
**MATERNAL AND CHILD
ORAL HEALTH
REGIONAL WORKSHOPS**
SUMMARY REPORT

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COSPONSORS OF **REGIONAL WORKSHOPS**

The following national organizations and agencies cosponsored the Regional Workshops:

Agency for Health Care Policy and Research, U.S. Public Health Service

American Academy of Pediatric Dentistry

American Academy of Pediatrics

American Association of Dental Schools

American Association of Public Health Dentistry

American Cleft Palate-Craniofacial Association

American Dental Association

American Dental Hygienists' Association

American Nurses' Association

American Public Health Association

Association of Community Dental Programs

Association of Maternal and Child Health Programs

Association of State and Territorial Dental Directors

Association of State and Territorial Health Officials

Chief Dental Officer, U.S. Public Health Service

Indian Health Service, Dental Services Branch

Medicaid Bureau, Health Care Financing Administration

National Association of Community Health Centers

National Association of Social Workers

National Association of WIC Directors

National Center for Education in Maternal and Child Health

National Institute of Dental Research, National Institutes of Health

In addition to cosponsors, a number of organizations and agencies supported workshop activities, hosted sessions, and collaborated with the Public Health Service Regional Offices. Cooperating government agencies included state and local departments of health and human services.



INTRODUCTION

Issue Statement

Preventable oral diseases still afflict a majority of children, youth, and their families and parents in our nation. These conditions occur despite great developments and opportunities in knowledge, technology and effective preventive methods. — *Equity and Access, 1990*

The lack of equitable access and universal availability of the recent advances in oral health services have been outlined in many national reports and reiterated at the Maternal and Child Oral Health Regional Workshops. In addition, currently available oral health measures are not fully utilized, either by professionals or consumers.

Background

Developments during the late 1980s and early 1990s have had a significant impact on health and human service programs that affect the oral health of children and families. Some of these major developments include the Public Health Service Workshop on the Oral Health of Mothers and Children (September 1989), implementation of amendments to the Title V Maternal and Child Health Services Programs and Title XIX Medicaid statutes from the Omnibus Budget Reconciliation Act of 1989 (OBRA '89), court rulings on access to oral health care for Medicaid

recipients, Federally Qualified Health Centers under the Omnibus Budget Reconciliation Act of 1990 (OBRA '90), and Bright Futures Child Health Supervision Guidelines.

In addition, a number of reports of national significance have been published, including the *Report of Children's Dental Services Under the Medicaid Program* (Office of Technology Assessment); *Improving the Oral Health of the American People*; *Opportunity for Action: A Study of Oral Health Activities of the Department of Health and Human Services*; *Healthy People 2000: National Health Promotion and Disease Prevention Objectives*; *Healthy Communities 2000*; *Oral Health 2000*; and *Guide to Clinical Preventive Services*.

Overview of the National Workshop

On September 10–12, 1989, a group of 125 nationally recognized health professionals and consumer advocates met to address the oral health needs of mothers and children in the United States. Participants at this national workshop formulated a series of oral health recommendations for public and private health organizations, agencies, and institutions, as well as local, state, and federal governments.

The national workshop provided opportunities to:

- Focus attention on issues affecting maternal and child oral health;
- Elicit expert opinions from invited participants in science, policy, and consumer affairs, on mechanisms for optimizing the oral health of children and mothers;
- Develop a set of strategies to meet this challenge;
- Stimulate interest and increase support of organizations and individuals that can have an impact on decisions and opportunities in maternal and child oral health; and
- Disseminate the workshop report to agencies, organizations, health and human service providers, administrators, and the public.

Workshop recommendations were developed following evaluation of commissioned background issue papers, oral presentations by plenary speakers, identification and prioritization of diverse issues affecting maternal and child oral health, and strategy consensus advanced by intensive discussion sessions. Dr. Audrey Manley, Deputy Assistant Secretary for Health, received these recommendations on behalf of the Public Health Service during the final plenary session. (The workshop report and background issue papers are available as published documents.)

At the national workshop, work groups identified multiple strategies to achieve each recommendation. The recommendations outlined were diverse, and no individual agency or organization could accomplish them alone; each organization needed to identify the recommendations most clearly applicable to its own mission.

The national workshop outlined 139 recommendations, here grouped in the following five categories.

1. Improve public education interventions to increase knowledge and improve attitudes about oral disease prevention and oral health promotion.
2. Expand professional education and promotion efforts to increase knowledge and improve skills and attitudes about oral disease prevention and oral health promotion among providers, administrators, policymakers, and consumer advocates of health and human services.
3. Develop coalitions to advocate for and collaborate on oral disease prevention and oral health promotion issues.
4. Strengthen support for oral health policy in the health and human service system at national, state, and local levels by maximizing administration of established policy and regulations, and developing new legislation and appropriations.
5. Support coordinated data collection, evaluation, and research efforts to assess oral health status, behavioral and psychosocial factors, oral disease preventive methods, provision of oral health services, and program operations.



REGIONAL WORKSHOPS

During 1991, the Public Health Service Regional Offices held seven regional workshops to strengthen the process of achieving the national recommendations and to maximize the potential of other major developments. The workshops were designed to provide persons from the public and private sector organizations interested in health and human services with the opportunity to develop collaborative strategies and action plans to address oral health issues at state and local levels. The workshops embraced the philosophy that oral health is a vital component of health and wellness for children and their families. These workshops were funded by the Maternal and Child Health Bureau, Health Resources and Services Administration, Public Health Service, U.S. Department of Health and Human Services.

