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2006 Early Head Start/Head Start Oral Health Forum Report

Good Oral Health is For Everyone

Georgia Division of Public Health, Oral Health Program: http://health.state.ga.us/programs/oral/index.asp
Georgia Department of Early Care and Learning: http://www.decal.state.ga.us/
Georgia Head Start Association: http://www.georgiaheadstart.org/
Region IV Head Start Association: http://www.rivhsa.org/

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Early Head Start/Head Start Oral Health Forum Report 2006

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Introduction and Background:

Oral health is an essential and integral component of health throughout life. Dental caries/tooth decay is the most prevalent chronic disease affecting children.[1] Oral disease impacts a child's ability to eat, thrive, speak, and learn.[2] Evidence-based studies indicate oral health prevention is cost-effective and saves children from pain and lost days of school:

- The National Institutes of Dental and Craniofacial Research and the National Education Association cite research showing that American children miss 52 million hours of school each year due to oral health problems.[3] In addition to lost days of school due to dental treatment and pain, dental problems distract children from learning.
- Dental sealants are a cost effective means of preventing dental caries in at risk groups; in the U.S. 80% of tooth decay in permanent teeth is experienced by only 25% of the children.[4] Dental sealants cost approximately one-third ($27) the cost of an average filling ($73). Every dollar invested in dental prevention saves as much as $147 in future expenses.[5]
- Preventive dental services reduce costly dental problems. *Pediatric Dentistry* reported a study on Medicaid dental expenditures indicating that hospital care is ten times more expensive ($6,498) than preventive treatment ($660).[6]
- Dental disease puts our children at-risk for expensive chronic diseases. Studies have shown a link between oral disease and cardiovascular disease, diabetes, respiratory infections, and low birth weight.

Access to care for dental preventive and treatment services for young, at risk children in Georgia continues to be a challenge. Head Start programs target children from low-income families. The majority of children enrolled in Head Start programs are eligible for Medicaid/PeachCare (M/PC) reimbursement programs. PeachCare is Georgia's name for the State Children's Health Insurance Program (SCHIP).

Contracted reports from Georgia State University, Georgia Health Policy Center demonstrate statewide challenges of access to dental care for M/PC recipients. In a report published in August 2002 on calendar year (CY) 2000 Medicaid claims data, showed that there were 3,582 licensed dentists in Georgia, 905 (25.3%) dentists provided at least one visit during the year ("Participating Provider") to a M/PC enrollee in the Medicaid/PeachCare programs; and 632 (17.6%) of all licensed dentists provided at least one visit per week ("Active Provider") to enrolled M/PC children (911,651) statewide under the age of 19.

The most recent, CY2004 Medicaid claims data shows that of 4,184 licensed dentists in Georgia, 1,192 dentists "Participate" as M/PC providers (28.5%) and 977 (23.4%) of all licensed dentists provided at least one visit per week ("Active Provider") to enrolled M/PC children (1,234,267) statewide under the age of 19.

The ratio of "Active Providers" to the number of enrolled M/PC children has not increased significantly from CY2000 (632:911,651 or .069) to CY2004 (977:1,234,267 or .079).

The Medicaid/PeachCare enrollment CY2000 to CY2004 for children below the age of 19 increased 73.9% while the numbers of "Active Providers" increased by 64.7% for the same time period.

This data demonstrates some of the challenges in seeking M/PC dental providers to serve low-income children in Georgia. Additionally, there are many rural counties that do not have a dental provider causing families to travel long distances to access oral health services. In the event of a dental emergency, it is necessary for many families to bring the child to a hospital emergency room for palliative treatment. Then the family is still faced with a lack of access to care locally.

Georgia is one of the fortunate states; having 46 fixed dental public health sites (statewide) and 11 mobile dental trailers (in 10 health districts) and 2 vans (Fulton County) that provide dental prevention and/or treatment services. The Georgia Oral Health Prevention Program (GOHPP) targets services to elementary schools having high numbers of children eligible for the Department of Education's Free and Reduced Lunch Program. The GOHPP serves all children who have parental permission to participate. Children without a dental home are referred first to a community dental provider; next, to a community health center with dental services; and lastly to a fixed public health dental clinic. If none of these resources is available locally, the child may be provided services through the school based mobile dental program. The Medical College of Georgia and other partnering agencies with dental services also serve as referral resources for children in need of extensive care.

