



# RHODE ISLAND EARLY CHILDHOOD ORAL HEALTH *ACTION PLAN:*

A Framework for the Future

*Coordinated By:*  
*RHODE ISLAND DEPARTMENT OF HEALTH*  
*RHODE ISLAND HEAD START ASSOCIATION*

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Official Greeting

*Whereas, dental decay is the most common chronic childhood disease; and*

*Whereas, poor dental care and resulting dental disease in preschool children can lead to poor nutrition, impaired speech, failure to thrive, low self-esteem, and diminished educational development resulting from poor concentration during learning and play activities; and*

*Whereas, children from families with low incomes are less likely to have access to dental care, and are more likely to suffer from oral health problems; and*

*Whereas, on May 17, 2004, the Rhode Island Department of Health and the Rhode Island Head Start Association are convening a distinguished gathering of oral health professionals, policymakers, Head Start/Early Head Start staff and families, primary health care providers, and other state-level/community partners to develop an Early Childhood Oral Health Action Plan for Rhode Island.*

*Whereas, Suzanne O. Carcieri, First Lady of the State of Rhode Island, is an advocate for preventive dental care for young children;*

*Be it resolved that The First Lady congratulates the Rhode Island Department of Health, Rhode Island Head Start Association, and oral health advocates for their efforts to promote good dental health for preschool children, and encourages all citizens to work together to improve and promote preventive oral health programs for young children.*

*Suzanne O. Carcieri  
First Lady, State of Rhode Island and Providence Plantations*

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## EXECUTIVE SUMMARY

On May 17, 2004, the Oral Health Program, Rhode Island Department of Health and the Rhode Island Head Start Association convened the statewide Head Start/Early Head Start (HS/EHS) Oral Health Forum to identify access barriers, propose potential resolutions, and build support for improving the oral health of HS/EHS children and their families. The federal Maternal and Child Health Bureau sponsored the Forum through a cooperative agreement with the Association of State and Territorial Dental Directors. Additional federal support was received from the Centers for Disease Control and Prevention and local partners, Blue Cross Blue Shield of Rhode Island, Delta Dental of Rhode Island, and Neighborhood Health of Rhode Island.

The Forum assembled a broad group of stakeholders who shared expertise, best practices, and collaborative solutions to develop an *Early Childhood Oral Health Action Plan* for Rhode Island. Nearly 120 participants attended the Forum, including representatives from HS/EHS (staff and parents), dental professional societies, primary care medical providers, hospital-based dental programs, community health centers, elementary and secondary schools, higher education, community-based social service organizations, child advocacy groups, third party payers, state agencies, and the Administration for Children and Families, Region I.

The morning sessions highlighted the Rhode Island perspective, featuring presentations on access to care barriers encountered by children/families in the state's HS/EHS programs, oral disease data, prevention opportunities in pediatric dentistry, and the pediatrician's role in oral health assessment. Keynote speaker, Adolph Brown III, PsyD, a nationally renowned child/family advocate, consultant to U.S. Surgeons General, and a graduate of Head Start, validated both the Head Start experience and the importance of oral health as a foundation for future success.

Based on personal/professional expertise, Forum participants were assigned to one of three breakout groups [Oral Disease Prevention/Community Awareness, Oral Health Education/Training, Oral Health Access/Financing/Infrastructure] in the afternoon. Through facilitated discussion, participants were asked to: 1) identify current issues/problems and service/data gaps; 2) propose potential resolutions/promising strategies with timelines; 3) identify resources/likely collaborators; and 4) discuss outcome measures/evaluation to track progress over time. Building on recommendations developed in 2001 by the Rhode Island Senate Commission on Oral Health, the promising strategies from each breakout group were incorporated into the *Draft Early Childhood Oral Health Action Plan* and distributed to Forum participants for review and comment prior to development of the final *Action Plan*.

Most importantly, the Forum provided an opportunity to launch the *Rhode Island Early Childhood Oral Health Coalition*. At the close of the Forum, more than 50 participants indicated a willingness to serve as members of the *Coalition*, a public/private/not-for-profit partnership that will assist in implementing the *Action Plan*, improving access to oral health promotion/disease prevention services for HS/EHS children and families, and tracking progress towards the *Action Plan* goals and objectives over time.

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# RI EARLY CHILDHOOD ORAL HEALTH ACTION PLAN

## A FRAMEWORK FOR THE FUTURE

In April 2003, U. S. Surgeon General Richard H. Carmona released *A National Call to Action to Promote Oral Health*, which builds on *Oral Health in America: A Report of the Surgeon General* (May 2000) and the *Healthy People 2010* focus area on Oral Health. Since 2001, Rhode Island, guided by the State Senate Commission on Oral Health, has established active oral health stakeholder groups and strong public/private/not-for-profit partnerships that can respond to the *Call to Action*.