The first section of this report summarizes the organizational aspects of the Regional Maternal and Child Oral Health Workshops; the second section provides a synopsis of outcomes from the workshops. Future actions and opportunities for addressing family oral health issues are highlighted in the final chapter.

OVERVIEW AND ORGANIZATION

The purpose of the Regional Workshops was to convene groups of invited participants with special expertise to recommend strategies to address issues affecting the oral health of the children and families within Public Health Service regions. The workshops provided an opportunity for participants to gain knowledge about the issues that influence oral health and the interrelationship between these issues and other facets of the health and human service system. In this way, the workshops allowed participants with diverse backgrounds to collaborate in work groups and to focus attention on oral health issues of children and families by developing action plans.

Prior to the Regional Workshops, participants received background materials that provided an overview of recent developments in maternal and child oral health and prepared participants for the plenary sessions and work group discussions. Work groups were requested to formulate strategies for integrating new legislative provisions and policy initiatives into action plans. In light of different regional priorities, alternative organizational approaches were developed and some workshops chose not to produce individual state action plans. At one workshop involving three Public Health Service regions, participants established action plans for activities directed at the national, state, and local levels. Another workshop combining two Public Health Service regions addressed advocacy as a specific issue, and each state work group developed advocacy skills and formulated a state advocacy plan.

Participants invited to the Regional Workshops included officials, policymakers, professionals, administrators, and advocates representing diverse health and human service agencies and organizations. These participants represented those who plan, manage, research, educate, deliver, consume, and pay for health and social services. Also attending were individuals working in government and in the public, private, nonprofit, and voluntary sectors.

GOALS

National Planning Committee

In 1990, a National Planning Committee formulated a mission statement that served as the basis for the Maternal and Child Oral Health Regional Workshops:

Increase awareness and improve integration of oral health in the primary care system, and preventive health interventions for mothers and children, including those children with special health needs.

The following goals were also identified:

- Develop coalitions to advocate for policies to improve the oral health of mothers and children.
- Increase awareness of oral health issues and the process of implementing: (1) OBRA '89 provisions that change aspects of the Medicaid Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program and Title V Maternal and Child Health Service Programs; (2) Healthy People 2000: National Health Promotion and Disease Prevention Objectives; and (3) the recommendations of the Public Health Service Workshop on the Oral Health of Mothers and Children.
- Formulate a framework for a state action plan to meet the oral health needs of mothers and children as reflected by the legislative requirements of OBRA '89.
- Increase public and private collaboration to remove barriers to oral health care at the community level.

Regional Planning Committees

Goals for the Regional Workshops were adapted by regional planning committees based on special priorities and needs. The following goals were adapted to reflect important regional, state, and local concerns and experiences:

Needs Assessment

Review oral health status of children and families in the region.

Advocacy, Coalitions, and Collaboration

Increase effective advocacy for oral health issues at the state and local level.

Promote public and private partnerships through development of interdisciplinary constituencies.

Involve public and private sectors in focusing on oral health issues by convening a multidisciplinary group of interested participants.

Access to Services

Improve the availability of oral health services for children and families.
Increase access to oral health services under the Medicaid program.

Policy

Develop a state legislative agenda to promote oral health for children and families.

Consider the consequences of recent court actions concerning access to oral health services for Medicaid recipients.

Ensure that oral health services are an integral component of the total health care system.
 Identify personnel, resources, and methods that are critical for implementing the strategies developed at the regional workshop.

Oral Health Promotion and Education

Increase knowledge of oral health issues affecting the needs of low-income children and families, and persons with special health needs.

AGENDAS AND THEMES

These two-day Regional Workshops usually combined a keynote plenary presentation, invited plenary sessions, work group sessions, and interactions during social activities. Generally, the goal of the agenda was to provide information on recent developments that influence oral health issues in states and local municipalities. Participants also learned about current programs that effectively address the oral health needs of children and families. In this way, participants had opportunities to share programmatic ideas from states both within and outside their region.

Small group sessions, or work groups, generated especially productive and positive outcomes. These sessions allowed group members to assess the fine points of specific priority issues and to work together in developing action plans to tackle identified problems. In several instances, the Regional Workshops provided the first opportunity for a multidisciplinary group to work together intensively to evaluate many issues affecting oral health, to study the accomplishments and shortcomings of the states, and to formulate strategies for improvement. Specific tasks were assigned to each work session, and work groups were expected to accomplish defined goals by developing group consensus during the sessions. Each work group had a facilitator who encouraged participants to discuss all issues openly. Using this approach, the specific goals of each workshop determined the topics presented in the plenary sessions as well as the time allotted for work group sessions. The Regional Workshops addressed the following topics in plenary sessions.

Needs Assessment

Methods for Oral Health Needs Assessment

Special Populations with Unmet Oral Health Needs, including:

- Persons with special health needs
- Minority populations
- Preschool populations
- Expectant and new parents

Advocacy—Building Opportunities

Role of Advocates

Collaboration with Partners in Public and Private Partnerships

Intergenerational advocacy

Health professional associations

Developing Skills

Advocacy types, processes, and methods

Advocacy Plan Framework

Legislative Strategies

Administrative Strategies

Access/Financing—Improving Access and Financing for Services

Mobile Dental Van Programs

Hospital-Based Programs

School-Based Programs

Head Start Programs

Community-Based Health Centers (federal, state, and local)

Voucher Payment System

Family and Child Health Programs

State Dental Association Sponsored Programs

Policy—Developing Policy and Maximizing Resources

Interpretations (Federal and State Perspective) of OBRA '89 Provisions That Change Aspects of the Medicaid EPSDT Program and the Title V Maternal and Child Health Service Programs

