

Bacteria and the Bottom Line: Lead an Oral Health Program That Supports School Readiness

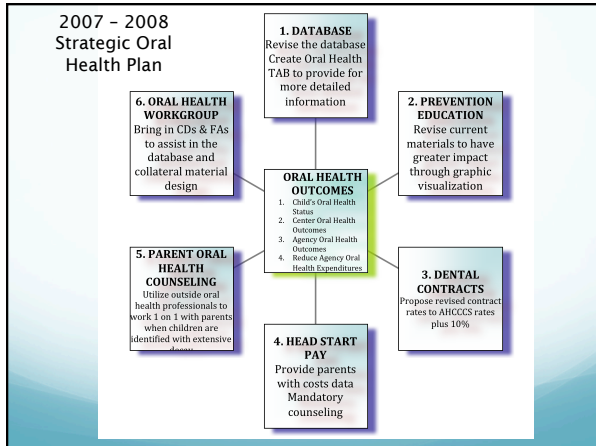
**David Leard, CCHC
Health Service Manager
NACOG Head Start
Flagstaff, Arizona**

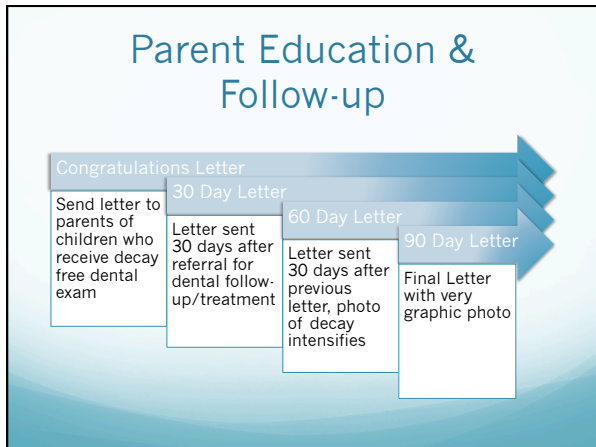
**16th Annual Birth to Three Institute
June 12 & 13, 2012
Sessions B3 & B7**


Strategies for Improving Oral Health in Head Start

Is there a Silver Bullet for Oral Health Care?









Northern Arizona Council of Governments


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Chris Foster
Executive Director

Dear Head Start Parent(s):

I am pleased that your child recently underwent a dental health exam and the exam results showed that your child needed some additional follow-up treatment to ensure they continue to have healthy teeth. Good Oral Health for our enrolled children is one of the top priorities of NACOG Head Start. As the Health Services Manager, I take personal interest in your child's health and it is my job to ensure that we partner with you to get your child health and dental services that allow them to get the most out of their time at Head Start and to be ready to transition to Kindergarten when the time comes.

Dental Professionals are in short supply in Arizona and getting appointments is difficult, so the longer you delay making the follow-up appointment the more difficult it will be to get an appointment and the more decay and damage will occur to your child's teeth. Teeth with untreated cavities and decay can lead to additional health issues and we hope that your quick response will keep your child's smile from looking like this:



The center staffs are your local partners to work with you to get the services your child needs, including assisting with making follow-up appointments and reminding you when appointments are coming up. I know that you want your child and your family to have bright and healthy smiles and we are here to help you succeed.

If you have any questions or need to further discuss your child's oral health, please let your center staffs know. If they aren't able to answer your questions or help you, they will notify me so that I can respond.

Sincerely,

David K. Lind, CCRK
Health Services Manager


Fecha

Nombre del Padre
Dirección
Ciudad, Calle, CP

Estimado xxxxx:

Con tantas cosas que atender diariamente, a menudo olvidamos de tomar tiempo para hacer esas citas importantes y estoy seguro que es lo que ha pasado con la cita de seguimiento de su hijo(a). El personal de su centro está ahí para ayudarle con sus citas importantes y proporcionarle recordatorios de cuando las citas son programadas.

Al no obtener el tratamiento necesario, su hijo puede tener dolor y usted pone a su hijo(a) en riesgo de infecciones adicionales. Tener una caries sin tratar (dientes podridos) también afecta el autoestima de su hijo(a) cuando ellos ven a otros niños o ven al espejo y miran una imagen como esta.



La próxima vez que usted deje o recoja a su hijo(a), tome unos minutos para reunirse con uno de sus socios en el centro y pídale que le asistan en hacer esa cita de seguimiento. Si usted no se puede reunir con el miembro del personal, por favor tome el tiempo para hacer la cita y deje saber al personal cuando su cita fue programada para que así puedan ayudarle a recordar.

