Welcome to the June 2006 Head Start-State Collaboration Office meeting! It will be an exciting three days as we re-energize, reflect and re-focus our attention on the Office of Head Start’s priorities. The Office of Head Start has identified health care as a top priority for the State Collaboration Offices. To support your efforts, we are pleased to offer the third edition of The Health Information Exchange (THIE). This latest newsletter is an update of the first and second editions of THIE which focused on oral health and asthma respectively.

At our June meeting, both Mr. Channell Wilkins, the Director of the Office of Head Start and Dr. Rachel Téllez, Medical Advisor to the Office of Head Start, will discuss the urgent healthcare needs of the Head Start population that require your attention. One such need is oral health. This edition of THIE includes up-to-date information on the Office of Head Start’s Oral Health Initiative, as well as descriptions of ongoing activities in the State Collaboration Offices in Nebraska and Arkansas, and a partnership between the Office of Head Start and the Association of State and Territorial Dental Directors.

Asthma continues to be a national concern and a major problem for children in Early Head Start and Head Start. This edition of THIE features articles on asthma from the Asthma and Allergy Foundation and the U.S. Environmental Protection Agency. In addition, we reprinted an article from Dr. Rachel Téllez who writes about the important role of the HSSCOs in helping Head Start grantees identify asthma-related resources at the state and local levels.

We hope this newsletter will be a valuable resource as you address health care issues with state agencies, community partners and local Head Start programs. The next edition of THIE will focus on obesity, another health care priority in Head Start. We welcome your suggestions for the next edition of the newsletter and about THIE in general. Please contact the editor, Dr. Tracie Dickson (HSNRC at Pal-Tech) at tdickson@palt-tech.com or 703-243-0495.

Again, welcome and we hope you enjoy this opportunity to meet with your colleagues from the State Collaboration Offices.

Carmen Bovell-Chester
Senior Advisor, Head Start-State Collaboration
Office of Head Start

Head Start, Asthma, and Health Disparities
By Rachel Téllez, MD, MS, FAAP

Asthma is a major problem among Head Start and Early Head Start children and families. It is a complex disease that raises many questions by grantees and families. This important article is being reprinted in this issue to support State Collaboration Offices as they work to be effective in helping grantees and families identify children with asthma; improve control over asthma; work with health care providers; and identify resources at the State and local levels. For more information, contact Rachel.Tellez@acf.hhs.gov.

Children and Oral Health: Communities Take Charge!
By Henrie M. Treadwell

“Healthy Children, Healthy Smiles” is a campaign slogan used to bring attention to the need to protect the teeth and overall health of future generations. Communities with compromised access to oral health care know that meeting these goals is difficult. The reality of accessing care for children, particularly our poor children, is challenging. The Community Voices Initiative works with communities to develop strategies and models that improve access to oral health care for children and their families. For more information, refer to www.communityvoices.org.

Asthma Basics for Children
By Angel Waldron

Asthma has continued to increase over the past 20 years, especially among children, and is now the most common chronic disease of childhood. In 2000, children from birth to age four had the highest rate of any age group of hospitalizations and visits to the hospital emergency rooms related to asthma. Asthma disproportionately affects African-Americans and those living in socio-economically disadvantaged areas. The Asthma and Allergy Foundation of America recognizes the growing problem of asthma and disproportionate burden that this chronic disease places on minority and/or underserved populations. Visit the Asthma and Allergy Foundation at www.info@aafa.org.

An Ongoing Partnership: Head Start and the Association of State and Territorial Dental Directors
By Beverly Jackson

The Office of Head Start established a partnership with the Association of State and Territorial Dental Directors (ASTDD) to foster state level partnerships and ongoing dialogue focused on helping Head Start programs access dental services. HSSCO Directors added a model national communications strategy to their current plans to assist in securing dental services for Head Start and Early Head Start programs. Teleconferences with the State Dental Directors are being used to address the oral health priority. For more information, contact Beverly Jackson at Beverly.Jackson@acf.hhs.gov.

Smoke-free, Asthma Friendly Homes for Head Start Families
By The United States Environmental Protection Agency

Head Start families are often burdened by the impacts of asthma. Office of Head Start and EPA are working together to support Head Start Centers to help families take control of asthma and the triggers that make symptoms worse. Visit www.epa.gov/smokefree and www.epa.gov/asthma for more information.