Report of Children's Dental Services under the Medicaid Program, Office of Technology Assessment

Federally Qualified Health Centers (from OBRA '90 provisions)

Healthy People 2000: National Health Promotion and Disease Prevention Objectives and *Healthy Communities 2000*

Recommendations of the Public Health Service Workshop on the Oral Health of Mothers and Children

Bright Futures Child Health Supervision Guidelines

Court Rulings on Access to Oral Health Care for Medicaid Recipients (Clark vs. Kizer—California)

Dental Provider Perspectives and Responses Concerning Policy Developments

Oral Health Promotion and Education—Community and Individual

Tooth Decay (including baby bottle tooth decay)

Fluorides and community water fluoridation

Dental sealants

Appropriate feeding practices

Oral Cancer

Tobacco use—prevention and cessation

Oral Injuries

Mouth guards

Screening, Referral, and Follow-up



OUTCOMES OF REGIONAL WORKSHOPS

An assessment of the strategies proposed at the workshops indicates a number of similarities among the regions. Reports from the Regional Workshops outlined strategies to maximize resources for preventive, educational, and therapeutic services to reach persons with the highest risks and greatest unmet oral health needs. In addition, budgetary constraints and regulatory changes have resulted in demands for increased coordination of local, state, and national efforts to plan, implement, and evaluate health and human services, including oral health services. To ensure continued progress in oral health, strategies were suggested to integrate coordinated and effective oral health measures within family-centered, community-based health promotion and disease prevention services as well as within the therapeutic service system.

This section of the report provides a summary of the outcomes of the Regional Workshops. Appendix A (page 29) contains highlights of the individual workshops.

COMMON STRATEGIES

Multiple strategies were identified by the 40 work groups at the seven Regional Workshops. Following are the common strategies that emerged from these workshops.

Needs Assessment

Practical, coordinated, and standardized needs assessments should be planned and implemented at state and local levels to evaluate, report, and monitor factors that influence oral health on a continuing basis.

Practical and coordinated data collection, evaluation, and research are needed to assess:

1. Contributing factors associated with providers and clients, including education, income, occupation, knowledge, attitudes, behaviors, risk factors, access, use, and demand for services;
2. Oral health status and unmet needs; and
3. Systems evaluation including policy, service provision and program planning, financing, implementation, utilization, and program operations.

Advocacy, Coalitions, Collaboration

Statewide coalitions need to be developed to address oral health issues. Interagency and cross-system collaboration is essential during development to plan, implement, and evaluate policies, services, and programs.

Coalitions that include planning, networking, and education need to be developed at state and local levels. These would include:

1. An interagency committee within government for coordination, integration, and collaboration; and
2. A public-private coalition outside the government sector for advocacy, collaboration, and grassroots networking.

Access/Policy

Reforms are needed in health and human service system policies to provide universal access to primary oral health care and preventive measures for children and adults. Effective methods are needed to recruit and retain primary health care providers to deliver oral health services in underserved communities.

Reforms are particularly crucial in the Oral Health Component of the Medicaid EPSDT and Medicaid adult programs. Policy changes should combine the following tactics:

1. Increase access to services for children and adults;
2. Increase reimbursement rates and fee schedules;
3. Increase the number of service providers through strategies to recruit and retain additional dental providers;
4. Streamline and simplify billing and payment claim processes; and
5. Reduce barriers to enrollment and simplify application procedures.

Policy/Financing

Policy reforms are needed to increase the focus on oral health issues and to integrate effective oral health components within policy development, with special priority for resource allocation processes at the state and local levels.

Strengthen policies in the health and human service system to (1) finance services, (2) support development of human resources, and (3) provide access to coordinated and comprehensive services at state and local levels through the following:

1. Maximizing administration of established policy;
2. Including oral health provisions in regulations, guidelines, and standards;
3. Developing new legislation; and
4. Allocating appropriations and resources.

Oral Health Promotion and Education

Expand and improve effective, coordinated promotion and education efforts to increase knowledge and improve attitudes and skills in preventing oral disease, promoting oral health, and providing therapeutic dental services. Promotion and education efforts should address both the public and professional sector.

1. Public education initiatives should enhance public education interventions; and increase knowledge and improve attitudes within (1) the public and the community, (2) patient education, and (3) school health programs.
2. Professional development and education interventions should expand education to improve knowledge, skills, and attitudes of (1) providers and administrators of health and human services, (2) educators, (3) policymakers, public officials, and lawmakers, and (4) consumer advocates of health and human services.

SUCCESSSES AND SHORTCOMINGS OUTLINED BY WORK GROUPS

Oral health programs at state and local levels throughout the country have evolved differently, depending on a combination of political, historical, social, environmental, economic, and fiscal forces. These factors have influenced the program accomplishments as well as the setbacks that have occurred within states over the years. This section summarizes the successes and shortcomings of oral health progress identified by the work groups at the Regional Workshops.

Successes

Health and human service programs at state and local levels provide and/or finance primary care, prevention, or educational services for the oral health of children and adults. These programs interact with diverse organizations and groups in the private, public, and non-profit sectors.

The following listing outlines some of the common program components identified as successful by the work groups. Some states had many components in place; others had only a few functioning at the state or local level. No locality had implemented all of these components in a comprehensive way.