Consistent with the *Call to Action* and the State Senate Commission, the *Rhode Island Early Childhood Oral Health Action Plan* seeks to provide a framework for advancing goals, objectives, and actions that are science-based, culturally sensitive, and routinely evaluated. Summarized below are the inputs, issues/problems, promising strategies, products, and outcomes proposed by Forum participants who were charged to develop this plan.

### INPUTS

- ❖ State Senate Commission on Oral Health
- ❖ Head Start Oral Health Forum
- ❖ Extensive Statewide Partnerships
- ❖ Leveraged Resources

### ISSUES/PROBLEMS

- ❖ Limited dentist participation in Medicaid
- ❖ Low reimbursement (Medicaid & commercial insurance)
- ❖ Long appointment wait & insurance authorization increases disease burden
- ❖ High “no show” rates for Medicaid patients
- ❖ Shortage of oral health professionals
- ❖ Insufficient access to pediatric dentists & dental specialists, particularly oral surgeons
- ❖ Restrictive dental practice regulations & licensure procedures
- ❖ No dental home by age one
- ❖ No incentives for volunteerism targeting underserved populations
- ❖ Insufficient dental safety-net capacity for low-income families
- ❖ Geographic, transportation & cultural barriers
- ❖ Missed opportunities for primary prevention/limited integration with medical providers, particularly pediatricians, obstetricians, advanced practice nurses, and childbirth educators
- ❖ Costly emergency room visits for dental pain/infection
- ❖ Limited oral disease burden, cost & utilization data

## PROMISING STRATEGIES

- ❖ Expand & coordinate statewide oral health surveillance systems
- ❖ Revise licensure requirements & practice regulations
- ❖ Provide incentives for oral health professionals working with underserved populations
- ❖ Expand oral health advocacy efforts targeting policymakers
- ❖ Integrate oral health into the State's Successful Start Initiative
- ❖ Provide/expand training & mentoring for primary care providers, Head Start/other staff working with young children, oral health providers willing to treat very young children
- ❖ Provide/expand community health & service learning for dental and dental hygiene students
- ❖ Promote dental careers to science-minded high school & college students
- ❖ Expand oral health professional recruitment & retention efforts
- ❖ Promote/leverage resources for population-based prevention interventions (dental sealants, fluoride)
- ❖ Develop/update oral health curricula & resource guides for young children & families
- ❖ Create a cross-cultural oral health public awareness/disease prevention campaign
- ❖ Expand RIte Care/Medicaid transportation & interpreter services
- ❖ Incorporate a Dental Benefits Manager (DBM) model to restructure the Medicaid dental delivery system
- ❖ Revise RIte Care/Medicaid dental benefits; increase public & commercial reimbursement rates

## PRODUCTS

- ❖ Comprehensive, coordinated oral health surveillance system
- ❖ Cost benefit/cost analysis of prevention interventions
- ❖ Oral disease burden documents based on current oral health data disseminated to policymakers
- ❖ Workforce-enhancing dental licensure & practice rules
- ❖ Dental Benefits Manager model for RIte Care/Medicaid
- ❖ Enabling services incorporated as RIte Care/Medicaid benefit
- ❖ Expanded in-state dental residency programs
- ❖ Support for Rhode Islanders attending dental school out-of-state in exchange for in-state service obligation
- ❖ Oral health professional recruitment plan/practice incentives
- ❖ Oral health training for targeted primary care providers
- ❖ Statewide school-based oral disease prevention programs
- ❖ Oral health resource guide for families with young children
- ❖ Social marketing campaign; advocacy & public awareness plan
- ❖ Oral health curriculum & web-based resources for Head Start teachers/staff
- ❖ Healthy vending machine selections in schools and childcare facilities
- ❖ Oral disease prevention training for Head Start parents and staff; case management for parents faced with oral health access barriers

## DISTAL OUTCOMES

*Among preschool children in Rhode Island:*

- ❖ Reduced prevalence of:
  - ◆ Early childhood caries
  - ◆ Unintentional oro-facial injuries
- ❖ Increased quality of life
- ❖ Reduced disparities in oral health outcomes

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## **NEXT STEPS: The RI Early Childhood Oral Health Coalition**

Through quarterly meetings and ad hoc workgroups, the *Rhode Island Early Childhood Oral Health Coalition*, a public/private/not-for-profit partnership, will help to refine the framework and facilitate implementation of the *Action Plan* over time. The following mission and vision statements will guide the *Coalition* in pursuing the goals of the *Action Plan* to better the lives of young children and their families/communities around the state.