Si usted tiene alguna pregunta o quiere discutir la salud dental de su hijo(a), por favor hágalo saber al personal del centro. Si ellos no le pueden contestar sus preguntas o ayudarle, ellos me notificarán y para así poder yo responder.

Atentamente,

David K. Leard, CCHC
Gerente de Servicios de Salud

DATE

Parent Name
Address
City, ST, Zip

Dear xxxxx:

Your child's continued health is important to me and the staffs at your center and we want to be able to help you get the dental care your child needs. Please tell us what we can do to help you get the appointment made.

In 2007 a child in Maryland died due to infection from his mouth that spread to his brain. While many of the events surrounding this child's death related to having no insurance, we are here to help so that something like this doesn't happen to a child enrolled in our program. Children with any amount of infection in their mouths puts them at risk for additional health complications as you see in this picture the child has vast decay including an abscess. The infection is all throughout the child's mouth.



It is too late for the child in Maryland and we hope that we never hear of such an event again. Please contact your child's dental provider today and get an appointment scheduled as soon as possible. We are here to help so please contact your partners at the center if you need help.

If you have any questions or need to further discuss your child's oral health, please let your center staffs know. If they aren't able to answer your questions or help you, they will notify me so that I can respond.

Sincerely,

David K. Leard, CCHC
Health Services Manager

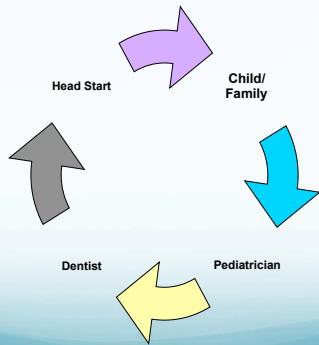
NACOG Head Start
Oral Health Costs
2007 - 2008

\$150,000

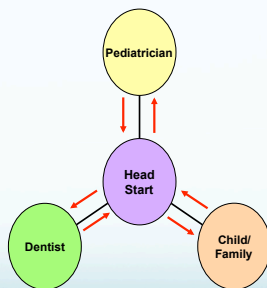
NACOG Head Start
Oral Health Costs
2011 - 2012

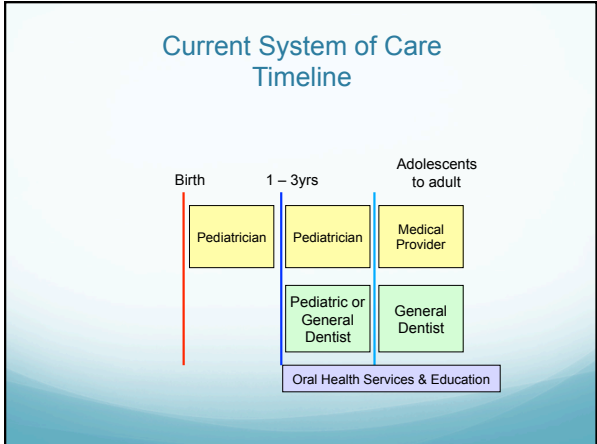
\$65,000

Current System of Care



Current Head Start System of Care









The US Department of Health and Human Services (DHHS) documents there exists a perception that oral health is separate from general health, and therefore, less important.

By raising oral health awareness, the prevention, early detection, and management of dental, oral, and craniofacial tissues can become integrated into health care, community based programs, and social services.

*American Academy of Pediatric Dentistry
Policy on Oral Health Care Programs for Infants, Children
and Adolescents
Oral Health Policies*

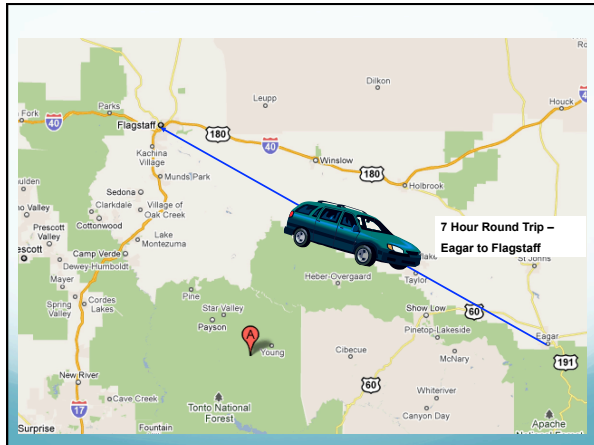
Expansion of Teledentistry into Medical Settings

