

# **PEDIATRIC ORAL HEALTH ACTION PLAN**



**for New Jersey's Children  
Ages 0-6**

*Funded by:* New Jersey Head Start-State Collaboration Grant and  
The Association of State and Territorial Dental Directors



# **Pediatric Oral Health Action Plan for New Jersey's Children Aged 0-6**

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April 14, 2009

Ms. Carmen Bovell, Senior Advisory  
Office of Head Start  
Head Start Collaboration Office  
1250 Maryland Avenue, S.W., Room 8510  
Washington, DC 20024

Dear Ms. Bovell:

It is with great pleasure that I submit the Pediatric Oral Health Action Plan for New Jersey's Children Aged 0-6. This project could not have been accomplished without the teamwork, expertise, talents, assistance and encouragement of many. I am truly appreciative of all the stakeholders who participated in the project.

Our general intent of the Action Plan is to improve the oral health for New Jersey's young children (0-6), specifically children from low-socioeconomic and racial/ethnic minority backgrounds. The scope of the Action Plan includes support to enhance prevention services; support of broad-based oral health education; and most importantly, detailed strategies to increase access to comprehensive oral health. The Action Plan also recommends the Pediatric Oral Health Committee meet on a regular basis, develop strategic recommendations, and monitor the implementation and evaluate the progress of the Action plan.

We are now in our second phase of the project which is collaborating with dental providers, Managed Care Health and Head Start/Early Head Start programs in establishing the dental homes for each Early Head Start/Head Start child in New Jersey.

Since the project began, it was met with great enthusiasm and dedication, and I am thrilled to be a part of this process. The Pediatric Oral Health Committee which is a part of New Jersey Oral Health Coalition, both are diligent, and they find it very gratifying in addressing the needs of oral health for New Jersey's children under six years old.

Sincerely,

*Suzanne S. Burnette*

Suzanne S. Burnette, MA  
State Director of Head Start Collaboration  
Division of Early Childhood Education

This document will be submitted to:

- Center for Health Care Strategies, Inc. (CHCS)
- New Jersey Academy of Pediatric Dentists
- New Jersey Dental Association
- New Jersey Department of Health and Senior Services
- New Jersey Department of Human Services
- New Jersey General Assembly, Health Committee Chair
- New Jersey Head Start Association
- New Jersey Oral Health Coalition
- New Jersey State Senate, Health Committee Chair
- Office of Head Start
- University of Medicine and Dentistry of New Jersey— New Jersey Dental School
- New Jersey Department of Education

# INTRODUCTION

# PEDIATRIC ORAL HEALTH FORUM

The New Jersey Head Start-State Collaboration Project was awarded an Association of State and Territorial Dental Directors grant (ASTDD) to conduct a Pediatric Oral Health Forum. The purpose of the forum was to solicit input and support from multi-disciplinary organizational groups of stakeholders to develop a Pediatric Oral Health Action Plan for New Jersey's Children Aged 0-6 (Action Plan). The general intent of the Action Plan is to improve the oral health for New Jersey's young children (age 0-6), specifically children from low socioeconomic and racial/ethnic minority backgrounds. The scope of the Action Plan includes support to enhance prevention services; support of broad based oral health education; and most importantly, detailed strategies to increase access to comprehensive oral health services.

Reported below are descriptions of both the development and implementation of the Pediatric Oral Health Forum and the Action Plan.

## Planning

In May 2007, the Pediatric Oral Health Forum was convened and approximately 75 people attended. The majority of attendees were healthcare professionals (56%), and of that group 28% were oral healthcare providers. The remaining attendees were social workers, Head Start professionals, teachers and parents.

The Pediatric Oral Health Forum was initiated by the Head Start-State Collaboration Project Director. Representatives from the following organizations served on the planning committee:

- Booz Allen Hamilton, Consulting;
- Center for Family Resource Early Head Start/Head Start;
- Child Care Health Consultant Dentist for Hoboken Board of Education;
- Division of Medical Assistance and Health Services (DMAHS), (Bureau of Dental Services);
- DMAHS Office of Quality Assurance;
- Montclair Child Development Center Head Start Program;
- New Jersey Head Start Association
- New Jersey Academy of Pediatric Dentists;
- New Jersey Dental Association;
- New Jersey Dental Hygienists' Association;
- New Jersey Oral Health Coalition;
- PNC Bank Grow Up Great Program;
- Region II ACF/Head Start Dental Consultant;
- The New Jersey Department of Health and Senior Services;
- The New Jersey Department of Human Services; and
- University of Medicine and Dentistry of New Jersey – New Jersey Dental School.