The greatest challenge is to recruit dental providers who are willing to treat very young children, from the age of one year old up to five years old. This is the primary Head Start population ages that need oral health care services. The Medical College of Georgia (MCG) graduates two Pediatric Dental Specialists each year. Many of MCG's graduates elect to locate in metropolitan Atlanta and other more metropolitan areas of the state that can immediately support a new dental practice. Externships are offered to senior dental students to serve in public health facilities and dental health professional shortage areas to encourage careers in public health. A limited number of loan repayment programs are also available to students who commit to serve in federally designated Dental Health Professional Shortage Areas.

Public Health Dental Licenses (PHDL) are available to dentists and dental hygienists wishing to relocate to Georgia who have graduated from an American Dental Association approved school, and are licensed in another state. This facilitates licensure without taking another Board of Dentistry licensing examination. The PHDL allows providers to become public health employees immediately, while accruing professional service hours in Georgia to enable the PHDL to convert to a regular professional license after a period of five years. The Georgia Board of Dentistry provides regulation and sets standards for the PHDL.

Currently the GOHPP is conducting the Georgia Head Start Oral Health Survey 2006 (GHSOHS) in consultation with the Association of State and Territorial Dental Directors (ASTDD). The GHSOHS is based upon the ASTDD basic screening survey template, allowing national comparisons. Approximately 1,200 children will be screened at Head Start Centers that were randomly selected statewide. Data analysis reports are expected to be available late summer 2007.

Reported data from the Georgia Third Grade Oral Health Survey 2005 provides the following key findings on the oral health status of third grade children statewide:

- 1 in 2 (56%) 3rd grade children in Georgia have caries experience.
- 1 in 4 (27%) 3rd grade children in Georgia have untreated dental decay.
- 4 in 10 (40%) 3rd grade children in Georgia have dental sealants.
- 1 in 4 (26%) 3rd grade children in Georgia need either early (22%) or urgent (4%) dental care.
- Children from high socioeconomic (SES) households are more likely to have good oral health than children from low SES households.
- Children from Metropolitan Atlanta are more likely to have good oral health than children from other regions, except for dental sealants.
- Children with access to dental insurance are more likely to have good oral health than children without access to dental insurance.
- Children who visited a dentist in the last year are more likely to have good oral health than children who had not visited the dentist in the last year.
- 1 in 8 (13%) of 3rd grade children in Georgia could not get dental care when needed.

This survey concluded that:

- Poor oral health is a significant public health problem among children in Georgia.
- The percent of 3rd grade children in Georgia with caries experience, untreated dental decay, and dental sealants do not meet Healthy People 2010 objectives.
- Significant differences in oral health were found between SES households.
- Access to insurance and utilizing dental care are important factors in promoting good oral health.

Historically, oral health program development in Georgia has been both a public and private collaborative effort. Information provided by the survey prompts the following action steps for improvements:

- Provide documentation of local level needs through reporting of public health, community and school oral health data.
- Continue statewide needs assessments and funding to build oral health infrastructure that increases access to care.
- Increase the proportion of eligible low-income elementary school children who establish a dental home, receive dental treatment, and are free of oral-related pain and active oral disease.
- Continue concerted public health collaborations with private dental professionals, organizations and the Department of Community Health (Medicaid/PeachCare) that will result in improved oral health status for all of Georgia's children.

Results of the Georgia Head Start Oral Health Survey will provide a baseline for comparison to future data analyses provided by the Georgia Oral Health Program, the Third Grade Oral Health Survey and the Head Start Oral Health Survey. These data sets serve as resources to facilitate program planning, implementations of prevention and early treatment programs to ensure school readiness; and to help families and children to establish good oral health practices early in life.

Planning Process:

Thomas E. Duval DDS, MPH, State Dental Director for Public Health facilitated support for development of the grant application through pre-planning meetings with the following partners: Georgia Head Start Association, Department of Early Care and Learning, Medical College of Georgia-School Of Dentistry, Georgia Office of Rural Health Services, Georgia Dental Society, Georgia Dental Association, Georgia Dental Hygienists' Association and community representatives from Head Start and Early Head Start Programs.

The Division of Public Health, Oral Health Section, Family Health Branch, the Head Start Association and the Department of Early Care and Learning collaborated to develop the grant application for funding of the Georgia Head Start Oral Health Forum 2006. Grant writing tasks were a collaborative effort by the President of the Head Start Association and the State Dental Director with input from the partnering agencies.

