
 - Educate the community on the importance of oral health.
 - Recruit children for the van .
 - Raise funds to support the mobile unit
 - Devise a plan for follow up to support identified needs after the van has been in the community.
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2. Delta Dental will take the lead with the established task force at the state level to support local efforts by:
 - Developing a purpose statement for the state and local communities
 - Establishing the priority list for the van schedule based on community assessment data.
 - Identify education materials, resources and strategies for use by the local task force
 - Identify fundraising approaches and strategies for local organizers
 - Develop fact sheets and a “to do” list or job description for local organizers to utilize. (Blueprint for action) Legislative fact sheet has already been developed and can be incorporated.
 - Contact key stakeholders in state agencies to provide all of the above information and request agency announcement/support for local state agency staff to participate.
 - Assist with the development of follow up activities/support in local communities.

3. Develop an educational plan to assist health professionals in meeting the challenges of providing oral health services to the developmentally disabled. Responsible parties:
Dr. Jack Williams - Dean of Health Sciences USD
Rhonda Bradberry - Lake Area Technical Institute
Tom Schienost - SD Association of Community Based Services
(Adjustment Training Centers)
4. Complete a comprehensive survey of oral health services and providers in the state, similar to what was done with medical services, in cooperation with Bernie Osberg at the South Dakota Department of Health. Responsible parties:
Delta Dental
South Dakota Dental Association
South Dakota Department of Health

III. Conclusion

Collaboration between the Head Start organizations in South Dakota and existing efforts to increase access to dental care hold the potential to improve the oral health of children in Head Start Programs. The existing organizational infrastructure of Head Start provides an opportunity for families of Head Start children to access dental care delivery systems more so than other underserved families. The summit provided an opportunity to begin collaborating with Delta Dental, and the mobile dental project provides the greatest near-term opportunity to provide dental care to underserved Head Start Children. On going efforts by Head Start will need to be made to access traditional modes of dental care at the community level.