

Virginia Oral Health Strategic Plan for Early Head Start and Head Start Programs

Access to Care in Rural Areas

Goal 1: Increase access to oral health services for pre-school children through public and private health care providers

Strategies and Action Steps	Proposed Key Partners	Lead	Timeline	Resource Needs
1.1.1. Develop a list of available dentists who will see pre-school age children (under age 5) including Medicaid providers, by city and county to include general dentists, pediatric dentists and oral surgeons.	Local Health Service Advisory Committees, Virginia Division of Dental Health (DDH), Head Start, Department of Medical Assistance Services (DMAS), Doral Dental, Virginians for Improved Access to Dental Care Coalition (VIADC)	DMAS (Doral)	3 – 6 months	Funding for individuals to coordinate resources in each locality or at a state level. Comment: Doral Dental now has provider directory by locality.
1.1.2. Develop a letter from local Head Start Advisory Committees to dentists in their areas including a survey asking whether the dentist would see pre-school children from Head Start	Local Health Service Advisory Committees, Head Start Advisory Committees; with input from Virginia Dental Association (VDA,) DDH, VIADC	Head Start	3 – 6 months	Committee/person to develop survey, funding to mail and tabulate
1.1.3. Explore research grants or funding to offer financial incentives for dental providers to see pre-school children	VIADC, DMAS, Doral Dental, VDA, DDH	VIADC	Contingent on grant deadlines	Funding for grant writer or volunteer
1.1.4. Explore expansion of services provided and develop partnership agreements with dental providers currently under contract with Head Start Programs	Contracting dentists and Head Start	Head Start	2 months	Head Start Advisory Committee to explore
1.1.5. Increase the number of pediatricians providing early identification and referral of dental problems and providing preventive services such as fluoride varnish	VA Chapter of the American Academy of Pediatrics, VDA, DDH, DMAS	VDH	1 year	Funding for DMAS to reimburse non-dental providers for services to providers in all MCOs

1.1.6. Establish relationships with dental professionals to assist with identification and referral of children with oral disease	Partner with dental hygiene schools, private dentists and dental hygienists, Head Start	VCU School of Dentistry	1 Year	Continuing education and training needed for dental providers
1.1.7. Head Start Programs understand, establish and promote the dental home concept	Head Start, VDH, VA Chapter of the American Academy of Pediatrics	Head Start	1-2 Years	Training needed
1.1.8. Increase the number of public clinics and mobile dental units	Free clinic Assn, VA Primary Care Assn, VDH, VIADC	VIADC	Unknown	Funding needed
1.1.9. Explore national reciprocity of licensed pediatric dentists from other states	VDA, VA Board of Dentistry, General Assembly, dental schools	VDA	Done	* Already in place effective with emergency regulations
1.1.10. Develop marketing strategies to attract dentists to live and work in VA, tailored to individual areas	School systems, Chamber of Commerce, local medical and dental societies, tourism boards, realty associations, social and faith-based groups		1-2 Years	Organization at the local level
1.1.11. Pilot an initiative where rural communities assist their own residents to return and work as a dentist in exchange for scholarship support through school	Community residents and school systems, Chamber of Commerce, local medical and dental societies, tourism boards, realty associations, social and faith-based groups		2-3 Years	Funding from the community for the scholarship payment, someone to organize
1.1.12. Initiate license reciprocity and portability agreement across state borders for Medicaid reimbursement	DMAS, General Assembly, VDA, VA Board of Dentistry	DMAS	1-2 Years	Review federal law for viability of action Comment: Provider must be in network with Doral. Code of Federal Regulation is in place.