Planning for the forum dates, invitees, and collaborative conference meetings were managed by the Georgia Head Start Association. Forum and conference invitations and materials were sent out via email and were included in conference registration packets mailed to key partners, Head Start staff and parents. The one-day Head Start Forum meeting on April 18, 2006 was held as a preliminary workshop to the annual Head Start Conference to encourage participation by Head Start staff and parents. The title of the forum was **"Addressing Barriers to Oral Health Care for Young Children: Creating a Statewide Action Plan"**.

Georgia Department of Human Resources, Division of Public Health Continuing Dental Education credits were provided to forum participants. Additional oral health prevention education training was provided to conference participants in two, half-day sessions on April 19, 2006.

Forum Description:

District and County Public Health Dentists and Hygienists, and other public health district staff members were in attendance at the Forum. Other participants included Pediatric Dentists; staff and members of the Georgia Dental Association, Georgia Dental Hygienists' Association, Georgia Dental Society; and community dentists and dental hygienists, school nurses, and Head Start staff and parents.

The Chairperson of the Head Start Training and Technical Assistance Committee, Letta Cox and the President Of the Head Start Association, Susan Wilcher planned the forum process, created the agenda and meeting materials; and the State Dental Director chaired the meeting.

The morning session of the forum included presentations from the State Office of Oral Health on Fluoride Varnish, planning of the Georgia Head Start Oral Health Survey and included open discussions with forum participants.

The afternoon session of the forum was devoted to the small group process. Attendees were divided into three groups to develop a plan that would support the forum objective assigned to each group. Forms created to facilitate action plan development for each objective were provided to the small groups. Each small group elected a "scribe" who noted key discussion points on large notepad easels and a "reporter" who conveyed the key planning results to the larger group. The State Dental Director and Director, GOHPP Linda L. Koskela R.D.H., M.P.H. assisted facilitation of the small group discussions and were available for questions.

Forum Outcomes:

The overall goal of the Forum was to learn from community members how to best resolve access to care issues for the EHS/HS population in Georgia and to engage partners in the process. Action plan development focused on formulating realistic action steps with time lines that would address the objectives identified for the forum.

The following objectives were provided for small group discussion and development of the Georgia Head Start/Early Head Start (EHS/HS) Oral Health Action Plan:

Georgia Objective #1: **Increase Prevention and Clinical Treatment Services to EHS/HS Children**

Georgia Objective #2: **Increase Oral Health Education Services to EHS/HS Parents, Children and Staff**

Georgia Objective #3: **Increase the Number of Dentists and Hygienists that Screen, Examine and Treat EHS/HS Children: Birth to age 5 years.**

A total of 64 participants attended the Forum and participated in the small group discussion session. Each of the three small discussion groups was assigned one objective to address. The focus categories for discussion of each objective were: Needs/Issues, Proposed Activities, Time-Line, Short/Long Term Outcomes, Agency Responsible for Implementing Activity; and Evaluation and Comments.

Key discussion synopsis for Objective #1 (increase services) includes:

- Parental Responsibility: the need for educating EHS/HS parents about the need for oral health (OH) care, keeping scheduled dental appointments, securing dental homes, agency networking to support care, and measurements of improvement.
- Medicaid/SCHIP enrollment: eligible children and families are provided information by trained HS staff, partnering with appropriate agencies for training, and development of continuous enrollment tools.
- Securing treatment funding for ineligible children and pregnant women; and monitoring of access to care success.

Key discussion synopsis for Objective #2 (increase OH education) includes:

- OH education: development of training tools for staff, parents and children; partnering with WIC and other key agencies; development of standardized OH curriculum.
- Parental involvement in OH prevention, development of OH topics for HS newsletter, collaborations with appropriate agencies/community partners for training and public health workforce development.

Key discussion synopsis for Objective #3(increase providers) includes:

- Access to care: recruitment of providers to accept Medicaid/SCHIP clients through partner agencies, dental auxiliary care, Fluoride Varnish use, surveillance activities.
- Managed care (CMO) implementation in Georgia

Action Plan Development: Next Steps and Continuation Efforts

The discussion focused on challenges, resources and the need for immediate action. Identified barriers were addressed through planned partnerships and coordination of efforts. The discussion outcomes identified key steps for the action plan development to improve access to oral health care for young children.