Diverse oral health programs included these components:

- Promotion and education
- Prevention
- Primary care
- Rehabilitative care

Programs within the private and public sectors incorporated a variety of activities, including:

- Needs assessment
- Policy development
- Service and program planning and implementation
- Evaluation
- Financing services
- Provision of services

- Human resources for provision of services
- Consultation and technical assistance
- Coordination, collaboration, and integration of activities
- Coalition development for advocacy
- Interventions for individual, community, and professional education

Certain oral diseases and conditions addressed for particular age groups and other target groups (based on specific demographic factors), including:

- Dental caries (tooth decay)
- Periodontal (gum) diseases
- Oral injuries (from household falls, automobile accidents, recreation)
- Oral clefts—oral habilitation services
- Oral cancer
- Other oral conditions

Primary preventive measures provided through community-based, school-based, or individual interventions, including:

- Optimal fluoride intake through water or tablets, drops, and vitamins
- Topical fluorides in toothpaste, mouthrinse, and professionally applied treatments
- Application of dental sealants
- Dietary factors limiting cariogenic foods in snacks between meals, and bottle feeding of infants inappropriately
- Oral hygiene measures (thorough daily tooth brushing with fluoride toothpaste and flossing; use of antimicrobial rinse or toothpaste)
- Healthful habits (wearing seat belts, helmets, and mouth guards)
- Abstinence from use of tobacco and alcohol

Numerous oral health components were integrated within diverse programs as part of financing or service provision. Following are some of the program interactions and alliances that occur among private, public, and nonprofit agencies and organizations at state and local levels.

- Medicaid (Title XIX) Program
- Medicaid Early and Periodic Screening, Diagnosis and Treatment program
- Maternal and child health programs
- Prenatal maternity and family planning programs

Well baby clinics
 Programs for children with special health needs
 Child health programs
 Adolescent programs
 Special Supplemental Food Program for Women, Infants and Children
 Head Start projects
 Early intervention programs
 Health and human service programs for specific population groups
 Persons with physical and/or mental health disabilities
 Youth and adult offenders
 National Health Service Corps
 Indian Health Service programs
 Migrant Health Centers
 Community Health Centers
 Health Care for the Homeless programs
 Primary Care Centers
 Primary care associations and clinicians networks
 Public, nonprofit, voluntary, hospital-based clinics and organizations
 Environmental health and environmental protection agencies
 State and local educational programs, such as school health programs (preschool, elementary, and secondary), migrant education, community education, consumer education, client/patient education, professional education, continuing education and inservice education, vocational programs, college and university education programs, university affiliated facilities, and area health education centers.
 Private sector providers of health and human services
 Advocacy groups
 Public officials, policymakers, decision makers
 State legislators, county commissioners, city and local councils
 State and local commissions, committees, advisory groups
 Private insurance organization representatives
 Business representatives
 Corporate giving programs and foundation representatives

Shortcomings

Following are the major shortcomings of oral health programs identified by work groups at the Regional Workshops.

Needs Assessment—Data Collection, Evaluation, and Research

Despite improvements in the oral health of children in the last few decades, there remain significant levels of preventable oral disease among a substantial percentage of children and families, to the detriment of their overall health. Many diseases such as dental caries (including baby bottle tooth decay), gingivitis, periodontal disease, malocclusions, oral injuries, and oral mucosal lesions are preventable.

Available data indicate a higher incidence of disease and higher levels of unmet needs within the following groups of children and families who:

- have special health needs,
- live in nonfluoridated areas,
- have no access to preventive and routine health care,
- have low incomes and limited education, and
- belong to certain racial, cultural, and ethnic groups.

A variety of modifiable factors—including attitudes and behaviors—contribute to the persistence of chronic oral diseases or poor oral health status in children and families.

The knowledge, experience, and attitudes of some providers hinder delivery of appropriate oral preventive and treatment services to children and families.

Currently available data are inadequate to categorize the trends in oral health status and dental treatment needs of at-risk groups within states and local areas.

There has been an inability to document, demonstrate, or evaluate the effectiveness of health programs because of (1) insufficient data, (2) lack of appropriate use of existing programmatic and oral health status data, and (3) lack of evaluation skills, resources, and perspectives.

There is a need to integrate oral health components within health research and evaluation. There has been a lack of research and evaluation in oral health components and delivery systems as well as in public health and clinical research activities within maternal and child health programs.

Advocacy, Coalitions, Collaboration

Neither the public nor professional providers perceive the importance of oral health for children and families.

There has been limited effective advocacy for the oral health of children and families.

There is a need for oral health groups to collaborate effectively with groups supporting children and family issues.

There has been a failure to identify, develop, and use professional and community networks to support oral health issues affecting children and families.

Access

Certain regulatory, administrative, and economic barriers inhibit the equitable and effective distribution of providers and the delivery of oral preventive and treatment services to children and families.

A significant proportion of children and families have insufficient financial resources to obtain oral preventive and treatment services.

Policies are needed to ensure that children and families have universal access to appropriate preventive and therapeutic oral health services.

Policy

There are insufficient financial incentives to provide appropriate cost-effective preventive services for children and families.

Adequate resources—human, physical, and financial—need to be committed to meet the oral health needs of children and families.

Policies lack adequate incentives (and often include disincentives) for effective and appropriate provision of oral health services.

There is a need for policies that support community water fluoridation.

Certain provider and patient disincentives need to be eliminated (e.g., reimbursement rates and fee schedules, paperwork processes and mechanisms, eligibility criteria, location of services) to increase and improve provision of preventive and treatment services to children and families.

Adequate quality assurance and accountability mechanisms are needed within oral health and maternal and child health programs.

Oral and general health care systems, education, and research are poorly integrated, thus compromising the overall health of children and families.

Uniform standards of care (preventive and curative) need to be established and utilized for children and families (including infants, young children, children with special health needs, and adolescents).

Standards for oral health programs and maternal and child health programs have not been uniformly applied (with respect to programmatic issues, staffing, location, and integration within maternal and child health programs).