Pacific Islands Early Childhood Caries Prevention Project: Coordinated Action for the Oral Health of the Underserved
By Jackie Stein

The Pacific Islands Early Childhood Caries Prevention Project (PIECCPP)—one of eight Office of Head Start Innovation and Improvement Projects—aims to help local health and education providers address and reduce barriers to oral health for families and communities. Through partnerships with providers and families, PIECCPP hopes to increase access to services, reduce barriers to securing supplies and resources, and engage families in oral health-promoting behaviors. Visit www.pieccpp.org for more information.
National Partner Project: National Head Start Child Oral Health Resource Center

By Katrina Holt

In September 2005, the National Head Start Oral Health Resource Center (NHSOHRC) was launched to assist the Office of Head Start and the Maternal and Child Health Bureau to enhance the quality of oral health services for infants, children, and pregnant women enrolled in Head Start. NHSOHRC offers quality oral health education and prevention materials to Head Start and Early Head Start. Free oral health resources are available at www.mchoralhealth.org.

Oral Health Initiative: Promoting and Advancing Oral Health Education and Care for Head Start Children

By Rachel Téllez, MD, MS, FAAP

The Office of Head Start is supporting an Oral Health Initiative which provides supplemental funding to 51 grantees and one state consortium of 6 grantees. The goal is to improve oral health services to young children from birth to five years and to pregnant women. The Oral Health Initiative builds upon the partnership between the Office of Head Start and the Maternal and Child Health Bureau. For more information contact Rachel.Telleze@acf.hhs.gov.

Featured State Practice: Nebraska’s Focus on Oral Health

By Eleanor Kirkland

The Nebraska State Collaboration Office, in coordination with the Nebraska Dental Health Office and the University of Nebraska Medical Center Dental College, formed a partnership to train Head Start program staff in the prevention and treatment of dental caries. Nebraska hopes to make a difference in the oral health needs of Head Start children and families, “one tooth at a time!” For more information, contact eleanor.kirkland@nde.ne.gov.

Featured State Practice: The Arkansas Oral Health Program

By Ann Patterson and Lynn Mouden, DDS, MPH

The Arkansas Department of Health and Human Services, Division of Health, the Arkansas Oral Health Coalition, and the Arkansas Head Start-State Collaboration Office are collaborating on an exciting oral health project that focuses on population-based oral disease prevention and increasing access to appropriate oral health care for all Arkansans through four primary areas of effort: prevention, education, policy, and access. For more information, visit www.aroralhealth.com.

The Arkansas Head Start Oral Health CD-ROM Development Project

By Ann Patterson and Lynn Mouden, DDS, MPH

The Arkansas Department of Health and Human Services, Division of Health, the Arkansas Oral Health Coalition, the Arkansas Head Start-State Collaboration Office, and the Arkansas Head Start Association collaborated in the development of a CD-ROM of oral health education materials. The materials address a wide variety of audiences including Head Start parents, public officials and state agencies, community leaders, and dental professionals. For more information, contact ann@arheadstart.org.
The data are variable, but the message is clear: asthma is a major problem for children in families in Early Head Start and Head Start. Asthma is a complex disease to understand, and the questions from grantees and families are many. The role of the State Collaboration Office can be powerful in helping grantees and families identify children with asthma; improve control over asthma; work with health care providers; and identify resources at the State and local levels.

As a note, “reactive airway disease” is often the physician’s diagnosis for younger children with episodes of cough and wheezing similar to asthma, and can also be a chronic disease. Asthma is a subset of reactive airway disease, but for purposes of management and education at Head Start, they should be treated the same.

Childhood Asthma Rates and Health Disparities

Approximately 5 million children in the United States have asthma, and in the last 20 years children 0 to 4 have had the largest increase in rates of asthma\(^1\). The data are variable when comparing the rates of asthma across different ethnic groups. However, what is clear—and much more significant—is that large disparities exist for poor children and minority children in the burden of asthma on their lives, including higher rates of emergency room visits, hospitalizations, and death\(^1\).

For example, black children are more than three times as likely to be hospitalized and four times more likely to die from asthma when compared to white children\(^1\). One study showed that black and Latino children in a Medicaid population were also shown to have a poorer asthma status and were less likely to use preventive medicines, one of the cornerstones of good asthma control\(^2\). Unfortunately, there is very little data on other minority populations in asthma, but general trends seem to be similar in the American Indian/Alaska Native population: rates of asthma are increasing, and children with asthma are sicker in comparison to white children with the same diagnosis.

Asthma and Head Start

The PIR data reveal asthma rates increased from 4.4 percent to 5.3 percent over the last five years in EHS/HS. However, when research studies look at individual Head Start sites, the rates are actually much higher, with between 13 and 35 percent of Head Start children diagnosed with asthma\(^3\)-\(^6\).