Primary responsibility for leadership of the action plan and anticipated improvements was assigned to the State Office of Oral Health. Discussion of coordination activities and performance of specific tasks demonstrated the need for strong collaborations among key partner agencies. The identified key partners were present at the Forum. Further follow-up and planning is needed to move the action plan towards formal commitment (such as Memorandums of Understanding) and implementations. Additional planning and coordination meetings are needed to facilitate implementation activities.

Some of the partners identified to conduct continuation efforts are:

- Georgia Public Health Oral Health Section/ Georgia Oral Health Prevention Program
- Georgia Department of Early Care and Learning
- Early Head Start and Head Start Programs - Key Staff and Community Representatives
- Region IV Head Start Association
- Private Sector Health Professionals:
  - Georgia Dental Association
  - Georgia Dental Society
  - Georgia Dental Hygienists' Association
  - Georgia Dental Assisting Associations and Schools
  - Georgia Medical Associations and Schools
  - Georgia Nursing Associations and Schools
- Georgia Office of Rural Health Services
- Medical College of Georgia - School Of Dentistry: Key Staff and Students
- Georgia Schools of Dental Hygiene
- WIC Programs: Key Staff (state and local)
- Department of Community Health: Medicaid/PeachCare (SCHIP)
- Managed Care (CMO) Representatives
- Healthy Mothers/Healthy Babies Representatives
- Georgia Offices of School Health

GRANT BUDGET:

CATEGORY	DESCRIPTION	QUANTITY		COST
TRAVEL	In-State miles @ $0.485/mile for major Planning Group and Forum attendees to attend meeting			$1,000.00
	Per Diem (meals) for major Planning Group and Forum attendees to attend meeting @ $30/day	10		$300.00
	Per Diem for major Planning Group and Forum attendees' single night lodging in Atlanta @ $140	10		$1,400.00
SUPPLIES	Copier			INKIND
	Office Supplies			$250.00
	Printing			$300.00
CONTRACTUAL	Conference facilities, AV equipment, and related charges			$1,500.00
	Data Entry			$250.00
PERSONNEL	State Oral Health Director, 80 hours @ $47.00/ hour facilitation and coordination			INKIND
			TOTAL	**$5,000.00**

Primary Contact Person for Questions and Reporting

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Forum Report Contacts:

