Louisiana’s Oral Health Summit 2002

On December 6, 2002 the Louisiana Oral Health Program, Office of Public Health, Department of Health and Hospitals coordinated the first statewide summit on oral health. The Oral Health Summit was sponsored with grant monies from Health Resources and Services Administration and the Maternal and Child Health Bureau through cooperative agreements with the Association of State and Territorial Dental Directors. Additional sponsors included Oral Health America, Procter and Gamble, Patterson Dental, the Louisiana Dental Association, Louisiana Dental Services, Oral B, Agenda for Children, Head Start Association, the LA Head Start Collaboration Project, Department of Social Services, LSUHSC Foundation, and the LSUHSC School of Dentistry. The Summit was designed to assemble dental health leaders and policy makers to address access and barriers to dental care, infrastructure strengths and weaknesses, educational needs, and the financing of oral health care in Louisiana.

Over 125 participants attended the summit, including representatives from the Louisiana Dental and Dental Hygiene Associations, the Secretary of the Department of Health and Hospitals, the Director of Louisiana Medicaid and staff, the three largest federally qualified health care centers, New Orleans Health Department, numerous developmental centers, LSUHSC School of Dentistry, Head Start Directors and parents, the rural water association, school nurses, United Cerebral Palsy, Office of Citizens with Disabilities, United Way, private practice dentists, child care educators, concerned citizens, and Agenda for Children. Representatives from Health Resources and Services Administration, Maternal and Child Health Bureau, the Dallas Regional ACF Office, and Region VI Head Start QIC were also in attendance.

The morning session addressed the status of oral health in Louisiana focusing on children in general and then specifically head start children, pregnant women, adults, the geriatric population, special needs populations, and capped off with the dental provider and Medicaid perspectives. The Louisiana Children’s Oral Health Policy Brief, which was begun earlier this year sponsored by the Louisiana Head Start Collaboration Project, Department of Social Services, the Oral Health Program, and Agenda for Children, was introduced and the major recommendations of the policy brief highlighted. Unfortunately, Dr. John Rossetti, Chief Dental Officer US Department of Health and Human Services, Health Resources and Services Administration was scheduled to address Head Start oral health issues but he was unable to participate due to the biggest snow and ice storm this season and could not get a flight to New Orleans.
In the afternoon, the participants broke into one of five workgroups. The workgroups included: Financing Dental Services/Medicaid Policy and Administration, Dental Education/Consumer Education, Early Head Start/Head Start, Prevention/Community Water Fluoridation and Communication and Understanding among Stakeholders/Advocacy. The task of each workgroup was to identify where we are by focusing on barriers and resources; where we want to be by focusing on what we want to achieve/accomplish; and how do we get there by focusing on strategies that can be pursued. In addition, Dr. Steve Perlman from the Boston University Goldman School of Dental Medicine addressed special needs populations in the afternoon after the completion of the workgroup sessions.

A representative from each workgroup reported back to the general audience the major points identified in the workgroup. The Oral Health Director will compile each summary and formulate the recommendations/strategies. Each group member will be provided with the summary and have an opportunity to comment/edit before the document is finalized. This will insure that the intent and integrity of the workgroup is maintained.

The evaluation of the Oral Health Summit was overwhelming excellent. Respondents clearly indicated a new level of awareness about the status of oral health in Louisiana and a willingness to help address the issues preventing access to oral health services for the residents of Louisiana. A few respondents felt that there should have been more time in the morning program for questions and audience discussion but unfortunately time constraints prevented this. Hopefully the workgroups presented the forum for additional discussion.

The Oral Health Summit clearly focused on the barriers preventing access to oral health care and the disparities that exist for certain groups of citizens in Louisiana. The Summit heightened participant awareness and oral health has emerged as a major health care concern for Louisianans. Partnering with the diverse groups represented at the Summit will facilitate the implementation of the recommendations/action plans of the five workgroups.

An Oral Health Steering Committee will be assembled from the responses of the work group participants who agreed to participate on this committee. The responsibilities of the Oral Health Steering Committee will include working with the Oral Health Director to facilitate the implement of the recommendations from the Oral Health Summit. The committee will be charged with the development of in-depth action plans and time lines for the recommendations. Dr. Brian Muskya has agreed to act as the chair of the Oral Health Steering Committee.
Louisiana Early Head Start/Head Start

In Louisiana, Head Start is a comprehensive family-focused child development program that offers education, health including medical and dental assessments, nutrition, parental involvement, and social services for low-income families and their children. The Louisiana State Head Start Collaboration Project began in 1997 and with the Louisiana Head Start Association has as it’s goal to create and offer support to statewide partnerships among Head Start programs, childcare programs, and public-school pre-kindergarten programs.

The State Head Start Collaboration Project embraces the principle of serving the whole family as the key strategy for improving developmental, social and economic conditions for low-income children. The Project also identifies gaps and overlaps in service delivery to low-income families and initiates strategies for improved access, delivery, and coordination of services for families with young children.