More significant are the data around the active asthma symptoms in Head Start children, such as in Massachusetts, where one-half of the asthmatic children were limited in the physical activity they could do because of uncontrolled asthma\(^3\). Unfortunately, in 2002, only 50 percent of EHS/HS grantees had an asthma plan for all children in their program\(^7\), which is a critical part of helping reduce symptoms and severity of asthma, as well a potential component in meeting Head Start’s Program Performance Standards requiring grantees to develop and implement follow-up plans for identified health problems. (45 CFR 1304.20(a)(1)(iv)). Given these numbers, it is apparent that asthma has a significant effect on Head Start and that help for grantees and parents is needed.

Helping Grantees and Parents Understand Asthma

What is asthma? Asthma is a disease of inflammation and hypersensitivity of the airways of the lungs. Because they are
over-sensitive, when the airways of a child with asthma are exposed to certain triggers, they will swell and produce extra mucous, resulting in the narrowing in size of the airways and difficulty breathing. Triggers differ for each child and may include smoke, infection, pollution, perfume, mold, pollen, weather change, pets, cockroaches, and strong emotions.

What are the symptoms? The symptoms of asthma include coughing, wheezing, breathing fast, chest tightness or just being tired. Every child is different, which is one of the reasons it is important to create an individual plan for each child. With all of the coughing going on in Head Start centers from colds, it is easy to overlook the worsening asthma in that one child who doesn't wheeze but instead coughs when they are getting sick. Such a child may actually need to be treated with medicine at those times. At the minimum, the center needs to communicate new or extra coughing in an asthmatic to the family or health care provider.

What is “control” of asthma? In general, a child with asthma is under good “control” if: she has only minor symptoms from asthma; can sleep through the night without asthma problems; go to school daily; does not require visits to the emergency room; and can participate regularly and fully in all activities. Of course, occasionally children with asthma will wheeze with colds, activity, and weather change, but this should happen infrequently.

Why are we worried about control? First, we are worried about the trips to the emergency room that represent an unnecessary worsening of asthma and can infrequently result in death. Second, we are worried about the subtler symptoms that lead to a poorer quality of life for any child with asthma, including poor sleep, missed school, and limitations on normal childhood activities. Finally, we are worried because children who wheeze early in life have a risk of poorer lung function when they are adults.

How is asthma brought under control? For those children with persistent asthma symptoms, medicine is one of the key components. However, medicine alone does not lead to controlled asthma. An essential component is the communication among family, medical provider, and other care providers such as Head Start, who can work together to make a plan to help reduce symptoms and use medicine appropriately. It is critical to remember that while some children may grow out of asthma over time (meaning years), asthma cannot be cured with the medicine. It can, however, be controlled.

There are many reasons children “flare” (have an episode of worsening asthma symptoms) and end up in the emergency room. For the most part, these flares are avoidable. If the child has a good management plan with their health care provider, has a healthy environment, and takes the medication as prescribed, they are much less likely to get sick. However, their health care provider may have created a plan that the family doesn’t understand, doesn’t buy into because of their own health beliefs, or only follows until they run out of medicine and then have problems accessing follow-up care. In addition, once a child starts a medicine that successfully relieves their symptoms, some families mistakenly stop the medicine because they think the child is cured of asthma.

Improving control, therefore, depends on a variety of factors, including good access to a medical home, appropriate communication and parent education at the medical home, and a healthy environment. Head Start has a crucial role in improving the health of asthmatic children in all of these areas.

**Controlling Asthma in Head Start**

First, Head Start grantees do an excellent job in identifying medical homes, but they may be able to expand their efforts in helping parents communicate their child’s needs. For example, if a program notes that a child with asthma is having repeated coughing episodes, it is essential that they communicate with her family and medical provider so that the severity of her asthma can be assessed. By providing some direct communication to the medical home, Head Start grantees may be able to help the medical provider understand a family’s health beliefs, which may impact their decisions about the use of asthma medications, and so forth.

Second, Head Start can supplement the education parents get at the medical home by training families on what asthma is, what the symptoms are, and helping them understand that their child can lead a symptom-free life when everyone works together as a team.

Third, Head Start is essential in creating a healthy environment, including reducing triggers in the home and Head Start center, and training staff. Some of the trigger reductions in the center setting are already covered in the Program
Performance Standards related to safety, but other principles include: reducing exposure to smoke, animals, mold, cockroaches, and chalk dust and keeping temperature and humidity at the correct settings. Finally, Head Start programs should aim to provide asthma management training for all staff (see References), including how to administer medications and reduce the above triggers.