Oral Health Promotion and Education

There is a need to educate health professionals to integrate oral disease prevention and oral health promotion.

Communication has not been effective in promoting proven oral disease preventive measures or informing dental professionals, health and human service professionals, and the public. Proven preventive measures are not universally applied or used by the public or professionals.



FUTURE OPPORTUNITIES AND CHALLENGES

There are strong similarities between the National Workshop and the Regional Workshops with respect to the issues identified and the strategies outlined, but recommended specific action steps targeted different levels. The National Workshop assessed issues from a broader perspective, outlining strategies to influence system changes at a national level. Recommendations targeted actions to be carried out first at a national level by national agencies or groups, and subsequently by their counterparts in states and localities.

The Regional Workshops allowed a closer examination of the issues with more precision. Work groups considered oral health issues in light of local factors and circumstances, with a keen interest in the future outcome of these issues within particular localities. Most of the strategies developed in these workshops identified specific, detailed actions to address issues at state and community levels.

LOCALLY DIRECTED ACTION PLANS

Regional Workshops

At the Regional Workshops, the specificity of the issues and strategies allowed work groups to designate detailed follow-up action steps, identify roles and responsibilities for individuals or organizations in carrying out the action steps, and establish a timetable for accomplishing these steps. Some of the oral health issues could be solved on a short-term basis, with a specific timetable and readily identified responsibilities. Other oral health issues were more complex, requiring implementation of action steps over an extended period of time by diverse individuals and organizations working in collaboration.

Correspondingly, some of the action plans were very concise, with specific action steps designed to activate a few prioritized strategies. Other action plans were more detailed, with elaborate descriptions of multiple long-range and short-term strategies. In many cases, action plans incorporated steps for continued support, monitoring, and refinement needed to accomplish the recommended actions.

These locally directed action plans were an important outcome of the Regional Workshop process. These plans were the result of each group reaching consensus and jointly outlining actions to address prioritized issues. States need to support and encourage both planning and implementation strategies for these action plans or similar group actions to address future oral health challenges affecting children and families.

The following describe the spectrum of locally directed action steps proposed at the Regional Workshops.

Needs Assessment

The state maternal and child health program will coordinate collection of state-specific oral health data from established data sets (e.g., EPSDT, WIC, tobacco and health office, Fluoridation Census, Behavioral Risk Factor Survey, vital statistics, Census Bureau, state education department) to evaluate the needs of children, and include the assessment in the annual state health report.

An ad hoc planning committee will seek, through a formal requisition, the technical assistance and support from the Public Health Regional Office to aid in planning and implementing a statewide oral health needs assessment.

Advocacy, Coalitions, Collaboration

The state dental director and the state president will formalize a cooperative agreement between the state oral health office in the health department and the state auxiliary to the dental association for collaboration in providing inservice education to child care providers about the state preschool oral health module.

The president of the state dental association and the state dental director will formally request the appointment of a dental professional to the state coordinating committee for health and human services.

The state public health association will formally request and nominate a dental professional to serve on the health committee of the state association of regional councils.

The state maternal and child health director will appoint a dental professional to the advisory committee of the state maternal and child health program.

Access

A state coalition (e.g., state coalition for persons with disabilities) will promulgate an issue paper on the status of oral health service access for children with disabilities within the state.

Policy

The state pediatric dental association and pediatric association will convene a committee to prepare a legislative packet to mandate oral health examination for school entry.

An ad hoc committee will be convened by the state health department to assess the practicality and logical measures to implement alternatives (e.g., loan forgiveness, tax incentives) to increase delivery of oral health services in underserved communities.

The state dental association will include as a priority in its annual legislative agenda the reform of the Medicaid EPSDT program (including support for increasing reimbursement fee schedules, increasing participating of providers, and streamlining the processes for application and billing/reimbursement).

The state dental association and state health and social service agency will assess and document in a report the status of barriers that negatively influence the participation of dentists in the Medicaid EPSDT program.

The executive directors/presidents of a coalition of professional organizations and nonprofit organizations will forward a letter to legislative committee members and present testimony at legislative hearings to prevent the reduction of oral health service coverage in the Medicaid program for adults.

Oral Health Promotion and Education

The state dental director and WIC program director will meet to plan an education campaign on prevention of baby bottle tooth decay.

Staff members of the state tobacco and health office, school health office, and oral health office will meet to develop a smokeless tobacco prevention project.

The state dental director will contact the editor of the state dental association newsletter to establish an agreement to reactivate a regular column about oral health issues and public health updates.

Staff members of the area health education center and the state oral health unit will meet to plan an education effort to review local oral health needs and community-based preventive measures (e.g., community water fluoridation) which can address these needs.

Staff members of the state maternal and child health program will plan an inservice education program for state and local public health nurses and social workers regarding oral health needs and screening, referral, and follow-up into the dental care system.

Staff members of the state maternal and child health program and the oral health office will arrange with the planning committee to include oral health topics as an integral component in the annual statewide family health conference.

The state dental director and director of the state office of nutrition will plan a panel discussion on baby bottle tooth decay at the annual meeting of the state dietetics association.

RECOMMENDATIONS FOR ACTION

A significant number of individuals and groups from all sectors—public, private, and non-profit—have far-reaching influence on policies, programs, and services affecting the oral health of children and families. Individually or collectively, these individuals and groups can take an active role at the national, state, or local level to advance actions that will influence positive outcomes for oral health issues. Actions are recommended on the following fronts.

Advocacy, Coalitions, Collaboration/Access

Advocate for universal access for all children and adults to effective preventive measures and basic health care including oral health services in future reform of the health system.