## Pediatric Oral Health Forum Goals

The day-long Pediatric Oral Health Forum structure consisted of a two-pronged approach. It included an initial stage of information sharing and the development of a common understanding of the issues related to the challenges inherent in providing oral healthcare to young children. Subsequently, a focused discussion among the participants yielded the development of strategies for addressing plans to systematically improve early childhood oral health status. The goals are described below:

# PEDIATRIC ORAL HEALTH FORUM

- Determine the status of early childhood oral health in New Jersey
- Develop strategies to improve a broader understanding and emphasize the importance of oral healthcare
- Increase access to high-quality, comprehensive oral health services
- Promote the importance of oral health to all healthcare professionals, family members, and educators
- Identify and review risk factors for poor oral health including access to care, health disparities, and underlying medical conditions
- Review existing best practice models and identify methods of collaboration that will increase and improve access to quality oral healthcare
- Identify the educational and workforce opportunities for oral health professionals

## **Recommendations made during the Pediatric Oral Health Forum included:**

- The New Jersey Head Start-State Collaboration Project Director will engage the New Jersey Northern Maternal and Child Health Consortium (06/15/07) to facilitate the creation of the Pediatric Oral Health Committee (a sub-committee of the NJ Oral Health Coalition), which would review specific recommendations identified at the forum to improve pediatric oral health and develop the Pediatric Oral Health Action Plan (Action Plan).
- The Pediatric Oral Health Committee will meet on a regular basis, develop strategic recommendations, and monitor the implementation and progress of the Action Plan.
- The Pediatric Oral Health Committee will develop a draft of the Action Plan and will broadly distribute this document for review and comments.
- The New Jersey Head Start-State Collaboration Director will work with the NJ Medicaid managed care dental directors and network of dentists to establish dental homes for children in the Head Start/Early Head Start Programs.

# PEDIATRIC ORAL HEALTH ACTION PLAN

The Action Plan identifies five strategic areas for planning consideration. They include the need for:

- Access to oral healthcare
- Broad-based education on the importance of oral healthcare and regular dental visits
- Critically important preventive dental services
- State-level oral health leadership and advocacy
- Structures and data to monitor the quality of oral health services and patient outcomes

## 1. Access to Oral Health Care

### *Challenge:*

Access to dental services for New Jersey’s preschool-aged children is fraught with challenges. This is particularly true for New Jersey’s most vulnerable children, those enrolled in Early Head Start/Head Start (EHS/HS) and insured by Medicaid. Although nearly all Head Start children are eligible for Medicaid and/or NJ FamilyCare dental coverage, most do not receive adequate dental care. In addition, many eligible children are not enrolled in Medicaid. New Jersey has a shortage of dentists interested in serving the Medicaid population. Most general dentists do not focus on treating children aged 0 to 6. Additionally, there are not adequate numbers of pediatric dentists (specialists) available to treat children with extensive caries. Head Start Performance Standards (initial dental exam and follow-up care) are not being met.

### *Recommendations:*

- Require oral health component in all school-based health management; require school entrance comprehensive oral health examinations, referral and follow-up policies to ensure a dental visit occurred and to minimize oral disease transmission and reduce oral infections and death.
- Develop a directory of Medicaid Managed Care network dentists who will see EHS/HS Medicaid/NJ FamilyCare children and provide incentives to dentists who are actively caring for the target children. Identify providers that have evening hours to accommodate working parents.
- Lower the Early Periodic Screening, Diagnosis and Treatment (EPSDT) age requirement for mandatory referral to a dentist from the current three years of age to one year.
- Convene quarterly meetings between EHS/HS Directors and HMO Dental Directors to monitor access issues.
- Create incentives for dentists to provide oral health services for Medicaid and NJ FamilyCare eligible clients, to include children aged 0 to 6 years old, those classified as having disabilities, and those from the families of the “working poor.”
- Increase the number of EHS/HS children having access to dental homes (specific practices where they can receive all of their dental care).
- Increase capacity of on-site dental services for EHS/HS sites. This will vary by site.
- Increase the number of dental vans or portable dental units for statewide usage to increase access to dental services.



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- Encourage Medicaid and the NJ managed care organizations to examine reimbursement schedules. Consider incentives for preventive services including Early Periodic Screening, Diagnosis and Treatment (EPSDT).