Program History NACOG Head Start

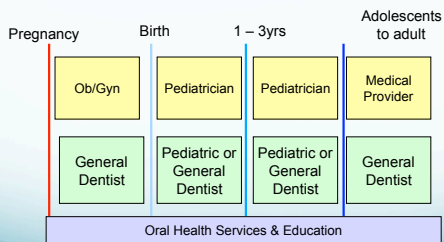
- 2006 initial discussion of implementing teledentistry in Northern Arizona
- Fall 2008 – planned start of project with Prescott Valley provider
- Equipment acquisition delays
- 2009 Project moved to Flagstaff

Program History NACOG Head Start

- Teledentistry utilized in 3 remote locations
- Spring 2010 opened satellite location utilizing teledentistry equipment
- November 2010 – sedation services now being offered in satellite office in Show Low, Arizona



Integrated System of Care Timeline



AAPD Recommendations on Perinatal Oral Health Care

- Oral Health Education
- Oral Hygiene
- Diet
- Fluoride
- Professional Oral Health Care
- Delay of colonization

Additional Recommendations on Perinatal Oral Health Care from AAPD

- Primary health care professionals provide education on the etiology and prevention of early childhood caries (ECC)
- Curriculum for all medical, nursing, and allied health professional programs include education in perinatal oral health
- Establish a dental home for infants by age 12 months
- Educate legislators, policy makers and third party payors about the benefits of perinatal oral health

Oral Health in an Ob/Gyn Office

- Captive audience
- Provides the opportunity to educate medical staff
- Creates a more holistic approach – steps towards an integrated model

Oral Health in an Ob/Gyn Office

- Increases the trust of the pre-natal mom
- Familiar environment
- Recognizes the important of perinatal oral health

Oral Health in a Pediatric Office

- More likely to go to a Pediatricians Office than the Dentist Office
- Provides the opportunity to educate medical staff
- Creates a more holistic approach
- Familiar environment

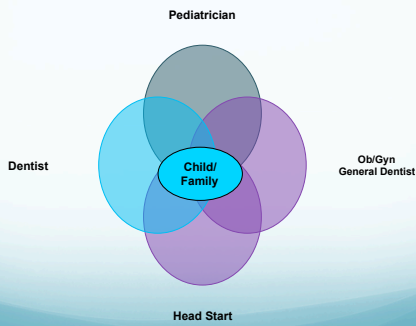
Oral Health in a Pediatric Office

- Becomes part anticipatory guidance
- Greater opportunity to catch decay early
- Combines the Medical Home & Dental Home to one location
- Continuity of Care

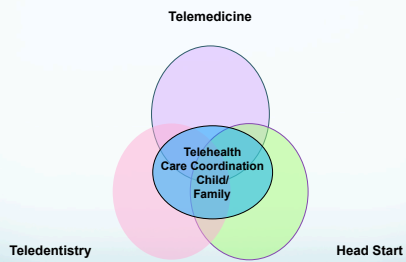
Current Teledentistry Model

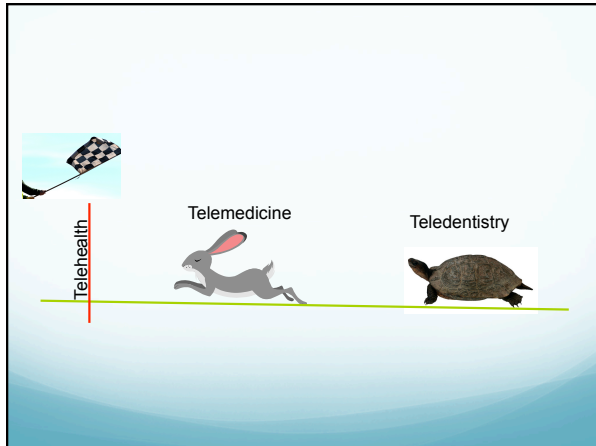


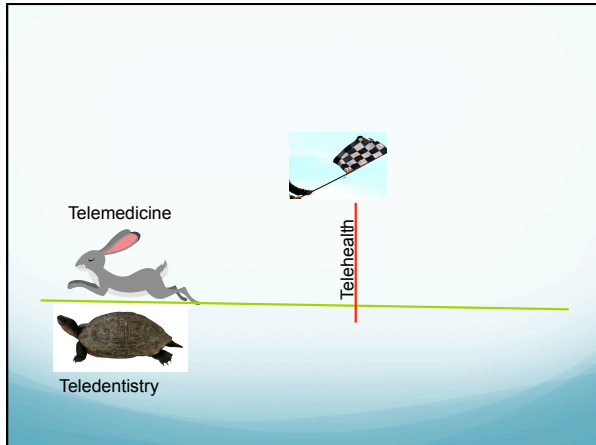
Integrated Model of Care



Integrated System Telemedicine/ Teledentistry = Telehealth









Questions

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