Access

Initiate and support changes to assure increased and improved access to oral health services within all sectors (public, private, and nonprofit) at all levels: National, state, and local (including city/county, provider, and patient/client).

Support and encourage national, state, and local levels to promote:

1. Modification and enactment of strategies from the Regional Workshops including statewide coalitions and grassroots networks, statewide needs assessment, and innovative programs to increase access to effective services;
2. Achievement of *Healthy People 2000* oral health objectives;
3. Implementation of OBRA '89 provisions concerning oral health;

4. Implementation of recommendations of the Public Health Service Workshop on the Oral Health of Mothers and Children; and
5. Coordinated evaluation and assessment of the above initiatives.

Policy

Promote and support integration of adequate and effective oral health services in health and human service programs during the planning, implementation, and evaluation stages of policy development.

Continue to request and demand an appropriate and effective oral health component in all health and human service policies and programs.

Set and enforce standards for quality health services including oral health services.

Encourage allocation of sufficient resources for oral health services.

RECOMMENDATIONS FOR THE MATERNAL & CHILD HEALTH BUREAU

The Maternal and Child Health Bureau has a key role in promoting, stimulating, supporting, and coordinating future actions to improve the oral health of children and families in the United States.

The Regional Workshops recommended that the Maternal and Child Health Bureau:

- Integrate effective and appropriate oral health services within Title V Block Grant guidance and funding provisions.
- Incorporate oral health initiatives into special projects of regional and national significance (SPRANS).
- Strengthen systems development to include provision and financing of community-based, family-centered oral health services for children of all ages and families, and persons with special health needs.
- Convene a national forum to reassess the recommendations outlined at the Public Health Service Workshop on Oral Health of Mothers and Children. This forum would provide an opportunity to (1) outline an assessment of the recommendations; (2) feature effective oral health policies, programs, and services in operation; (3) refine future directions to address family oral health issues; (4) focus attention on the issues that are essential for achieving the *Healthy People 2000* oral health objectives for infants, children, youth, and families; and (5) disseminate information and promote adoption of effective oral health services and programs.

- Expand cooperative work with the Health Care Financing Administration to facilitate crucial reforms in the Oral Health Component of the Medicaid EPSDT program. Promote and support policy changes to:
 1. Increase access to services for children;
 2. Increase reimbursement rates and fee schedules;
 3. Increase the number of dental providers through recruitment and retention strategies;
 4. Streamline and simplify billing and payment claim procedures and processes; and
 5. Reduce barriers to enrollment and simplify application procedures.
- Support initiatives to:
 1. Modify and enact Regional Workshops strategies through:
 - Development of special projects to support statewide coalitions and grassroots networks promoting oral health;
 - Statewide oral health needs assessments; and
 - Adoption and operation of innovative programs to increase access to effective oral health services.
 2. Implement fully the OBRA '89 provisions related to oral health.
 3. Implement recommendations of the Public Health Service Workshop on Oral Health of Mothers and Children.
 4. Achieve the *Healthy People 2000* objectives for oral health. The Bureau should provide leadership in coordinating, evaluating, and assessing the first three initiatives and should assist in monitoring the fourth.
- Use funding mechanisms, grant and other guidance provisions, and liaison linkages to:
 1. Promote policy development for universal access to effective preventive measures and basic health care including oral health services.
 2. Support adequate and effective oral health services in all health and human service policies and programs, through interagency and cross-system collaboration.
 3. Encourage development of oral health services in health and human service programs during the planning, implementation, and evaluation stages of policy development.
 4. Initiate changes to increase and improve access to oral health services within all sectors (public, private, and nonprofit) and at all levels (national, state, and local). Development at the local level should consider municipal and county jurisdictions as well as initiatives at the provider and patient/client level.
 5. Establish and promote enforcement of standards for quality health services including oral health services.
- Support the allocation of sufficient resources for oral health services.



APPENDICES

APPENDIX A

Highlights of Regional Workshops

The Regional Workshops encouraged each region to be innovative, and provided specific opportunities to define issues according to particular regional priorities and needs. This flexibility allowed each of the seven workshops to develop individually by stressing different topics within the agenda and incorporating varied formats through planned group activities and interactions. In addition, the audience at each workshop represented different combinations of groups and perspectives. Thus, the outcomes of each workshop were unique.

This section highlights special aspects and encapsulates the activities of the individual workshops. Although it is not feasible to comprehensively review all aspects of every workshop, full reports of each workshop are available. (See the citations outlined in appendix B: Bibliography, and contact the specific regional office of the Public Health Service listed in appendix D, page 47.)

Tri-Regional Public Health Service Maternal and Child Oral Health Conference, Public Health Service Regions I, II, and III, April 8–9, 1991, Princeton, New Jersey

Workshop participants represented state and local programs within Public Health Service Regions I, II, and III. The participants included representatives of many community-based programs, including dental hygiene and dental schools, hospitals, community health centers, local health and social service departments, and Head Start grantees. These participants provided the workshop with a local perspective by addressing community issues that need to be considered for future progress.

The workshop presented a summary of recent developments and opportunities for improving access to oral health services and stressed the necessity for increasing the priority of oral health as an essential component of overall health care. Also, the sessions examined both the challenges and the potential deterrents in fulfilling the potential of recent policy and legislative initiatives.

Roundtable discussions focused on assessing problems and formulating strategies from federal, state, or local standpoints. The groups identified priority issues and framed strategies to integrate oral health within the context of maternal and child health. Plenary and roundtable sessions brought together a multidisciplinary coalition of informed advocates within the regions to support policies to improve the oral health of children and families.