What’s Next?

The breadth of these ideas seem be overwhelming for individual grantees, but this is an excellent time to use the expertise of the Health Services Advisory Committee. The HSAC can advise on a comprehensive plan to improve the health of asthmatic children in Head Start while also helping to meet the performance standards on follow-up care of children with chronic conditions. Another good place to start is Head Start’s Training Guide Caring for Children with Chronic Conditions, in which the third module provides training on creating asthma plans for children which are individualized, family-centered, safe, and legal.

With our knowledge of the disparities of low-income and minority children with asthma, and their poorer quality of life due to asthma, a great opportunity exists for Head Start to create ways to help improve the lives of children with asthma and their families. Head Start-State Collaboration Offices can help to raise awareness of resources available at the Federal, State, and local levels to help grantees make management plans for each child with asthma, understand the importance of communication with families and health care providers, reduce triggers in the centers, and provide education for children and families.

REFERENCES


“Healthy Children, Healthy Smiles” is a nifty slogan often used to draw attention to the need to protect the teeth and overall oral health of our future generations. Slogans like this suggest that the goal “Healthy Smiles” is easily achieved. But communities that have compromised access to primary health care, including oral health care, know otherwise. The reality of accessing care for all of our children, particularly our poor children is challenging at best. Across the nation, children from low-income families are faced with barriers to access to oral health care so they are less likely to receive dental care and are more likely to suffer from unmet dental needs.

Despite Medicaid and the State Children’s Health Insurance Program (SCHIP), which provide dental coverage for a majority of low-income children, there are two major barriers to care—

- the lack of pediatric dentists to serve young children
- the lack of providers who reflect the children’s cultures and languages (Community Voices, 2006).

Furthermore, the lack of providers is compounded by a lower rate of Medicaid reimbursements for private providers which acts as a disincentive (Kenney, Ko & Ormand, 2000). Some dentists may provide free services to low income children, but their efforts certainly can not close the gap.

Furthermore, some studies suggest that low-income children participating in WIC programs have improved access to all types of services through the linkage between clients and health care providers, including dentists, through referrals and networking (Jones, Tinanoff, & Edelstein, 2000).

The implication is that being a part of a larger referral network can be important. More needs to be known about the factors that influence patterns of care so that there are more informed and culturally sensitive ways of reaching out to and serving young children. All in all, the disparities in oral health care are affecting our nation’s most vulnerable population, but there is some good news about community-based collaborations that address the oral health needs of low income populations. The message here is that communities can be proactive and take charge of the oral health care crisis affecting their young children and families.

The Community Voices Initiative

The Community Voices Initiative funded by the W.K. Kellogg Foundation and operated by the National Center for Primary Care at the Morehouse School of Medicine in Atlanta (www.communityvoices.org) works with communities to develop strategies and models that improve access to oral health care for children and their families. In examining mod-

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A health commons refers to a pooling of resources from public and private entities to address vexing or complex health issues in a community that cannot be solved by any single entity alone” (Beetstra, et al., 2002). This model delivers patient-centered care through an interdisciplinary team. The team may include a primary care physician or provider, a dentist or dental hygienist, a nurse or nurse’s assistant, a social worker, or a community health worker. The health commons safety net sites receive training enabling all members to function as a patient-centered interdisciplinary team. The Health Commons model embraces health professions students and resident trainees as integral members of the interdisciplinary teams (Formicola, et al., 2004).

North Carolina
FirstHealth, a private, non-governmental, not-for-profit health care network, created an oral health task force to identify strategies to address the crisis. FirstHealth, with the support of philanthropy, opened a community-based pediatric dental care center in each of the 3 counties in their service region. Two of the three dental care centers use existing medical centers as their home sites, and the third operates in a newly constructed facility. These dental care centers provide comprehensive dental care for more than 7,000 children per year, or nearly 60% of the targeted underserved population. By ensuring that all children who are eligible for insurance coverage are enrolled in Medicaid or other programs, FirstHealth proactively assists the financial sustainability of its dental care centers.

New York City
The Columbia University School of Dental and Oral Surgery, working in partnership with community-based organizations, devised and implemented the Community DentCare Network in northern Manhattan (Marshall, Formicola & McIntosh, 1999). Three linked community-based dental programs provide oral health care access across the life span including Head Start programs to the elderly. Major components of the project are 7 public middle school-based dental programs; 1 mobile dental clinic to reach children under the age of 5, and 4 community health center sites offering comprehensive dental services.