Louisiana dental Head Start statistics for 2001 show that 93% of all Head Start children received or were in the process of receiving a dental examination. Eight-nine percent (89%) of the Head Start children were receiving the needed dental treatment through the hard work of the Head Start supervisors, coordinators, and educators. Yet in spite of these very good statistics, the Head Start employees have stated that often it is very difficult to locate a dentist willing to treat the Head Start children.

Almost all parishes reported a shortage of pediatric dentists and some general dentists don’t like to treat children under the age of five. In rural Louisiana, this problem is even more acute because of the fewer numbers of dentists practicing in these areas. In addition, lack of public transportation is a large problem for Head Start families living in rural Louisiana especially Caldwell, Catahoula, Concordia and LaSalle parishes.

Another area of concern for the Head Start educators was the long waiting list for dental appointments due to the low availability of Medicaid providers. When a child is in pain, it is important to get that child treated as soon as possible. Treatment with an antibiotic is a poor substitute for a dental visit but often because of the difficulty in securing a timely appointment, this is the only intermediate option. Parents often have a difficult time getting time off from work or have problems finding sitters to stay with other siblings so that they may accompany the child to the dental appointment.
Oral health is a very important part of the child’s general health and parents need to be aware of this relationship. If oral health is not important to the parent then the oral health of the child may not be a priority for that parent. Oral health education for the child, parents, and childhood educators will be one of the answers to improving the oral health of Louisiana’s children.

The Department of Social Services-Office of Family Support State Head Start Collaboration Project, Agenda for Children and the Oral Health Program have developed “Brushing Up on Children’s Oral Health in Louisiana: A Policy Brief. This collaborative effort by many stakeholders clearly addresses the oral health issues facing access to care for all the children of Louisiana. This document focuses on five priority areas: Prevention; Low Provider Participation in Medicaid/LACHIP; Availability of Dentists; Community Education; and Children with Special Needs. Representatives from the State Head Start Collaboration Project, Agenda for Children and the Oral Health Program will meet with various groups to discuss, educate and inform interested parties to support the implementation of the recommendations from the Children’s Oral Health Policy Brief and Oral Health Summit in the next legislative session.

The development of the children’s oral health policy brief was a major undertaking for all parties involved. Many hours were spent researching the facts and finding out what other states were doing. The children’s policy brief together with the specific recommendations from the Oral Health Summit work group on Early Head Start/Head Start should be the starting points for improving the oral health of Head Start children as well as all the other children in the state.

The Oral Health Director who will work closely with the State Head Start Collaboration Project Director and the Oral Health Steering Committee will monitor the progress of the recommendations of the Oral Health Summit and the Children’s Oral Health Policy Brief. Some recommendations will be very easy to implement; others, such as a multimedia campaign, will be very costly and involve securing funding from outside sources.

The Early Head Start/Head Start work group at the Oral Health Summit identified the following as priority areas. The recommendations were based on the items discussed in the work group session.

**Focus Area: Early Head Start/Head Start**
Goal: Improve access to oral health services for the Early Head Start/Head Start populations

Priorities:

- Increase the number of providers accepting Medicaid patients by increasing reimbursement rates for dental treatment
- Increase funding for dental services
- Educate the Louisiana Legislature, parents, early childhood educators, and the dental community on the benefits of oral health and its relationship to overall general health
- Increase parental involvement in oral health outreach and advocacy
- Form grassroots coalitions to advocate for oral health
- Unite the local Head Starts into a large cohesive group to promote policy changes
- Identify all funding sources available for children aged 0-3 that need specialized services (Infant Habilitation Funds)
- Encourage all Head Start parents to register to vote
- Develop incentives to encourage dental providers to treat young children and special needs children
- Provide parents with “baby sitting” services for other siblings so parents can accompany child to dental appointment
- Identify “best practices” from across the state and nation to determine what works to increase access to oral health care for these children
- Identify federally qualified health centers in dental health shortage areas and work with these centers to increase dental component to treat the Head Start children
- Identify methods/techniques/services that will facilitate oral health screenings for Head Start children

Recommendations:

1. Develop a survey to distribute throughout the state and nation to Head Start Centers on current “best practices” for accessing and utilizing dental services.
2. Present the findings of the survey at a national conference and/or post on a web site to make the results available to other Head Start Centers.
3. Work with Federally Qualified Health Centers in dental health shortage areas to expand satellite clinics to insure dental services for Head Start children.
4. Advocate that existing Federally Qualified Health Centers without a dental component expand the facility to include dental services.
5. Encourage Head Start parents to serve on Federally Qualified Health Centers’ boards of directors.
6. Engage elected officials and present oral health issues.
7. Involve Head Start parents in policy changes.
8. Develop a statewide multimedia oral health education campaign designed to heighten awareness of oral health issues facing Louisiana’s children.
9. Develop a specific agenda for the oral health of Head Start children and have readily available as funds and the legislative climate changes to take advantage of all opportunities.
10. Advocate for increased dental reimbursement rates for Medicaid providers.
11. Advocate for legislative changes that will provide incentives such as tax breaks and credits for dentists who treat Head Start children.
12. Provide transportation and/or sitter service so that parents may accompany their child to the dental visit.
13. Train Head Start nurses to conduct oral health screenings according to the criteria developed by the Association of State and Territorial Dental Directors.
# Head Start Proposed Activities and Timelines