<p>1.1.13. Explore research grants or funding for educational curriculum for health care practitioners and general dental providers to provide risk assessment, preventive dental services and referral of pre-school children.</p>	<p>Virginia Commonwealth University (VCU) School of Dentistry, Dental Hygiene Schools, VIADC, DMAS, Doral Dental, VDA, VDHA, DDH</p>	<p>VCU School of Dentistry</p>	<p>Contingent on grant deadlines</p>	<p>Funding for grant writer and to pilot data collection</p>
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Access to Care in Rural Areas

Goal 2: Increase access to pediatric dentists

Strategies and Action Steps	Proposed Key Partners	Lead	Timeline	Resource Needs
1.2.1. Explore national reciprocity of licensed pediatric dentists from other states	VDA, VA Board of Dentistry, General Assembly, dental schools	VDA	Done	* Already in place effective with emergency regulations
1.2.2. Develop marketing strategies to attract pediatric dentists to live and work in VA ...tailored to individual areas	School systems, Chamber of Commerce, local medical and dental societies, tourism boards, realty associations, social and faith-based groups		1-2 Years	Organization at the local level
1.2.3. Pilot an initiative where rural communities assist their own residents to return and work as a pediatric dentist in exchange for scholarship support through school	Community residents and school systems, Chamber of Commerce, local medical and dental societies, tourism boards, realty associations, social and faith-based groups		2-3 Years	Funding from the community for the scholarship payment, someone to organize
1.2.4. Initiate license reciprocity and portability agreement across state borders for Medicaid reimbursement	DMAS, General Assembly, VDA, VA Board of Dentistry	DMAS	1-2 Years	Review federal law for viability of action Comment: Provider must be in network with Doral. Code of Federal Regulation is in place.
1.2.5. Develop a letter from local Head Start Advisory Committees to dentists in their areas with a survey asking whether the dentist would see pre-school children from Head Start	Health Service Advisory Committees, Head Start Advisory Committees; with input from Virginia Dental Association (VDA,) DDH, VIADC	Head Start	3 – 6 months	Committee/person to develop survey, funding to mail and tabulate
1.2.6. Explore research grants or funding to offer financial incentives for dental providers to see pre-school children	VIADC, DMAS, Doral Dental, VDA, DDH	VIADC	Contingent on grant deadlines	Funding for grant writer or volunteer

1.2.7. Explore partnership agreements developed within contractual agreements between the dental provider and Head Start	Contracting dentists and Head Start	Head Start	2 months	Head Start Advisory Committee to Explore
1.2.8. Explore research grants or funding for educational curriculum for health care practitioners and general dental providers to provide risk assessment, preventive dental services and referral of pre-school-aged children.	Virginia Commonwealth University (VCU) School of Dentistry, Dental Hygiene Schools, VIADC, DMAS, Doral Dental, VDA, VDHA, DDH	VCU School of Dentistry	Contingent on grant deadlines	Funding for grant writer, pilot data collection or volunteer

Access to Care in Rural Areas Goal 3:

Increase state and local collaboration among service providers to teach families the importance of oral health for pre-school children

Strategies and Action Steps	Proposed Key Partners	Lead	Timeline	Resource Needs
1.3.1. Identify public advisory boards of partnering groups and request participation in problem solving through recruitment	FAMIS, United Way, Chambers of Commerce, Healthy Families, VHCF, Virginia Health Care Foundation, low-income families, VA Dept of Social Services, Local Advisory Boards		12 – 18 months	
1.3.2. Share results of meetings and provide educational materials around oral health for pre-schools	DMAS, FAMIS, (Doral has outreach materials), United Way, Chambers of Commerce, Healthy Families, VHCF, Virginia Health Care Foundation, low income families		12 – 18 months	
1.3.3. Solicit cooperation and support to include parent focused oral health information in “hospital kits”	Healthy Families, Virginia Health Care Foundation		12 – 18 months	Comment: *Currently being done in “New Parent Tool Kit”
1.3.4. Hold a series of oral health focus groups to problem solve and develop solutions to improve knowledge of oral health for low-income children and families	FAMIS, DMAS, Families, United Way, Chamber of Commerce, Virginia Department of Health dentists in localities, private dentists, dental hygienists		6 – 12 months	Local Head Start Advisory Committees to organize focus groups
1.3.5. Develop a team to organize, conduct, and follow-up local focus groups	Collaboration Office, VHSA, TA system		6 – 12 months	Local Head Start Advisory Committees to organize focus groups
1.3.6. Include community partners at health fairs and Health Service Advisory Committee meetings	Medicaid (Doral), dental office worker, families, Health Service Advisory Committees, Head Start Advisory Committees		Each year	Local Head Start Advisory Committees
1.3.7. Develop local Public Service Announcements (PSAs) regarding the importance of oral health	VIADC, VDH, VDHA, Head Start		6-12 months	Funding for PSAs and Coordination and Development