The common core elements of these 3 successful models are:

- involving the community in planning and implementation
- building upon the existing health safety net to link dental services with primary care
- changing public or institutional policy to support the financing and delivery of dental care.

Communities can and must become engaged in building services for children and their families, informing policy so services can be sustained, and educating health systems to assure that there are culturally appropriate services. New Mexico’s “health commons”, North Carolina’s FirstHealth and Northern Manhattan’s Community DentCare Network have proven that communities have power to initiate change and with persistence can bring the policy and reimbursement practices into proper alignment to support the oral health of children and families.

REFERENCES

Community Voices, Bridging the Gap: Partnerships Between Dental Schools and Colleges to Produce a Workforce To Fully Serve America’s Diverse Communities (2006). Community Voices, National Center for Primary Care at Morehouse School of Medicine: Atlanta, GA.


Asthma has continued to increase over the past 20 years, especially among children, and it is the most common chronic disease of childhood (Asthma in Children Fact Sheet, March 2002). In 2000, children from birth to age four had the highest rate of any age group of hospitalizations and visits to the hospital emergency department related to asthma (Asthma Prevalence, Health Care Use & Mortality, 2000-2001). Of these children, asthma disproportionately affects those of African-American descent and those living in socio-economically disadvantaged areas (Asthma Prevalence, Health Care Use & Mortality, 2000-2001). In addition, Puerto Ricans have a significantly higher prevalence and age-adjusted death rate due to asthma than all other Hispanic subgroups or non-Hispanic whites and African-Americans (Homa, 2000; Lara, 2003). Poverty, lack of access to health care, culturally-based health beliefs, and other barriers are related to poor outcomes for minority children with asthma (National Institutes of Health, 1995).

The Asthma and Allergy Foundation of America (AAFA) recognizes the growing problem of asthma and the disproportionate burden that this chronic disease places on minority populations and the socio-economically disadvantaged, which are the groups that Head Start serves. Asthma is a chronic condition, so children who are having asthma “flare-ups” cannot just wait it out like a cold or flu. They would miss far too much school. Therefore, it is critical that concerted efforts are taken to help children control their asthma so they are able to focus on learning and achieving along with their peers, and fully benefit from the Early Head Start or Head Start experience.

AAFA has been awarded funding through a cooperative agreement with the Centers for Disease Control and Prevention to disseminate their Asthma Basics for Children (ABC’s) program to Head Start Centers nationwide. The ABC’s program was developed by a team of educators from Columbia University in collaboration with local asthma coalitions, and published in 2003. The overall goal of ABC’s is to provide a comprehensive, standardized asthma program to reduce morbidity and mortality related to asthma in preschool aged children enrolled in Head Start and Early Head Start programs across the nation.

Working in collaboration with Dr. Sally Findley, primary developer of the program and Gwen Carlton, an experienced asthma educator and master trainer, AAFA is conducting training programs for Head Start Health Coordinators. This training is designed to provide information about asthma and how to incorporate asthma “awareness” into Head Start Centers. During the training, strategies are provided to use in improving policies and procedures for identifying and monitoring children with asthma; asthma trigger removal; emergency asthma action plans; medication management; data collection systems; coordinating care and providing medical referrals as needed. The training will enable Health Coordinators to educate Head Start teachers and other personnel, children with asthma, and their parents. A list of recommended resources on asthma for teachers, children and their parents, and other family members are included in the educational materials.

Each participating Head Start Health Coordinator will receive the Asthma Basics for Children program booklets, which includes one of each of the following:

- Asthma Basics for Children (ABC’s): Instructor’s Guide which contains two curricula, one for Head Start teachers and the other for parents of preschool age children.

- The Asthma Basics for Children (ABC’s): Early Childhood Educators’ Handbook was created to help early childhood educators build an asthma program at their center. Information is also provided on basic asthma concepts and management, asthma resources for teachers, and tips for coordinating the roles of parents, medical providers and Head Start centers in the child’s asthma action plan.

- The Asthma Basics for Children (ABC’s): Parents Handbook was created to help parents of a young child with asthma to take control of asthma, be prepared with an asthma action plan and medicines, become aware of triggers and how to control them, connect with their child’s health care provider, caregivers and other parents of children with asthma, and live a normal, healthy life.