## 2. Oral Health Education

### *Challenge:*

Public understanding of the importance of pediatric oral health to ensure overall health is inadequate; as a result, oral healthcare is not considered a priority. The value of good oral healthcare is inadequately recognized by parents, guardians, early childhood staff, and even the medical establishment. Consumers have not been systematically advised on the need for regular dental visits, the standards of good oral hygiene, and the link between proper nutrition and oral health. This is particularly true for parents of children under age three.

Primary care providers and obstetrical providers lack education and understanding regarding the importance of oral health for children aged 0 to 6. Medical professionals need to be aware of the clinical appearance of oral disease and the important role they play in referring young children to the dentist for exams, treatment, and follow-up care. They must be apprised of pediatric oral health guidelines. Additionally, general dentists are often not comfortable treating young children. Professional development opportunities for general dentists to expand their skills in this area are not abundant.

Local and state health departments lack understanding about the health disparities that exist in pediatric oral health. Educational campaigns do not reflect the diverse cultures and languages of high-risk target populations.

### *Recommendations:*

- Require oral health modules in all child care centers that include oral health education. Included should be prevention activities, tooth brushing, and referrals to dentists for comprehensive oral evaluation and follow-up treatment. Recruit family mentors and advocates to support EHS/HS families to ensure oral health assessments, oral hygiene instructions, and dental referrals during well-child visits.
- Convene an Oral Health Summit for early childhood providers and caregivers. The content should address:
  - o Importance of early intervention and prevention for children (0-6);
  - o Identification of barriers to oral healthcare;
  - o Recruit mentors and advocates to support families;
  - o Importance of dental referrals; and
  - o Primary care and oral health.
- Develop a speaker's bureau that will support a statewide oral health campaign that would educate the public, health professionals, educators and policy makers, about the relationship between oral health and systemic health with an emphasis on:
  - o Health behaviors that assure good oral health; daily oral hygiene, routine dental check ups, early intervention services, proper use of fluoride, proper nutrition, and developing good oral habits for young children;

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- o Prenatal oral healthcare for women to include the link between maternal and childhood oral health status;
  - o Removal of fear and misunderstandings about going to the dentist;
  - o The advantage of early detection and the treatment of oral diseases; and
  - o The benefits of proven dental prevention strategies including use of fluoride supplements and community water fluoridation.
- Provide prenatal education to all pregnant women with an emphasis on the relationships among maternal oral health, birth outcomes, and infant oral health. Provide preventive treatment of periodontal disease and prenatal dental referrals. Provide preventive treatment strategies for periodontal disease and promote prenatal dental referrals.
  - Organize oral health education for medical professionals. The content should include clinical assessment, oral health disease and tooth decay, assessment of urgent and emergent needs, and the importance of ensuring dental visits.
  - Partner with the New Jersey Dental Hygienists' Association and dental hygiene programs to develop an oral health education program specifically for child care providers, EHS/HS grantees, and the state Pre-K programs. The initiative should include oral health education, technical assistance, anticipatory guidance, and educational resources for families, child care providers, EHS/HS coordinators, state Pre-K nurses, and public health and school nurses.
  - Organize a “hands on” continuing education program for general dentists and dental hygienists designed to enhance the skills necessary to treat young children.

## 3. Preventive Dental Services

### *Challenge:*

The incidence of caries and our limitations in establishing good oral health in young children could be rectified by the implementation of successful preventive strategies. Best dental practices including fluoridation, judicious use of fluoride toothpaste, early dental examination and treatment, and promotion of specific nutritional habits need to be incorporated in New Jersey. Dental treatment is expensive and often postponed until symptoms are acute.

Currently, in New Jersey there is a lack of public water fluoridation and limited use of fluoride supplements in communities where water is not fluoridated. The failure to establish thoughtful nutritional habits combined with national marketing campaigns that do not promote healthy eating habits contributes not only to childhood obesity but poor oral health.

Rates of comprehensive oral health assessment, dental examination, and comprehensive dental care visits must be improved, particularly among young children.

### *Recommendations:*

- Address the need for public water fluoridation in New Jersey.
- Provide a dental home for all children (age 0-6) that are enrolled in Medicaid/NJ FamilyCare.

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- Promote use of fluoride toothpaste as recommended by the American Academy of Pediatric Dentistry and the American Dental Association.
- Promote the use of fluoride supplements among families and primary care providers when public fluoridated water is not available.
- Promote the use of fluoride varnishes for preschool age children.
- Increase the percentage of EHS/HS children who have an annual dental exam.