Access to Care in Rural Areas

Goal 4: Increase the number of dentists participating in Medicaid

Strategies and Action Steps	Proposed Key Partners	Lead	Timeline	Resource Needs
1.4.1. Decrease number of broken appointments by Head Start children	Head Start transportation, Medicaid transportation, parents		1 year	Case management
1.4.2. Explore a tax break for providers to cover the fees not collected through Medicaid	Legislature, DMAS, VDA, Doral, VIADC		1 year	Funding for tax initiative through State General Revenue
1.4.3. Increase the number of scholarships/loan repayments for dentists practicing in shortage areas	VCU, legislature, Virginia Department of Health		1 year	* Not currently needed as a large increase was just funded

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Goal 5: Increase the opportunities for Head Start children to have transportation to dental care

Strategies and Action Steps	Proposed Key Partners	Lead	Timeline	Resource Needs
1.5.1. Explore a requirement for Medicaid to transport children to services	Head Start, DMAS, Medicaid Transportation	DMAS	6 – 12 months	Input from DMAS regarding current requirements
1.5.2. Explore other options for Head Start to get transportation	Head Start	Head Start	1 ½ years	Head Start Advisory Committee
1.5.3. Increase local options for transportation	Head Start, local government, Department of Transportation	Head Start	2 years	Funding and resources
1.5.4. Increase amount of funding for transportation to dental services	Head Start, local government, Department of Transportation	Head Start	2 years	Funding

Access to Care in Urban Areas:

Goal 1 : Develop access for patient populations without public or private sources of funding

Strategies and Action Steps	Proposed Key Partners	Lead	Timeline	Resource Needs
2.1.1. Explore developing a funding “model” that can be applied at the local level- Activity/Service Delivery Tracking	Providers, including dental and non-dental, HCDSs (Health care delivery system), state health department, local government, dental schools, public school system, school/health services advisory committees corporate sponsors, health care foundations	Head Start	2 years	Time to develop model
2.1.2. Seek funding support from corporate sponsors, health care foundations	Providers, including dental and non-dental, HCDSs (Health care delivery system), state health department, local government, dental schools, public school system, school/health services advisory committees corporate sponsors, health care foundations	Head Start	1 year	Individuals to decide what support/funding needs are and who to target for resources
2.1.3. Provide incentives for private dental providers to treat special needs/at-risk populations including but not limited to Medicaid patients	Providers, including dental and non-dental, HCDSs (Health care delivery system), state health department, local government, dental schools, public school system, school/health services advisory committees corporate sponsors, health care foundations	VIADC	1 year	Funding for incentives
2.1.4. Utilize dental and dental hygiene students for preventive care	Dental and Dental Hygiene Schools; local head start agencies	Head Start	1-2 years	Possible need for student expenses

Access to Care in Urban Areas

Goal 2: Enable parents through case management to ensure adequate dental care

Strategies and Action Steps	Proposed Key Partners	Lead	Timeline	Resource Needs
2.2.1. Educate parents on what is available (through workshops, radio, print ads) and eliminate barriers to parents	Family services, faith-based organizations, health department, local WIC offices, transportation services (private/public buses, taxis, etc.), CHIP, Medicaid Offices, sponsors	Head Start	6 months to 1 year	Funding for educational materials
2.2.2. Explore the integration of computer systems between state agencies to facilitate update of contact information (helps clinics and case managers have a current telephone/address)	State IT services, parental agreements to share information, Legislators to allow or promote data sharing in the HIPPA environment	Head Start	2 years	Funding for IT

