

South Dakota Dental Van Provides Dental Home on Wheels

Head Start programs currently are required to work with parents to ensure that all children's dental needs are assessed within 90 days of enrollment, and that steps are taken to obtain recommended follow-up services and an ongoing source of dental care. Despite repeated efforts, many Head Start programs have difficulty locating providers to provide dental homes for all enrolled children, particularly programs located in rural communities.



Arranging for dental examinations, preventive services and ongoing dental care in dental homes during Head Start's relatively short time-frame often requires finding creative ways to provide the full range of dental services that Head Start children need. One way to meet this challenge involves providing initial examinations at Head Start program sites. Many individual dentists visit Head Start centers once or twice a year to provide initial exams for enrolled children and dental education for children, parents and Head Start staff. These community dentists then provide dental homes for the children they examine at the Head Start centers.

Head Start programs also often look to mobile vans as providers of dental services. The issue of dental vans and their ability to provide dental homes for Head Start children remains controversial, in part because dental van programs vary greatly in the services they provide.

Providing Dental Homes for Head Start Children

The dental home concept is based on the premise that oral health care for children is best provided through an ongoing relationship between a child (and his or her parents or caretakers) and a dentist who is familiar with the child, the child's family and community. Children who have a dental home are more likely to receive appropriate preventive and routine oral health care.

AAPD policy identifies a number of attributes that a dental home should provide, including:

- **comprehensive oral health care** including acute care and preventive services in accordance with AAPD periodicity schedules;

- **comprehensive assessment** for oral diseases and conditions;
- **individualized preventive dental health program** based upon a caries-risk assessment and a periodontal disease risk assessment;
- **anticipatory guidance** about growth and development;
- **plan for acute dental trauma;**
- **information** about proper care of the child's teeth and gingiva, including prevention, diagnosis and treatment of disease of supporting tissues and maintenance of health;
- **dietary counseling;**
- and **referrals to dental specialists** when care can't be provided in the dental home.

Some vans provide comprehensive services, while others provide only limited services (e.g., examinations or examinations and preventive services, but not restorative services). Many Head Start programs have been surprised to discover that, when a van visits their center and provides only exams or limited services for the children, those services can actually interfere with the family's ability to access community dental care for follow-up treatment if steps are not taken to establish relationships between the van program and local community dentists.

Some dental vans do operate in a manner consistent with the dental home model. These vans develop their scope of services in close consultation with the local dental community and help to establish links to a comprehensive, continuously available source of care in the community.

In order to qualify as a dental home, a dental van must be linked to a continuously available source of comprehensive care.

Examples include:

1. Dental van that is linked to community health center dental clinics and provide exams and limited treatment on-site, with additional follow-up care provided by dentists at a community health center in coordination with the dental van program. Parents are informed of needed services and linked with community health center providers.
2. Dental van that is linked with a dental school that will provide a source of ongoing, comprehensive and continuously available care for patients. Parents are informed of dental care needs and linked with the dental school dental clinic.
3. Dental van that returns to a school or Head Start center on a regular basis (e.g., monthly) and provides initial exams and follow-up treatment, and has an established on-going relationship with one or more community dentists. Patients who receive exams and treatment on the dental van have access to a dentist in the community, who will provide any treatment not completed on the dental van, ongoing care and emergency treatment. Parents are informed and linked with the community dentists.
4. Dental van that utilizes local dentists to provide initial exams, who agree to provide dental homes to patients served by the van. Parents are informed and linked with the community dentists.

Questions used to assess whether a dental care provider constitutes a dental home:

1. Are services provided, supervised or coordinated by a dentist?
2. Is the provider available and accessible for ongoing care?
3. Are all aspects of oral health care provided (diagnosis, prevention, education, treatment)?

4. Are services and referrals documented in a clinical record that is available to all members of the dental team on an ongoing basis whenever treatment is delivered?
5. Is the information contained in this centralized record utilized to plan both preventative and treatment services.
6. Does the provider recognize the important role of the family, respect children and caregivers and include parents in anticipatory guidance and home care?