Public Health Service Region IV Workshop on Oral Health of Mothers and Children, August 7–8, 1991, Atlanta, Georgia

This workshop concentrated on the status of oral health issues within the southeastern United States. A theme of the workshop was establishing oral health as a more integral part of the total health care system. One unique aspect of this workshop was the presentation of partnerships between public and private sectors operating within the region. These partnerships featured innovative ways of involving groups in planning and implementing programs that increase access to community-based oral health services.

Plenary sessions provided the audience with an overview of the most recent influences on policies and services, including child health supervision standards, Federally Qualified Community Health Center provisions of OBRA '90, and provisions of OBRA '89 that affect Medicaid EPSDT and Title V Maternal and Child Health Programs. Model programs were reviewed to address future technical needs for strategic planning processes, implementation of effective services, and fully operating programs.

One aim of this workshop was to emphasize the personnel, resources, and methods that are crucial in implementing strategies. Each state was represented by a core group of participants and yielded productive work group sessions. Future directions for states were outlined in agendas developed to stimulate progress in improving oral health status of children and families.

Oral Health for Mothers and Children in Public Health Service Region V: Blueprint for Action, March 7–8, 1991, Chicago, Illinois

This workshop incorporated perspectives from national health professional organizations and federal agencies within the agenda. This representation provided a national viewpoint on issues and reinforced the goal of interagency and cross-system collaboration.

Plenary sessions reflected perspectives from both public and private sectors. Speakers presented their assessment of oral health issues and outlined different options to address identified problems. Work groups developed blueprints that cut across diverse issues and integrated strategies to include collaborative actions at the state level by a number of organizations and agencies.

The workshop identified the essential need for effective measures to recruit, retain, and support dental professionals to provide oral health services in underserved communities. Strategies outlined to address this issue included alternatives such as tax incentives, loan forgiveness, and increased reimbursement payments from the Medicaid programs in specific communities.

Public Health Service Region VI Workshop on Oral Health: A Vital Component of Primary Health Care for Mothers and Children, January 28–29, 1991, Dallas, Texas

This workshop focused on the recent legislative and policy initiatives influencing oral health issues at national and state levels. At work group sessions, each state formulated strategies to integrate these new developments into state action plans. Each state focused on oral health issues and developed an initial framework of tactics to expand upon current accomplishments and to solve identified issues.

The state work groups discussed issues, shared ideas, and contemplated approaches to problem-solving within individual states. Work groups reflected upon various strategies, future opportunities, challenges, and potential constraints. Representatives from state advocacy groups were involved in the small group discussions and provided a unique perspective on the tactics needed to improve oral health policies, programs, and services at state and local levels.

A common theme among these work groups was the development of strategies to maximize interagency and cross-system collaboration through advocacy, planning, and program implementation. Recommendations were outlined to enhance existing oral health service programs to reach additional persons. Work groups proposed to increase access to services by extending Medicaid EPSDT, augmenting school-based prevention and education programs, and expanding community health education programs.

In addition, work groups recommended a second way to improve access by integrating oral health initiatives into policies and programs. Work groups suggested that oral health be integrated into prevention services provided at school-based clinics, incorporated into the education and counseling component of the WIC program, and included within ongoing state health needs and risk assessments.

Public Health Service Region VII Workshop on Oral Health: A Vital Component of Primary Health Care for Mothers and Children, April 10–11, 1991, Des Moines, Iowa

This workshop emphasized accessing services, maximizing resources, and including preventive measures. A plenary session stressed sharing across states and presented proven model programs. These presentations showed a community-based baby bottle tooth decay prevention project, a school-based smokeless tobacco education program, an oral health care program for children with special needs on a mobile dental van supported by the Elks Club, and other projects. The programs featured were providing community-based services in states within the region and across the nation.

The workshop provided an environment to facilitate sharing ideas and experiences that further promote the development of networks between and within states. Each state was represented by a principal nucleus of participants. Work groups proposed strategies to more effectively integrate oral health within state and local programs (e.g., Medicaid, EPSDT, special health needs programs, clinical health services, and school-based services). Strategies outlined by the states stressed the following: Increasing oral health as a priority in policy development and resource allocation, assessing and reporting oral health needs at state and local levels, reducing barriers in order to increase access to services, and increasing cooperation and collaboration among providers, organizations, and agencies in all sectors.

Oral Health Advocacy for Indigent Women and Children and for Children with Special Health Care Needs, Public Health Service Regions VIII and X, April 19–20, 1991, Denver, Colorado

This biregional workshop concentrated on the importance of advocacy at the state level to improve availability of oral health services for children and families. The sessions outlined administrative and legislative strategies for oral health advocacy to promote issues and solutions. A framework used to develop an effective advocacy plan was presented to complement the discussion of advocacy types, processes, and methods. In addition, speakers discussed intergenerational advocacy as well as the role of professional organizations that advocate on behalf of children and family issues. One major outcome of this workshop was the creation or reactivation of state coalitions, task forces, or networks promoting oral health.

Another aim of the workshop was to provide an opportunity for model programs to be shared across states. This plenary session encouraged adoption and adaptation of these effective programs by states within the regions. Programs presented at the workshop included a school-based screening, referral, and follow-up program, a voucher payment system for clinical oral health services, a community-based baby bottle tooth decay prevention project, a hospital-based dental care program, and use of migrant and community health center facilities to provide oral health services to children of migrant farm workers and children in Head Start programs.

A key point identified by a majority of the work groups was the vital need for improvements in the Medicaid oral health programs for both children and adults. Strategies outlined at the workshop included increasing reimbursement rates, streamlining paperwork, and improving coverage for adults by re-establishing the program or preventing reduction in the existing program.