Health Coordinators trained on the ABC’s program will also be connected with local resources to build upon and enhance the existing services available through Head Start for children with asthma. In addition, AAFA will provide technical assistance to the Head Start Health Coordinators in implementing ABC education classes for Head Start teachers and parents of children with asthma. Assistance will be provided to create and/or modify, as needed, policies and related protocols for asthma trigger removal, emergency asthma action plan, and identifying and monitoring children with asthma.
For additional information about the Asthma Basics for Children program and scheduling trainings for Head Start Health Coordinators nationwide, contact AAFA at 1.800.7.ASTHMA or www.info@aafa.org.

REFERENCES


An Ongoing Oral Health Partnership: Head Start and the Association of State and Territorial Dental Directors

BY BEVERLY JACKSON

The Office of Head Start has established a partnership with the Association of State and Territorial Dental Directors (ASTDD). The purpose is to improve oral health care for low income families by fostering state level partnerships and ongoing dialogue. To strengthen this partnership, Head Start-State Collaboration Directors initiated a national communications strategy to assist programs in meeting the oral health crisis. At least two times a year, State Collaboration Directors in each Region will participate in teleconferences with their State Dental Directors focusing on securing access to dental services in their area. Each call is organized by region. By the end of the year, all parties will gather for a national web or video conference to discuss key issues identified by the states through earlier calls. During the first teleconference on June 12, 2006, oral health collaborative efforts were discussed in Region VI, including prevention, education, access to care, and surveillance. An interesting discussion took place about linking displaced dental students in the Gulf area with Head Start programs in their relocation site. An existing program gives CE credits to dental students who adopt a Head Start center.

When all regional conference calls are completed, the Partnership Planning Team will evaluate the effectiveness of the partnership between the State Collaboration Offices and the ASTDD. A synthesis report will be prepared for the State Collaboration offices and the Association of State and Territorial Dental Directors.

For more information, contact beverly.jackson@acf.hhs.gov. Also, visit www.astdd.org.

HSSCO/ASTDD Partnership Planning Team

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In the busy world of working in a Head Start Center with so many competing priorities and projects, it is nice to know all the hard work is worth it. Sherry Pierce of the Black River Area Development Head Start found out that her diligence was appreciated when her Center began smoke-free homes and cars outreach to protect children from secondhand smoke. Sherry and her colleagues are committed to teaching parents about the dangers of secondhand smoke to their children and use the Smoke-free Home Pledge as their main tool. Pierce said, “We provide a lot of educational information to our families on a wide range of topics. Often we’re left to wonder if the information we distribute is effective, but we received positive feedback from parents who used and appreciated the Smoke-free Homes Kits.”

Dozens of Head Start Centers like Pierce’s are embracing the new tools and outreach techniques offered through the partnership of Office of Head Start (OHS) and the U.S. Environmental Protection Agency (EPA) called Smoke-free, Asthma Friendly Homes for Head Start families. This partnership supports Head Start staff in teaching parents about the health effects of children’s exposure to secondhand smoke including asthma, bronchitis, pneumonia, and ear infections. Since the partnership began in 2004, Head Start staff across the country have collected thousands of pledges from parents who commit to keeping their homes and cars smoke-free for their children.

Head Start families are often burdened by the impacts of asthma. OHS and EPA are working together to support Head Start Centers to help families take control of asthma and the triggers that make symptoms worse. At a recent National Head Start Hispanic Institute workshop, one teacher remarked that, “all the information I received here today will be much appreciated by our parents. I will share everything I learned.” This sentiment was echoed by another teacher who enthusiastically committed to share EPA's Spanish asthma video, Controlando los Factores del Asma, during home visits, “especially with those families who live with this problem every day.”

Share the smoke-free home message with your Head Start community today! To find out more about the importance of smoke-free homes and cars for children and related EPA materials, visit www.epa.gov/smokefree. To access EPA's asthma materials, visit www.epa.gov/asthma.

The Communities in Action for Asthma-Friendly Environments Network

Community asthma programs are making a real difference for families dealing with asthma. Now, Head Start Centers can join other community-based programs through the Communities in Action for Asthma-Friendly Environments online Network. This Network gives Head Start Centers free access to the latest strategies, technology, and resources for managing asthma, including experts in community asthma care.

Register your Head Start Center today and become an active partner in the Network: www.asthmacommunitynetwork.org.
The Pacific Islands are small, isolated, rural states set in a great expanse of ocean. Items that promote a healthy lifestyle are far less accessible and affordable than on the mainland U.S. Transportation by sea and air to the Pacific Islands makes food (fresh and processed) and oral hygiene products prohibitively expensive. These barriers are compounded by the limited incomes that impact families’ ability to make healthy choices. For example, in Majuro, the capital of the Marshall Islands, a typical box of whole grain cereal can cost $8 or more, and fluoride toothpaste can cost more than $7 per tube. The average per capita annual income is just $2,300 (CIA World Fact Book, 2006).