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2006 Georgia Early Head Start/Head Start Oral Health Action Plan						
NEEDS/ISSUES	**PROPOSED ACTIVITIES**	**TIME-LINE**	**SHORT/LONG TERM OUTCOMES**	**AGENCY RESPONSIBLE FOR IMPLEMENTING ACTIVITY**	**EVALUATION**	**COMMENTS**
Georgia Objective #1: Increase Prevention and Clinical Treatment Services to EHS/HS Children						
Increase parent accountability. Children do not attend dental appointments.	•Educate parents on the concept of maintaining a dental home and the importance of keeping dental appointments. •Develop appropriate rewards for parents following through with keeping child's appointment •Educate parents about: •Links to systemic disease •oral health care instruction •prevention •nutrition •dental home	•2x/ year in service trainings for staff •Ongoing public health support to secure dental homes •Ongoing education for EHS/HS parents, children, staff.	•Informed about and follow thru with treatment appointments •Increased awareness of importance of regular care. •Parents advocate for access to care. •PIR Data outcomes improve	•EHS/HS network with local community agency •professional assoc. •public health dental providers •local dental providers •Region IV HS Assoc	•Established dental home for each child. •Child OH Status PIR Data Improvement national/state •Pre/post test of EHS/HS staff's dental IQ	
Increase Medicaid/SCHIP enrollment: Ensure that all EHS/HS children eligible for Medicaid/SCHIP (PeachCare) are enrolled.	•Provide HS staff training on how to help parents access Medicaid/SCHIP enrollment and providers and •Provide parents information about eligibility and benefits	ongoing	•Training or information is available to staff on enrollment procedures and contacts •All Medicaid/PeachCare eligible EHS/HS children enrolled •Continuous enrollment	•local HS agencies •Information provided by Medicaid (DCH) offices	EHS/HS child database	
Funding for dental services for non-Medicaid, non-SCHIP (PeachCare) eligible children and pregnant women	•For non eligible families, locate funding sources or in-kind benefits •For PeachCare families not paying premium, provide parent education and assist enrollment	•annually •ongoing	•Funding available when needed. •Treatment accomplished. •Continuous enrollment	Local EHS/HS and migrant programs.	•Improved PIR indicates increased number of children receiving dental services. •Child database •Ga. Health Policy Center (GHPC) Medicaid Service Reports show increase in children ages B-5 yrs. receiving dental services.	
NEEDS/ISSUES	**PROPOSED ACTIVITIES**	**TIME-LINE**	**SHORT/LONG TERM OUTCOMES**	**AGENCY RESPONSIBLE FOR IMPLEMENTING ACTIVITY**	**EVALUATION**	**COMMENTS**
Georgia Objective #2: Increase Oral Health Education Services to EHS/HS Parents, Children and Staff						
Lack of oral health knowledge: Parents children and Early Head Start (EHS) and Head Start (HS) staff.	• Develop training tools specific to population needs • Provide oral health prevention education and brushing instruction/demonstrations and training tools for parents/caregivers • Provide other OH Health promotion activities for parents, staff, children, child care providers and pregnant mothers • Develop creative ways of motivating parents and children to adopt active role and to accept personal responsibility for preventive oral health care.	Parent orientation (before EHS/HS school starts) <45 days of entry into program	• Increased understanding of proper dental health practices • Decreased incidence of dental caries and oral infections • improved prenatal and young child oral health.	•Coordination of local implementations by Public Health district and county level dental programs in partnership with EHS/HS agencies and centers. •WIC •EHS/Head Start leadership	•Pre and post test of basic knowledge for parents, caregivers/teachers and older HS children.	Development of standardized oral health education curriculum development specific to Georgia populations is needed. Grant funds provide opportunities for product development.
	•Design innovative techniques for providers to educate parents and children. •Develop Standardized curriculum •Help parents create own treatment plans- include in Family Partnership Agreements at center level. •Educate children to brush teeth 3x/day using fun activities that motivate compliance.	30 days	•EHS/ HS centers will have oral health education tools for EHS/HS classroom activities. •Increased awareness of parents responsibility for children keeping appointments. •Parents schedule and bring children to attend regular dental appointments	•Region IV HS Assoc •EHS/Head Start leadership •Public Health dental providers •Local dental providers	•Children receive follow-up care identified by initial dental screening. •Family Partnership Agreements for each child include oral health education and appropriate dental services	Facilitation of parental responsibility is promoted by education and provision of tools to obtain services.

NEEDS/ISSUES	PROPOSED ACTIVITIES	TIME-LINE	SHORT/LONG TERM OUTCOMES	AGENCY RESPONSIBLE FOR IMPLEMENTING ACTIVITY	EVALUATION	COMMENTS
	•.Identify and prepare oral health information topics to be included in EHS/HS Newsletter	•Quarterly training sessions provided by professional dental providers. •Monthly newsletter articles	•Increased access to oral health education and increased dental IQ . •PIR requirements met	EHS/HS Corp sponsors Community partners EHS/HS network with dental professional resources	PIR requirements met - 45/90 day follow thru for necessary care and appointments Publication of OH educational articles in newsletter.	Ongoing educational activities reinforce positive health behaviors.
	•Develop standardized disease prevention curriculum to provide oral health education for child, parent, and staff at EHS/HS centers. •Develop evaluation tools (pre/post tests, caries incidence) to measure success. •Provide joint oral health training for parent and child activities •Coordination of curriculum development will be team led with Public Health and Academic partners.	1 year •Parent oral health training begins immediately upon enrollment.	All EHS/HS will have access to the same oral health educational information and tools. •Ultimate goal is prevention and reduction of Early Childhood Caries.	EHS/HS network with local professional dental community and partners.	•Curriculum used at all centers at least annually; at best, ongoing as part of classroom activities. •Evaluate effectiveness of curriculum and training with pre/post tests.	
	• Collaboration with nursing schools and dental hygiene schools to provide oral health education trainings to parents, children and staff.	Minimum 2x yearly. within 30 days of start of school	• Collaborations between EH/HS and nursing and Dental hygiene schools established. • Professional school Students provide education at least twice annually. • Students gain public health experience	Local dental public health programs, HS, and hygiene and nursing schools	•Partnership development with local professional academic programs •Partnership development with local dental providers who treat young children	• Public Health District Staff will facilitate collaborations. • Collaborations increase workforce development.
Parental modeling of good oral health practices and behaviors.	Parental Educational Brochure : -how caries develop -limiting juices especially frequency -bottled water facts -toothbrushing calendar		• Brochure developed or identified • Brochures Distributed to parents • Parents use information to improve oral health of children	Local dental public health programs, EHS/HS	• Distribution of educational materials to HS centers	State Office of Oral Health continue to seek and obtain additional funds to develop and provide training materials.