"Look Ma, Cavities!" A Planning Workshop to Meet the Oral Health Needs of Mothers and Children, Public Health Service Region IX, April 29–30, 1991, San Francisco, California

This workshop presented cross-cutting topics and considered the implications of issues from personal as well as professional perspectives. The personal implications of addressing oral health needs and accessing oral health services were presented by a parent, educator, social worker, and local program director. The issue of accountability was delineated in a presentation examining the judicial process and recent court rulings on oral health care access within California. The administrative side of the access issue was discussed in another presentation on the challenges of the Medicaid program from a national perspective.

The format and character of the workshop encouraged sharing within and between states. The workshop fostered the formation of interdisciplinary constituencies to support oral health issues and to advance oral health improvements. A plenary presentation described ways to make policy happen through advocacy techniques. Work groups considered a legislative agenda as one component in the framework for a state action plan. The concept of partnerships among public, private, and nonprofit sectors was reflected both in plenary presentations and in representation of participants from broad-based disciplines who promoted diverse strategies to address the oral health needs of children and families.

APPENDIX B

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APPENDIX C

State Survey Followup

Attainment of Strategies Developed at MCH Regional Workshops

Prepared for Association of State and Territorial Dental Directors

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Introduction

In order to assist states in integrating oral health into maternal and child health programs, the Public Health Service Regional Offices held a series of regional workshops focusing on maternal and child oral health. The primary purpose of these 1991 workshops was to provide the public and private sectors interested in health and human services the opportunity to develop collaborative strategies and action plans to address oral health issues at the state and local level. The specific goals for the regional workshops, developed by the national planning committee, were to (1) develop coalitions to advocate for policies to improve the oral health of mothers and children, (2) increase awareness of oral health issues, (3) formulate a framework for a state action plan to meet the oral health needs of mothers and children, and (4) to increase public and private collaboration to remove barriers to oral health care. In addition to these national goals, regional planning committees developed goals which reflected regional, state, and local issues. These regionally developed goals focused on four general issues: (1) needs assessments, (2) education, promotion advocacy, coalitions, and collaboration, (3) access to services, and (4) policy.

The primary outcome of the regional workshops was the development of strategies and action plans. States in Regions I, II, and III developed general strategy plans for federal, state, and local governments while the other states developed state specific plans. Five dominant

strategies were evident in most of the plans developed. These strategies were: (1) at the state and local level, practical, coordinated, and standardized needs assessments should be planned and implemented, (2) statewide coalitions should be developed to address oral health issues, (3) multiple strategies are needed to increase a focus on oral health issues and promote inclusion of effective oral health components in policy development, (4) reforms are necessary in policies of the health and human services system to provide universal access to primary oral health care and oral disease preventive measures, and (5) expanded and improved effective promotion and education efforts are needed for both the general public and professional staff.

Methods

During March/April 1993, the dental director, or an appropriate MCH staff person, for states and the District of Columbia were interviewed by phone to review the strategy plans developed during the regional workshops. The purpose of the interview was to determine if a state was successful in implementing the developed strategies and to obtain a sense of how implementation took place.

Results

Interviews were conducted with representatives from 43 states. Of these states, one was not represented at the workshop and six had made no progress in implementing the strategies because of staff turnover or dismantling of the state dental program. Of the remaining 36 states, 33 had some type of dental program while three had non-dental program staff directing the oral health component of the MCH program.

Of the 36 states who reported some progress toward attaining the workshop strategies, 24 reported that all of their strategies were either completed or underway. Unfortunately, this does not mean that they were necessarily successful with the strategy. For instance, many states attempted to improve the Medicaid system, either through increases in the service population or reimbursement rates, but very few were actually successful at this particular endeavor.

Table 1 categorizes the state specific strategies based on the five general strategies described previously. In terms of needs assessment, 18 of the 36 states had a strategy relating to needs assessment. Because some states had more than one strategy in this area, there were 21 different strategies relating to needs assessment. In this case, needs assessments were either oral health assessments or assessments of provider practice and Medicaid participation. For this particular issue, 17 of the strategies were either completed or underway while no progress had been made on four strategies.

Table 1: Categorized State Specific Strategies

Category	No. of States	No. of Strategies	No. Completed or Underway
Needs Assessment	18	21	17
Statewide Coalitions	15	15	13
Oral Health Issues	20	23	19
Reforms	24	42	35
Promotion/Education	18	21	18

Discussion

In this instance the numbers from the followup interview do not provide truly meaningful information. What were meaningful, however, were some of the discussions with program staff that occurred during the interview process. In general the program staff felt that the workshops were very beneficial if, and this is a significant if, certain key individuals were present. The key individuals identified included prominent MCH program staff, preferably the MCH division chief, key individuals from other significant health department staff which may include preventive or community health services, strong representation from the private dental sector, along with key individuals from advocacy groups. Those states who had a good representation from these key groups had more success in attaining their strategies. Another avenue which appeared to be successful was the development of a strong coalition or advisory board which could be used to promote the inclusion of oral health into general MCH programs. Those states with a broad base support at the MCH workshops often used that group as a base for the ongoing oral health coalition.

Although many states have had success in meeting their strategies more could be done to improve the integration of oral health into general maternal and child health programs. One state dental director suggested that the 1991 workshops be viewed as a "groundbreaking" workshop and that additional workshops be held to continue the networking and collaborative process which was started. Many MCH program directors are tired of hearing the importance of oral health from their dental program staff. Having an outside authority bringing oral health issues to light appeared to be an important step in the education process.