## 4. State Oral Health Leadership and Advocacy

### *Challenge:*

A broad-based and coherent strategy is needed to ensure improvements in oral healthcare for vulnerable pre-school age children in New Jersey. There are currently multiple agencies and departments within the state and local governmental structure that have the responsibility for managing components of oral health care in the state. This arrangement has resulted in a fragmented oral health state leadership. As well, it constrains coordinated actions, including interagency collaboration and community partnerships to promote improved oral health for New Jersey's children.

The State of New Jersey would benefit from having a State Dental Director. This office would credibly ameliorate communication at the state and local levels among partners in the public, private, and non-profit sectors regarding oral health challenges and solutions.

### *Recommendations:*

- Create a state level oral health infrastructure to maintain oral health leadership with sufficient capacity, adequate resources (human, physical, and fiscal), and appropriate authority that enables New Jersey to have an Oral Health Program that effectively identifies and addresses oral health problems in New Jersey.
- Restore a full-time state Dental Director, who is a licensed dentist, to provide state level oral health leadership and policies to meet the oral health needs of New Jersey.
- Build an administrative infrastructure with the capacity to review oral health related legislation and policies that will have an impact on the:
  - o Adequacy of the oral health, and
  - o Appropriate allocation of human and financial resources and programming in all state governmental agencies to meet the public's oral health needs.
- Coordinate communication among state and local agencies providing services to children: State HMO programs, EHS/HS programs, child welfare services, and dental providers to improve access to dental services.
- The Pediatric Oral Health Committee, New Jersey Head Start Association and the New Jersey Oral Health Coalition will collaborate to ensure that children ages 0-6 will have good oral health by developing and advocating plans and policies. The context of this work will include:

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- o Advocate the establishment of a strategic plan to identify pediatric oral-health issues that have policy implications;
  - o Address the need for fluoridation in the State of New Jersey;
  - o Encourage the New Jersey Legislature to preserve funding and coverage for oral health services for all New Jersey health care program recipients; and
  - o Implementation of a school entrance oral health examination by a dentist.
- Develop partnerships with the New Jersey Dental Association and the University of Medicine and Dentistry New Jersey – The Dental School to train general dentists to provide dental service to the children 0-6 pediatric patient.

## 5. Administrative Structures to Monitor the Quality of Oral Health Services

### *Challenge:*

New Jersey lacks adequate statewide data on childhood oral health disease prevalence and pediatric oral health service utilization. The New Jersey lacks adequate statewide data on childhood oral health and oral utilization.

### *Recommendations:*

- Establish a New Jersey Oral Health surveillance system to assess barriers to oral health care, utilization trends, overall oral health status, and to report oral health care system performance measures.
- Improve the quality and availability of data to establish baseline measures for the status of pediatric oral health in New Jersey. The parameters of measurement should be broad and consider descriptive and outcome performance measures.
  - o Develop a comprehensive, statewide, oral health needs assessment. The data system should describe:
    - Number of children needing dental treatment;
    - Number of children receiving dental treatment;
    - Number of children under 6 years old receiving Medicaid that include comprehensive dental benefits;
    - Number of children under 6 years old not receiving Medicaid or having Medicaid without dental benefits;
    - Number of pediatricians who incorporate routine dental screenings, oral hygiene instructions and referrals into well child visits;
    - Number of target children and families that are bi-lingual;
    - Number of dentist treating children with special needs; and
    - Number of general dentists willing to treat pregnant women.
- Encourage Medicaid managed care organizations to collect data on Head Start children and report utilization rates by dental category of service (diagnostic, preventive, and restorative, endodontic, oral surgical).
- Implement a process (survey, focus group, targeted informant interviews) to obtain information from the public on the accessibility, availability, adequacy, usage, effectiveness, and cultural competency of oral healthcare delivery systems.

# Addendum 1: Statement of Revenue and Expenses

The Pediatric Oral Health Forum revenue and expenses include the following:

<b>Revenue:</b>	
ASTDD	\$ 5000.00
Head Start Collaboration Project	\$ 5000.00
<b>Total</b>	<b>\$10,000.00</b>

<b><u>Expenses</u></b>	
Room Charge:	\$ 1,600.00
Risers:	\$ 300.00
Easel Pads:	\$ 40.00
Conference supplies (binders, badges, etc)	\$ 200.00
Postage	\$ 158.00
Breakfast	\$ 1,487.00
Lunch	\$ 2,275.00
<b>Total</b>	<b>\$ 6,060.00</b>

<b>Balance:</b>	<b>\$ 3,940.00</b>
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The balance will be carried over to support the Pediatric Oral Health Committee work in the coming months.

# New Jersey Head Start Oral Health Forum Advisory Committee The Pediatric Oral Health Committee

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New Jersey Head Start-State Collaboration Director

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