

Successful Partnerships to Improve Oral Health in Head Start

Contact Information

Program Title: The Minnesota Model for Oral Health in Head Start

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Funded Enrollment: 14,363

Program Information

Type of Program

Early Head Start and Head Start

Location of Program

Combination or other program option

Partnership Information

In 2006, a coalition comprising Minnesota Head Start, the state's dental and dental hygiene associations, and Apple Tree Dental received state and federal approval to employ a community collaborative practice approach to meet dental performance standards for Minnesota Head Start programs. Under Minnesota statutes, which were established between 2000 and 2006, dental hygienists with a "collaborative agreement" may provide education and preventive services in Head Start centers and other community-based locations. The coalition adapted the Association of State and Territorial Dental Directors' (ASTDD's) basic screening survey (BSS) to create a standardized assessment, triage, and referral mechanism for collaborative practice. This approach meets Minnesota's Medicaid dental examination standard, ensures that children enrolled in Minnesota Head Start who are in need of oral health care be seen by an oral health professional as quickly as possible, and will be used to create and strengthen linkages between Minnesota Head Start and dentists who can provide treatment to children enrolled in Head Start.

Oral Health Activity

Education

Disease prevention

Service delivery

Activity Description

In the 5 years preceding the establishment of this coalition, only about 70 percent of children enrolled in Minnesota Head Start received the required oral examination. The program employed

the community collaborative practice approach to increase the percentage of enrolled children who receive early and appropriate oral health care.

In the model, collaborative practice dental hygienists (hygienists with certain qualifications and a collaborative agreement signed by a dentist) provide education, preventive services (including fluoride varnish), and a standardized assessment and triage on site in Head Start centers. These hygienists, using the adapted version of ASTDD's BSS, refer children to a dentist or dental clinic for oral health care.

Benefits of this approach include disease prevention and education provided to enrolled children in a supportive, familiar environment. In addition, the approach provides the opportunity to create and strengthen partnerships among dental hygienists and dentists in the state. The standardized assessment, triage, and referral mechanism allows community clinics, nonprofit organizations, and private dentists to work together effectively to ensure the oral health of children enrolled in Minnesota Head Start. In the first few months since implementation, the model has already proven successful for several local programs in greater Minnesota.

For more information about collaborative practice in Minnesota, visit www.normandale.edu/dental.