

Taking Responsibility for Accessible Dental Services for Children

Sharon J. Mathe

A Rural Health Network is the perfect administrative tool to use to address the problem of providing accessible dental care to children in poor rural areas. A case in point is a diverse multi-disciplinary committee under the auspices of the Southern Tier Health Care System that is taking responsibility for addressing the need for oral health care services in a three county area in the northwest tip of Appalachia. Looking first at the poverty level, a process is adopted which involves the community in identifying need, building a coalition, and developing a plan. A subcommittee then focuses on dentist participation in the Medicaid program, special needs populations, travel time to available services (county roads, weather, and no public transportation) and determining assets at hand resources needed to resolve the problem. Using limited resources and developing new ones leads to a Federal Rural Health Policy, Rural Health Outreach Demonstration Program grant and Federal designation as a Dental Professional Shortage Area. Using the anchor critical access hospitals and a privately funded mobile unit, a service delivery process is created. The network is developing a recruitment and retention strategic plan for dental health providers involved with the Child Health Plus program. Accessible dental care for children should begin in early 2000.

**SONRISITAS:
Promoviendo Educación Dental para el Futuro de Nuestro Niños,
Promoting Dental Education for Our Children's Future**

Beatriz Barraza-Roppé

A Community Outreach Dental Health Program for Parents. Sonrisitas, a heritage promotora project, is a culturally appropriate educational and outreach program designed by and targeted to the Latino community. Latino children and their families are at high risk for baby bottle tooth decay, dental caries, periodontal disease, and lack of access to prevention services and dental treatment. The Instituto de Promotoras model is based on the heritage promotora model of naturally occurring networks and linkages that exist in the Latino community. A members of the target community and its social network, the promotoras are the best placed individuals to reach their community with prevention and health promotion messages. Promotoras act as excellent role models and as early adopters of behavior change. Familiarity with the cultural environment gives the promotoras and project staff access to feedback and information regarding factors in the community that influence health behavior outcomes. Promotoras work within their communities in a traditional way, promoting the bonding neighbors, friends and family. The fully scripted Spanish language curriculum was designed with input from the Sonrisitas promotoras and dental health professionals and consists of the following: Introduction – Establishing common goals and pre-test; Tooth Surface and Function; Nutrition; The First Teeth; Periodontal Disease; Sealants and Fluoride; Visit to the dental clinic; and Graduation and post test.

Oral Health Crisis in the US Pacific Jurisdictions: Critical Need for Strategic Action

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This paper will describe the collaborative efforts among Federal agencies and health and political leaders in the Pacific jurisdictions to develop strategic plans for addressing the broad range of oral health issues and improve the oral health of the populations in the jurisdictions. The US Pacific jurisdictions comprise the territories of Guam and American Samoa, the Commonwealth, of the Northern Mariana Islands, the Republic of Palau, the Republic of the Marshall Islands and the Federated States of Micronesia. They span an area slightly larger than the continental US and over 2, 100 islands with about 400,000 inhabitants. The jurisdictions all experience slow economic growth, dependency upon imported goods and expertise, rapidly increasing populations, and lack adequate health care infrastructures, e.g., deterioration of dental facilities/equipment, and lack of data systems.

In each jurisdiction there is an overwhelming and growing unmet oral health need, especially among children. Specifically, there is high caries prevalence in both primary and permanent dentitions of children, a high rate of early childhood caries, a high rate of untreated caries among children, and insufficient use of dietary fluoride and sealants for caries prevention. This dire situation is, with the exception of Guam, made more critical by the very low and dwindling number of available dentists, dental nurses and dental assistants. Finally, very few Pacific Islanders are in dental training programs.

Thus, if the Pacific jurisdictions are to improve the oral health of their populations, it is essential that their leaders, in partnership with their US counterparts, develop strategic plans of action and obtain the political and financial commitments for their implementation from within and beyond their borders.

TeleHealth - Surveillance of Craniofacial and Oral Health

Lars E. A. Folke

Few children and adolescents residing in rural areas of the Lower Rio Grande Valley have access to health care. Yet, reported prevalence of craniofacial anomalies (neural tube defects and facial clefts) shows elevated numbers in this subpopulation. Careful surveillance of such abnormalities and oral health is currently under way by means of two pilot projects employing advanced telehealth technology. One school-based telehealth clinics have been established in each of the Independent School Districts of Progreso and Lyford, TX. Each clinic is managed by a telehealth assistant (school nurse/dental hygienist) who either conducts live video interactions or captures and transmits standardized clinical & x-ray images upon request by remotely practicing general dentists or physicians. 3500 children, PK-12, are currently being screened and triaged upon consent while attending school. Clinical observations and images as well as epidemiological information are stored in an Oracle repository for further analysis and/or tertiary consultations with networking specialists. If treatment needs exist which require an office visit, the student will be advised to see his or her a health care provider of choice.