NEEDS/ISSUES	PROPOSED ACTIVITIES	TIME-LINE	SHORT/LONG TERM OUTCOMES	AGENCY RESPONSIBLE FOR IMPLEMENTING ACTIVITY	EVALUATION	COMMENTS
Georgia Objective #3: Increase the Number of Dentists and Hygienists that Screen, Examine and Treat EHS/HS Children: Birth to age 5 years.						
Lack of access to dental services for young children: •lack of Medicaid provider dentists willing to treat children ages 1-5 •location of EHS/HS centers •transportation to providers •issues related to implementation of Medicaid managed care for dental providers (contracts)	•Determine location of current providers •Recruit local dental providers to provide services to young children and Medicaid/SCHIP eligible children •Request the GA Dental Association (GDA), GA Dental Society (GDS) and Medical College of GA (MCG) contacts to assist obtaining and recruiting dental provider referral resources.	6 months	•Information on local need for dental providers for young children is shared with community and professional associations •Professional associations assist with recruitment of providers •Local providers receive information on how to register to provide services to CMO members	•Region IV HS Assoc •EHS/Head Start leadership •Public Health dental providers •Local dental providers •GDA, GDS, MCG, Healthy Mothers/Healthy Babies •CMO organizations •Department of Community Health/SCHIP	•Number of dental providers that provide services to young children increase •GHPC Medicaid claims analysis demonstrates increase in providers for Medicaid/PeachCare children •EHS/HS children that need dental services are able to obtain care from a local dental provider	Provision of services and access to care for undocumented immigrants presents special challenges that may not be addressed by this workplan.
	•Write letters to GDA, GDS, and MCG to request assistance in recruiting dental providers for young children statewide •set up contracts with dentists who will treat children onsite. Determine comprehensive care availability. •utilize dental residents in your area •Recruit contracted dentists for Dental Health Professional Shortage Areas	July, 2006 Aug 1, 2006 ongoing	•Established network of providers •Proof of effort to meet established guidelines •Increased capacity to provide dental services to young children	•Region IV HS Assoc •EHS/Head Start leadership Partners will assist process: •Public Health dental providers •GDA, GDS, MCG, Healthy Mothers/Healthy Babies •CMO organizations	•More dental providers are available to treat EHS/HS enrolled children. •Children are able to access dental providers when needed.	

	•Assess travel time on the bus to determine provider locations needed •Consider realistic transportation range to dental providers and develop database of EHS/HS local dental providers.	6months	Establish and maintain EHS/HS dental provider database.	•Region IV HS Assoc •EHS/Head Start leadership	•Children do not need to travel long distances (>30 minutes) to obtain dental services	This may be difficult to achieve in rural areas.
Increase the number of dentists signing contracts with Medicaid and PeachCare CMOs	Contact CMOs to initiate discussion about how EHS/HS children will be served.	Immediate	Educate CMOs about the need for increased number of contracts signed to ensure access to young Medicaid or SCHIP eligible children	DCH, Public Health Director of Oral Health Section	Ongoing communications between DCH, CMO and Dental Public Health	CMO and dental public health has had ongoing discussions for public health dental services and dental provider recruitment.
Increase utilization of public health and private sector hygienists to increase preventive services for EHS/HS children.	Develop public and private collaborations to increase oral health preventive services for EHS/HS children	•Complete EHS/HS Basic Screening Survey in 2006/7 school year. •Provide statewide Fluoride Varnish initiative for 3 years and ongoing services thereafter.	Reduction in early childhood caries incidence.	Public Health Oral Health Programs.	•Establish HS/EHS baseline with 2006/7 Basic Screening Survey. •Complete statewide oral health education and fluoride varnish application for EHS/HS children. •Perform regular HS/EHS Basic Screening Surveys: every 3-5 years for ongoing surveillance and measurement of oral health status.	Surveillance activities are a primary public health oral health function. Surveys are conducted based upon availability of funds.