Access to Care in Urban Areas

Goal 3: Increase oral health literacy in culturally competent ways

Strategies and Action Steps	Proposed Key Partners	Lead	Timeline	Resource Needs
2.3.1. Identify cultural audience	Department of Social Services, Head Start, School demographics	Head Start	1 year	Funding for survey of cultural backgrounds
2.3.2. Link Head Start Centers to language/cultural resources for oral health	Language Department of Universities/Colleges, Libraries, individual interpreters, Head Start, Religious civic leaders	Head Start	2 years	Collect information to distribute
2.3.3. Develop written/audio resources materials	Museums, local colleges/universities	Head Start	2 years	Funding for design and printing
2.3.4. Establish an interface between local Head Start Centers and health providers/community groups	Head Start parent groups, religious groups, local businesses	Head Start	Ongoing	

Access to Care in Urban Areas

Goal 4: Increase the number of health professionals (including non-oral health) (RN's, PA's, MDs, RD's) that provide oral health services to children

Strategies and Timelines	Proposed Key Partners	Lead	Timeline	Resource Needs
2.4.1. Increase the number of pediatric dentists in residency programs	VCU School of Dentistry, local dental societies	VCU School of Dentistry	1-2 Years	Funding for residency training.
2.4.2. Increase the pediatric curriculum for general dental students	VCU School of Dentistry, local dental societies, VDA	VCU School of Dentistry	1-2 Years	
2.4.3. Educate health professionals and oral health professionals about the oral health needs of children, especially from low-income families	VDA, VIADC, VDH, State Department of Education, Department of Health Professionals, Virginia Dental Hygiene Assn,	VDH	1-2 Years	
2.4.4. Educate general dentist about strategies for providing care for young children (increase the pool of dentists treating children)	AAPD, VCU School of Dentistry, Dental Societies	VDH	1-2 Years	
2.4.5. Develop a triage system of care with primary providers conducting risk assessments and screening and referring children to dental providers for exams and treatment	VDA, VIADC, VDH State Department of Education, Department of Health Professionals, Virginia Dental Hygiene Assn,	VDH	1-2 Years	

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Goal 5: Increase utilization of Bright Smiles- Fluoride varnish for young children

Strategies and Action Steps	Proposed Key Partners	Lead	Timeline	Resource Needs
2.5.1. Develop media communication plan to educate the public (multi-lingual)	Various media outlets (newspaper, TV, radio, etc.), VDH, Head Start and other community health care agencies, VIDAC, Department of Social Services	VIADC	6 months	Funding for media
2.5.2. Distribute educational materials and provide training on Bright Smiles to all Head Start agencies	VDH-supplemental training, providers, VIADC	VDH	3-6 months	Funding for tool kit
2.5.3. Require participating medical providers to place varnish on Medicaid children, ages 0-3 (Change EPSDT requirements to include varnish for 0-3)	Medical providers, Local health care agencies, Head Start, VIADC , Legislators	DMAS	6-12 months	Funding for reimbursement Comments: Dental screenings are to be included in the EPSDT visits. Currently, only VA Premier and Medicaid Fee- for-Service reimburse for this service.
2.5.4. Change the flexibility in periodicity of applying fluoride varnish to children 0-3 for dental providers	DMAS, Doral, Dental Advisory Committee, Dental Implementation Advisory Group	DMAS	6-9 months	Funding for reimbursement Comment: Currently the ESPDT visits are six visits within 3 years.
2.5.5. Add oral health exam to pre-school physical and immunization form	Physicians, dentists, insurers, parents, schools and VDH.	VDH	6-12 months	

Prevention, Education and Outreach

Goal 1: Increase educational opportunities for parents and children on oral health