Above projects are supported for two years by the TeleMedicine Program of USDA and the Telecommunications Infrastructure Fund of Texas. The goals are 1) to assess the value of school-based telehealth clinics; 2) to facilitate, in partnership with local dentists, physicians and allied health professionals, timely and accessible craniofacial and oral health screenings, clinical diagnosis preventive and interceptive treatments; 3) to meet the goals (K-12) of Healthy People 2000; 4) to gather information about disease prevalence, environmental and nutritional risk factors; and 5) to sustain and to replicate successful school-based telehealth clinics.

A community participatory oral health promotion program in an inner city Latino community.

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Objective: An oral health community participatory project was conducted to explore the feasibility of achieving community participation in a variety of culturally appropriate oral health prevention activities. The target population was an optimally fluoridated inner city Latino neighborhood in northwest Washington D.C.

Methods: The PRECEDE/PROCEED model was used as a framework for planning, implementation, and process evaluation of the project, in conjunction with community organizational theory. An assessment of the community's needs identified extensive dental health needs among children and deficiencies in their parents' oral health knowledge, opinions, and practices. In response, culturally appropriate preventive and health promotion activities were planned and implemented in collaboration with local community organizations, volunteers and local practitioners.

Results: The impact and usefulness of the program were assessed informally using an anonymous audit of the Steering Committee, an inventory of Resources used, and an outreach survey. This project demonstrated that the community participatory approach was effective in addressing oral health concerns in a community with low access to dental care. A community network was established, and individuals in this community showed a substantial interest in oral health matters and participated in a variety of oral health prevention activities.

Conclusions: It was feasible to implement an oral health community participatory project using culturally appropriate health promotion interventions. Furthermore, the community was interested in the continuation of oral health promotion initiatives and a plan for future targeted interventions was laid out.

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Using the Internet to Find the Right Funding Resources for Your Organization With a Focus on Dental Health

G. Tutino

Learning Objective:

1. Participants will identify at least 5 agency-appropriate funding resources accessible on the internet.
2. Participants will be able to access at least 5 agency-appropriate dental funding resources on the internet.
3. Participants will be able to access at least 5 dental grant applications from agency-appropriate funding resources on the internet.
4. Participants will be able to utilize the internet for assistance in filling out grant applications.
5. Participants will identify at least 5 funding tips that will facilitate the development of a “fundable” dental grant application.

Description: This workshop will focus on learning how to access the funding resources that are appropriate for your particular agency and learning how to design a program that will meet their specifications and further your own agency’s goals at the same time with a focus on dental health. Learn about different funding resources and how to access them quickly through the internet. Learn specific web sites that can walk you through the grant accessing, writing, and developing processes. Learn how to access private corporations and foundations, as well as government resources. This workshop will provide valuable tips to enable users to qualify for important grant funding resources.

Co-located Dental Services: Bringing the Mountain to Mohammed

Georgina P. Zabos, Sandra Burkett, Calix Ramos, and Oscar A. Padilla

It was recognized that many of the HIV+ patients receiving care at the School of Dental & Oral Surgery only came for emergency treatment. Therefore, a program was developed to provide services in community-based co-located services.

Objective: To improve the oral health status of FHV/AIDS patients by providing dental services at places where they receive medical and supportive services. This is done in partnership with CBO's who share our mission statement.

Methods: A mobile dental team delivers POHC emphasizing prevention, early intervention, and linkage to comprehensive care. This project is funded until 2001.

Impact: Our target population includes HIV/AIDS patients in Northern Manhattan and the residents of Safe Home. African-Americans, Hispanics, women and children of low SES are reached by the project. Youth including homeless, gay, transgendered, and past victims of abuse receive care. In the first four months (109) people were reached.

Results: Prior to our program very few of the patients had received preventive or comprehensive oral health care. Due to the non-judgmental health education efforts most have returned for continued care. Standardized tools employed are caries risk assessment and quality assurance.

Funding: Ryan White Care Act Title I funds allowed development of this project. Maintenance is assured by funding for 2000-2001. The scope of services provided aren't reimbursed by Medicaid. The project is expected to be ongoing.

Conclusions: This project reaches people who wouldn't normally receive oral health services. It is suggested that in order to improve access; co-located services are the wave of the future.