### **~ MISSION ~**

*The mission of the  
Rhode Island Early Childhood Oral Health Coalition  
is to promote optimal oral health  
for Rhode Island's children and families.*

### **~ VISION ~**

*The vision of the  
Rhode Island Early Childhood Oral Health Coalition  
is that all young children in Rhode Island have  
a dental home and that their families/communities  
are aware of effective preventive measures that  
enhance oral health and reduce disease disparities.*

In collaboration with families/communities and guided by the mission/vision, the *Coalition* seeks to improve the oral health status and reduce disease disparities among young children by:

- ❖ Increasing awareness of the unmet oral health needs of preschool children among policymakers and the public;
- ❖ Expanding oral disease prevention knowledge and health behaviors among underserved families;
- ❖ Increasing oral health promotion/disease prevention resources for staff/providers working with young children and their families;
- ❖ Promoting access to prevention and treatment services for underserved preschool children; and
- ❖ Promoting integration of oral health with overall healthcare by expanding collaboration with primary care providers.

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## RHODE ISLAND HEAD START/EARLY HEAD START HONOR ROLL

For their dedication and commitment to improving the oral health of young children in Head Start, the following oral health professionals were appointed to the *2004 Rhode Island Head Start/Early Head Start Honor Roll*.

- ❖ Christine Barrasso, RDH
- ❖ Paul Bazonni, DDS
- ❖ M. Christine Benoit, DMD
- ❖ Harriet Carlson, CDA
- ❖ William Chan, DMD
- ❖ Manuel Cunanan, DMD
- ❖ Nancy Davol, RDH
- ❖ Danielle Gilman, RDH
- ❖ Denise Goodman, DMD
- ❖ Robert Hanley, DDS
- ❖ James Hosmer, DMD
- ❖ Kay Jenkins, DDS
- ❖ George Kates, DMD
- ❖ Mary Jean Hill
- ❖ Linda Landy, CDA
- ❖ Cecile Lavoie, RDH
- ❖ Kathy Lewis, CDA
- ❖ Michele Mathews
- ❖ Shirley Spater, DMD, MPH
- ❖ Kimberly Sweeney, RDH
- ❖ Richard Walsh, DDS
- ❖ Donna Weeks, RDH



## SPECIAL ACKNOWLEDGEMENT

The Rhode Island Department of Health and the Rhode Island Head Start Association would like to express their appreciation to Cathy Armes, a parent from the Woonsocket Head Start and Day Care, for the creation of the logo that was utilized on the Forum meeting materials and appears on the cover of this report.



## PARTICIPANTS

Abby Lawton Dental Clinic ❖ AmeriChoice/United Healthcare ❖  
 Bayside Family Health Care ❖ Blue Cross Blue Shield of RI ❖  
 Blackstone Valley Community Health Care ❖ Child & Family  
 Wellness Center ❖ CHILD, Inc. ❖ CHisPA ❖ Comprehensive  
 Child Care Services Network of RI ❖ Cranston Child  
 Development Center/Head Start ❖ Crossroads RI ❖ Delta  
 Dental of RI ❖ Child Care, Inc. ❖ City of New London, CT,  
 Department of Health ❖ East Bay Community Action  
 Program/East Bay Head Start ❖ Federal Hill House/Bundles of  
 Joy ❖ Hasbro Children's Hospital ❖ Joseph Samuels Dental  
 Center, RI Hospital ❖ Kids First ❖ Lifespan Community Health  
 Services ❖ M.I. Robertson School, Central Falls ❖  
 Neighborhood Health Plan of RI ❖ Office of the Governor ❖ Oral  
 Health Professional Advisory Council ❖ Parents (Head Start &  
 WIC) ❖ Pediatric Dental Center, St Joseph Hospital ❖  
 Providence Community Health Centers ❖ Providence Head Start  
 ❖ RI KIDS COUNT ❖ RI Dental Association ❖ RI Dental  
 Hygienists' Association ❖ RI Department of Education ❖ RI  
 Department of Health ❖ RI Department of Human Services ❖ RI  
 Head Start Association ❖ RI Health Center Association ❖ RI  
 Oral Health Access Project ❖ RI Senate Commission on Oral  
 Health ❖ RI Council of School Nurse Teachers ❖ South County  
 Community Action Head Start ❖ School Oral Health  
 Professionals ❖ The Children's Network/Meeting Street School  
 ❖ The RI Foundation ❖ Thundermist Health Centers (South  
 County, West Warwick, Woonsocket) ❖ Tri-Town Head Start ❖  
 University of Rhode Island ❖ US DHHS Administration for  
 Children & Families, Region I ❖ Visiting Nurse Services ❖ Wood  
 River Health Services ❖ Woonsocket Head Start & Day Care

## SPONSORS

Association of State and Territorial Dental Directors  
 Centers for Disease Control and Prevention  
 Federal Office of Rural Health Policy, HRSA  
 Maternal and Child Health Bureau, HRSA  
 &  
 Blue Cross Blue Shield of Rhode Island  
 Delta Dental of Rhode Island  
 Neighborhood Health Plan of Rhode Island