Consumption of processed foods and the lack of oral hygiene products contribute to an oral health crisis in the Pacific Islands. Nearly all island children in low-income families experience gross tooth decay. Sadly, it has become the cultural norm for young children to have blackened and decayed front teeth. These epidemic Early Childhood Caries/Cavities (ECC) levels result in unnecessary serious hospitalizations, pain, infections, speech problems, poor concentration, and eating difficulty.

**Pacific Islands Early Childhood Caries Prevention Project**

As in isolated, rural areas in the mainland U.S., the vast majority of Pacific Island families are eligible to enroll their children in Head Start (or an equivalent early childhood education program). One of eight Office of Head Start Innovation and Improvement Implementation Projects has been designated for The Pacific Islands Early Childhood Caries Prevention Project (PIECCPP). The University of Washington’s Northwest/Alaska Center to Reduce Oral Health Disparities, based in Seattle, is implementing this project in conjunction with four U.S. associated Pacific territories (Federated States of Micronesia, Republic of Palau, Republic of Marshall Islands, and Guam).

The project’s goal is to help local health and education providers address and reduce barriers to oral health. PIECCPP intends to increase access to services, reduce barriers to securing supplies and resources, and engage families in oral health-promoting behaviors. The project will identify lessons learned and best practices that can be implemented in many different settings.

**Using Community Health Workers**

Community involvement in the oral health care of young children is a primary focus of PIECCPP. Using a Community Health Worker approach, the project aims to bridge the gap between providers and the community, engaging parents and caretakers in their homes and at Maternal and Child Health clinics with positive, peer-based reinforcement and provision of oral health resources.

As members of the local community, Community Health Workers are able to establish rapport with their peers in order to translate and disseminate health and system information. Known by various names, Community Health Workers have been recognized as an essential component of health promotion programs for decades, especially programs for isolated and traditionally underserved populations (Witmer, Seifer, Finocchio, Leslie & O’Neil, 1995; Nemek & Sabatier, 2003). In particular, Community Health Worker programs have met with repeated success in oral health promotion (Harrison, Li, Pearce & Wyman, 2003; Harrison & Wong, 2003; Kowash, Pinfield, Smith &

PIECCPP’s Community Health Workers (known as Dental Preventive Coordinators or DPCs) are the centerpiece of the project’s partnership with the local communities. The DPCs were identified by the local Head Start directors and Dental Chief and received training in oral health promotion, early childhood development, fluoride varnish application, and caries etiology. Under the guidance of the Dental Chiefs and Head Start directors in each location, these paraprofessionals coordinate all local PIECCPP activities such as:

- providing information about oral health at community meetings and trainings in Head Start centers
- training Head Start teachers in oral health prevention practices
- educating Head Start families about proper tooth brushing and general oral hygiene during home visits
- distributing free fluoridated toothpaste, toothbrushes, oral-health-themed coloring books and crayons to Head Start families
- inviting Head Start families to participate and encouraging them to bring younger siblings to community-wide oral health screenings and fluoride varnish days

**Providing Oral Health Resources**

Much of the work of the DPCs focuses on providing tangible resources to Head Start programs and families. This coming school year, PIECCPP will be distributing a sweet, healthy snack that fights cavities. “Gummy bears” made with xylitol, a naturally-occurring sugar substitute, will be provided to Head Start and Early Childhood Education centers in each of the islands at snack time. The xylitol snack foods reduce high levels of cariogenic (cavity-causing) oral bacteria, serve as non-cariogenic sugar substitutes, and may also reduce the high rates of acute otitis media (AOM, ear infection) in this population.

By providing toothbrushes and educational materials PIECCPP encourages families to be proactive in their oral health care. Making these resources available to families reduces financial barriers to oral health and makes it more likely that families will be able to adopt sound oral hygiene practices.

**Lessons Learned**

Not quite a year into the implementation phase, the project continues to solicit feedback in order to better develop and evaluate functional, transferable systems and best practices that will benefit Head Start programs in the years to come. Many substantial challenges have been overcome and lessons learned.