The Indian Health Service Early Childhood Caries Project

The Indian Health Service Dental Program serves a population with an Early Childhood Caries rate in excess of 50%. ECC rates of over 80% have been reported at individual Native American Head Start centers. A community based prevention program largely targeted at inappropriate baby bottle use was effective but has proved difficult to maintain. A program combining established community based prevention principles with an expanded clinical component was developed and is currently being evaluated at a number of test sites.

Development of the clinical component centered on a number of principle themes. These were access enhancement, examination, caries risk assessment, restorative dentistry protocols, chemotherapeutic protocols, patient/parent and allied health professional education, and a risk based recall. The program was designed to allow for variations in physical plant, staffing, funding, administrative and tribal support, and patient demand. Participants were trained in the behavior management of young children and in the use of cariostatic restorative materials and techniques for primary and secondary prevention. Goals for the program were not only to reduce the ECC incidence in the age group of 1 to 3 years of age, but also to decrease the need for dental care requiring conscious sedation, general anesthesia, and physical restraint. Data collection, material development, and training programs are ongoing.

Use of Dental Health Services by Hispanic Children

Sharon Telleen, PhD

- Purpose of the Study:** In a research study funded by US Maternal and Child Health Bureau, Health Resources and Services Administration, DHHS, the investigators studied the utilization of dental services by children in the predominately Hispanic neighborhoods in Chicago. The purpose of this study was to examine the barriers and resources related to the use of children's dental health services by Mexican-American, Puerto Rican and other Hispanic families in Chicago. In-depth interviews assessed the mother's general concerns, beliefs, perceived barriers to care, self efficacy, and dental insurance coverage.
- Methods:** A cross sectional survey using fact-to-face interviews in Spanish was conducted with 320 Hispanic Mothers who had a child or children aged 3 to 8 years of age. Of the mothers interviews, 221 women were Mexican, 69 were formerly from Puerto Rico, and 30 were from the other Hispanic countries of Central and South America.
- Results:** To examine the differences in the use of dental care among these Hispanic populations, Chi square test and ANOVA tests were used. Significant differences among the ethnic groups were found in the mother's perception of the condition of the child's teeth, presence of cavities, need for communication with the dentist and dentists' staff and the mother's sense of self-efficacy in getting dental care. The different immigrant groups had significantly different types of dental insurance coverage. Mexican mothers described the condition of their child's teeth as fair (36%), while Puerto Rican mothers (38%) perceived their child's teeth as very good ($p=.001$). Significantly more Mexican children had cavities including four front teeth (55%, $p<.001$) than the other Hispanic groups. Mexican mothers showed greater need for communication with dental care providers and preferred Spanish speaking providers or dental assistants than Puerto Rican and other groups ($p<.001$). Mexican mothers perceived more provider barriers to use than the other populations($p<.001$). Significantly more Puerto Rican mothers had public or private insurance coverage for their children than the Mexican and other Hispanic immigrant populations (81%, 52%, 77%, respectively; $p=.001$).
- Conclusions:** These findings have implications for the types of providers and services which need to be implemented among the Hispanic immigrant population in Chicago to reduce the high prevalence of caries.

The National Center for Farmworker Health (NCFH) State Coordinated Oral Project

Jose Castro and G.M. Nana Lopez

Background: Oral diseases are reported to be one of the top health problems of Migrant Farmworkers and their families (MFWs). Although there are 120-130 federally supported Migrant Health Centers (MHC), only about 20% of the estimated 4 million farmworkers are seen in a year for medical care and many less see a dentist. The NCFH has developed the State Coordinated Oral Health Project (SCOHP) in an effort to address some of these access problems.

Objective: This project's objectives are to increase access to oral care and increase access to oral health information for MFWs.

Method: The project has selected three MHC in Texas to develop plans to work collaboratively within and without the health center. The Coordinator will prepare a plan taking into account the local resources. Dollars will be procured to help pay for unfunded care and will be distributed through an established toll free help line and voucher system. A Dental Health Certificate Program for Promotoras will be developed to address the need to increase access to oral health information.

Leadership structure: The Coordinator will work with dental consultants and the designated contact at each center to put together each plan and carry them out.

Impact: The impact will be measured by increase in the number of MFWs who access dental care and receive dental information.

Results: This intervention was kicked off in Nov. 1999. By June there should be numbers and results.

Funding Mechanisms and Financial Outcomes: The Migrant Health Branch of the Bureau of Primary Care in HRSA support the State Coordinator and this project. Some money has been procured from a State based program and the hope is to assist individual centers to get their own in the next year. Other funding will be sought from others to support the development of a Dental Health Certificate Program for Promotoras.

Conclusions/Recommendations: Efforts need to be made which increase access to care and information. Using existing avenues, such as MHC and promotora programs, and expanding their capabilities should result in improved health, both oral health and overall health.