Strategies and Timelines	Proposed Key Partners	Lead	Timeline	Resource Needs
3.1.1. Develop a curriculum for Head Start and early child providers' use	VDH, Head Start, VIADC	VDH	6 months, update and ongoing	Form/recruit volunteers to work on curriculum; Pilot curriculum; Funding to develop or purchase existing curriculums
3.1.2. Develop a media/awareness campaign with a spokesperson - Identify a spokesperson to promote oral health (Oprah, former presidents, governors), create catchy message or slogan	Toothpaste/dental companies as partners, VIADC Members, spokesperson	VIADC	1 year	
3.1.3. Partner with large retail/fast food chains to help promote dental awareness/adverting by giving oral health materials to customers (timer, toothbrush, sticker chart, poster)	CEO's, Head Start, Retail/fast food partners	VIADC	1 – 2 years	
3.1.4. Provide training/education on oral health - Prenatal classes, hospitals, health fairs, FAMIS, WIC, parents, children, family resource workers, doctors and other health care professionals.	VA Dental Hygiene Assn, VDA, VDH, VIADC, Head Start, VA Hospital Assn	VDH	Ongoing	Funding for training materials and trainer
3.1.5. Explore funding for mobile units to provide services in rural areas	VA Dental Hygiene Assn, VDA, VDH, VIADC, Head Start	VDH	Ongoing	

Prevention, Education and Outreach

Goal 2: Expand and develop collaborative partnerships to increase and sustain education and prevention opportunities for Early Head Start and Head Start

Strategies and Timelines	Proposed Key Partners	Lead	Timeline	Resource Needs
3.2.1. Expand partnerships to develop and maintain resources for oral health prevention	Medical/dental partnering, early childhood coalitions, WIC, loan repayment for dental students to increase providers in rural areas, faith-based organizations, local churches, private agencies, Kiwanis, Chamber of Commerce, Rotary, Department of Education, school systems, PTA, hospitals, free clinics, professional associations, Cooperative Extension, VIADC, private industry funding	VIADC	1-2 years	
3.2.2. Identify key partners and begin coalition and develop strategies	Medical/dental partnering, early childhood coalitions, WIC, loan repayment for dental students to increase providers in rural areas, faith-based organizations, local churches, private agencies, Kiwanis, Chamber of Commerce, Rotary, Department of Education, school systems, PTA, hospitals, free clinics, professional associations, Cooperative Extension, VIADC, private industry funding	VIADC	1 year	
3.2.3. Educate and train coalition partners about the need for partnering to promote importance of oral health	Medical/dental partnering, early childhood coalitions, WIC, loan repayment for dental students to increase providers in rural, faith-based organizations, local churches, private agencies, Kiwanis, Chamber of	VIADC	1 year	

	Commerce, Rotary, Department of Education, school systems, PTA, hospitals, free clinics, professional associations, Cooperative Extension, VIADC, private industry funding			
3.2.4. Work with community colleges for hygienists to screen for problems/clean teeth or refer children	VA Dental Hygiene Assn, VDA, VDH, VIADC, Head Start	Head Start	Ongoing	

Prevention, Education and Outreach

Goal 3: Make Policies and regulatory action that will promote improved oral health of children

Strategies and Timelines	Proposed Key Partners	Lead	Timeline	Resource Needs
3.3.1. Explore the possibility of adding dental anticipatory guidance to EPSDT	Key partners for all include: DMAS, Bright Futures, Virginia Primary Care Association, health departments, local and state medical and dental associations, Department of Education, Virginia Department of Health, Virginia Legislators, medical and dental schools, and Virginia Nurses Association	DMAS	5 years	
3.3.2. Explore the potential of requiring a dental exam for school admission	VDH, Department of Education	VDH	1 year	
3.3.3. Provide parents of Head Start children with dental insurance to be a good role model	VDH, Head Start, VIADC, DMAS	VIADC	5 years	Funding for coverage and treatment Comment: This would be through a waiver to cover these services.