If the answer is yes to all of these, the provider fulfills the role of a dental home.

South Dakota Example

The van operated by Delta Dental of South Dakota (DDSD) is an excellent example of a dental van program that meets all the criteria for a dental home. Delta Dental of South Dakota is an oral health company specializing in providing dental benefit programs to more than 1,600 employer groups throughout South Dakota. Through its supporting 501(c)(3) foundation, the Delta Dental Philanthropic Fund, DDSD supports a number of oral health causes to advance and promote the improvement of oral health in South Dakota. The Dakota Smiles Mobile Dental Program was developed in 2004 to provide dental services to underserved children.

According to Dr. Greg Gertsen, general dentist and Delta Dental board member, there was very little controversy within the dental community when DDSD developed the Dakota Smiles program. Dentists were present from the beginning of the planning process and, in Watertown, S.D., all 13 community dentists showed up to support the program. Gertsen recalled that, even though all but two dentists in Watertown accepted Medicaid at the time, there was such a backlog of Medicaid children that they could not complete all the exams in a timely manner. Dentists in Watertown volunteer to provide services on the van during the time it is in town and then provide dental homes to the children that they see in the van. Parking the van at the Head Start center facilitates the

efficient provision of exams and treatment on a large number of Head Start children in just a few days time. Initially, the community dentists were relieved that the program could help them address the oral health needs of these children. The Watertown dental community has been pleased with the program, and continues to support it.

Dr. Thane Crump, AAPD Head Start Dental Home Initiative South Dakota state leader, said, “I understand that some communities have chosen not to participate in the Delta Smiles program for various reasons – in some communities the local dentists are already taking care of all the patients or they do not support and participate in the program. In Watertown, the dental community has always supported the van and all the kids it helps. Furthermore, the dentists all work together to make sure the community is well-served. The collaboration between the Delta Smiles program and the dental community has been important to meeting the oral health needs of the children in our community.”

Mendy Herke, health specialist for Interlakes Community Action Partnership Head Start, serves as the community partner in Watertown, S.D. She identifies children who do not have a dental home, informs parents of the opportunity, helps the parents to complete paperwork, and assists in scheduling children for appointments on the van. While the van is parked at the Head Start center, she makes sure that parents are aware of their appointments, and that they have transportation to get to appointments. She also documents the services that children receive on the van, as well as the need for follow-up treatment. After the van leaves, she continues to work with parents to ensure that they take their children to local dentists’ offices to complete their treatment plans. She also applies fluoride varnish per dentists’ recommendations and makes sure that dental offices have all documentation necessary to provide services.

“When we started, we knew there was a need,” says Carrie Mikkonen, Dakota Smiles program manager. “What we didn’t realize was the extent of the need. Every week we see children who are in pain and need significant dental care. The good news is that we’ve been able to see thousands of kids and not only complete their care, but also educate them on how to care for their teeth and the importance of a healthy mouth.”

Community partners share in the cost of the program. In Watertown, the Head Start center provides half of the required community monetary commitment while the Watertown Community Foundation Women and Giving funds half of the monetary commitment. According to Jan DeBerg, executive director of the foundation, “One of the things that is very important is that the children learn life-long dental care, and parents understand that if the child has dental problems, they can’t learn and grow to their potential.” The foundation supports the Delta Smiles program in Watertown because it contributes to this goal.

The key to it all is partnering. In establishing and maintaining the program, DDSD consistently collaborates with all its partners, which include community partners such as Head Start and dental care providers throughout the state. Although Delta Dental funds a majority of the costs, other community partners have contributed to the program’s success. The dental community, South Dakota Department of Health, Ronald McDonald House Charities and South Dakota McDonald’s restaurant owners have all been partners from the beginning. Site partners, like the Interlakes Community Action Partnership contribute to the success of the program by engaging multiple stakeholders within their communities. The program serves 60 South Dakota communities. Throughout the state, 89 dentists, 53 dental hygienists and 70 dental assistants volunteer their services.

For further information, contact Head Start Project Manager Jan Silverman at (312) 337-2169 or jsilverman@aapd.org.