<table>
<thead>
<tr>
<th>Head Start Activity</th>
<th>Time line</th>
<th>Responsible Parties</th>
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| Develop Survey on “best practices” for accessing and utilizing dental services for Head Start Programs | Initial survey development: March 2003  
Final Survey development: September 2003 | Health Resource Manager BHM International Region VI-A HSQIC, LA  
Oral Health Director, HRSA Region VI Dental Consultant |
| Present findings of survey at National/Regional Conference                         | 2003-2004                          | Health Resource Manager BHM International Region VI/State Oral Health Director  
Health Resource Manager BHM International Region VI |
<p>| Place findings on Head Start Website                                              | 2004                               | Health Resource Manager BHM International Region VI |
| Identify Head Start Centers in rural areas that have limited access to dental care to encourage association with Federally Qualified Health Centers to expand satellite dental clinics to that area | 2003                               | State Head Start Agency |
| Discuss, educate and inform interested parties concerning increased Medicaid reimbursement rates for dentists | Legislative Session 2003          | State Head Start Collaboration Project Director, Agenda for Children, State Oral Health Director, Head Start Parents |
| Provide sitter service/transportation for Head Start parents so the parent may accompany the child to the dentist | ASAP if Head Start funding permits | Individual Head Start Centers |
| Engage elected officials and discuss, educate and inform them about children’s oral health | Legislative Session 2003 and future legislative sessions | State Head Start Collaboration Project Director, Agenda for Children, State Oral Health Director, Head Start Parents |</p>
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<thead>
<tr>
<th>Task</th>
<th>Timeframe</th>
<th>Responsible Party</th>
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<tr>
<td>Train Head Start nurses to conduct oral health screenings utilizing the Association of State and Territorial Dental Director’s model</td>
<td>May – August 2003</td>
<td>State Oral Health Director as requested by the Head Start Centers</td>
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<tr>
<td>Develop a statewide multimedia oral health campaign to educate the public on the oral health issues facing Louisiana’s children</td>
<td>2004 or as soon as funding becomes available</td>
<td>State Oral Health Director</td>
</tr>
<tr>
<td>Develop an oral health agenda for the Head Start children</td>
<td>June 2003</td>
<td>State Head Start Collaboration Project Director/ State Oral Health Director</td>
</tr>
<tr>
<td>Increase Head Start parents involvement in oral health outreach and advocacy</td>
<td>ASAP</td>
<td>Head Start Center Directors</td>
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Appendix—Head Start Survey
August 15, 2002

Dear Ms.

Thank you for attending the oral health program at the State Head Start meeting on August 6th. As a follow up to our very informative session, I am asking that you answer a few simple questions so that I can get a better understanding of the issues that you face each day in assuring that these children receive adequate dental care.

The information obtained will be utilized at the State Oral Health Summit on December 6 to fully address Early Head Start and Head Start dental related issues. Your input will be vital in assuring that these issues are addressed. You will also receive an invitation to the Oral Health Summit and I hope that you will be able to attend.

Thank you so much for your help. Please feel free to add any comments or personal stories that you feel will help raise awareness of these issues.

Sincerely,

Karen M. Oertling
Director Oral Health Program
Office of Public Health
Early Head Start/Head Start Oral Health Survey

1. Do you feel that the Head Start Statistics for LA in 2001 that show that 93% of all Head Start Children were completing dental exams and 89% of all Head Start children were receiving dental treatment accurately reflects what is happening in your center?
   a. Many of our children are not receiving adequate dental care and the statistics are not reflective of what is happening in our center.
   b. Only some of our children are not receiving adequate dental care and the statistics do reflect what is happening in our center.
   Additional comments:

2. How informed are most of the parents about children’s oral health?
   a. They possess little knowledge about children’s oral health.
   b. They possess some knowledge about children’s oral health.
   c. They possess enough knowledge about children’s oral health to make informed decisions.
   Additional comments:

3. What do you do when you see a child experiencing dental pain or see a dental problem?

4. Are you effective in getting these children treatment?
   a. Yes
   b. No
   c. Sometimes
5. Are you having trouble finding a dentist in your parish or area (less than 10 miles away)?
   a. Yes
   b. No

6. If yes to #5 please identify some of the problems you have encountered in finding dental providers for these children.
   
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

7. Is lack of transportation a problem for the parents who are seeking dental treatment for their children?
   a. Yes
   b. No

8. What solutions can you think of that would help solve this problem?
   
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

9. Please share any experiences that you have witnessed or that any of your children have experienced in accessing dental services that will provide insight and can be used at the Oral Health Summit to help elicit change.