An essential lesson is that:

*Oral health prevention and treatment occur in a cultural context.*

Project staff based at the University of Washington and in the Islands have found that there are cultural customs specific to each community that need to be observed for effective project implementation. For example, in the Marshall Islands, women must wear skirts that cover their knees and shirts that cover their shoulders at public meetings and during home visits. Also, Marshallese women are the first to eat at a buffet; however, in the Micronesian states, men eat first. In Palau, the first half of any home visit must be spent sharing food, talking about neighbors and friends, and generally socializing before the topic of oral health is discussed.
Observing cultural preferences in communication styles has contributed to the success of PIECCPP. Large group discussions are often not productive because Pacific Islanders are not comfortable speaking up in this kind of setting. Rather, the exchange of ideas occurs during the meeting breaks and informal interactions.

By embracing a culturally sensitive perspective, the project staff has been able to overcome the unique barriers to oral health faced by Pacific Island families and promote oral health prevention practices in the community.

**Sustainability**

PIECCPP is working to address barriers to oral health on a systemic level, partnering with the governments of the Pacific Islands to find ways to provide resources—personnel and supplies—to promote oral health. The participating islands have committed to hiring the DPCs with state funds which ensures their employment after the project ends. Project funds also are being leveraged in local health departments to hire additional workers to support preventive dentistry activities. PIECCPP also is helping the state governments develop strategies to negotiate reduced costs for purchasing essential oral health supplies. The investment of local funds indicates a sense of commitment to and ownership of the project—a key component of project sustainability.

The communities and families in the Pacific Islands care about the health of their children, and the project’s goal is to help them become proactive in reducing the debilitating caries burden. This goal is being reached through coordinated action to address barriers to oral health at multiple societal levels and through genuine collaborative partnerships with the Island communities and families.

**REFERENCES**


In September 2005, the National Head Start Oral Health Resource Center (NHSOHRC) was launched to assist the Office of Head Start (formerly the Head Start Bureau) and the Maternal and Child Health Bureau in their joint oral health initiative. The purpose of the NHSOHRC is to enhance the quality of oral health services for children, 0-5 years, and pregnant women enrolled in Early Head Start and Head Start by providing free quality resources to support oral health education activities.

Activities of the NHSOHRC—

- Collecting print and electronic materials, organizational information, and model program information, adding descriptions of them to a resource collection (library)
- Answering information requests on topics related to Head Start oral health services.
- Collaborating with Head Start oral health partners and other organizations to enhance endeavors, leverage resources, and reduce duplication of effort.

Resources of the NHSOHRC—

- Frequently Asked Questions (FAQs) is a compilation of oral health questions that Head Start program staff ask frequently. Where possible, the answers provided by the NHSOHRC are based on scientific evidence. Where scientific evidence is inconclusive or unavailable, the answers are based on expert opinion. Citations of relevant Head Start Program Performance Standards and references are included. The FAQs are available at www.mchoralhealth.org/HeadStart/FAQs

- The fact sheet, Head Start: An Opportunity to Improve the Oral Health of Children and Families, discusses Head Start programs’ potential role in providing families with access to oral health services, including screenings, examinations, and prevention education. Topics include a profile of current Head Start families, information on how families can better access oral health services, and promising strategies used by Head Start programs to support the oral health needs of children and families. The fact sheet is available at: www.mchoralhealth.org/PDFs/HSOHFactSheet.pdf

- Oral Health Alert: Focus on Head Start is a monthly electronic newsletter that provides timely information about Head Start oral health-related national campaigns and initiatives, Web sites, data releases, notable materials, and articles from peer-reviewed journals. To subscribe to the newsletters, go to: www.mchoralhealth.org/alert/index.html

- Oral Health Resource Bulletin: Volume XIV—Focus on Head Start provides information about materials of interest to health professionals, program administrators, educators, and policy makers working to address the oral health needs of Head Start families. Topics include consumer materials; meetings and conferences; policy reports; professional education and training; oral health community programs; and state reports. A brief synopsis and acquisition information is provided for each item. The Bulletin is available at: www.mchoralhealth.org/headstart

- Oral Health Tip Sheet for Head Start Staff: Working with Health Professionals to Improve Access to Oral Health Care is intended to help ensure that Head Start families receive oral health care. The Tip Sheet outlines strategies to comply with the Head Start Program Performance Standards related to the recommended schedule of preventive and primary care visits as well as with other Program Performance Standards on child health...
and early education, and family and community partnerships. The Tip Sheet is available at: www.mchoralhealth.org/PDFs/HSOHTipPro.pdf

- **Oral Health Tip Sheet for Head Start Staff: Working with Parents to Improve Access to Oral Health Care** is intended to help ensure that Head Start families receive oral health care. The Tip Sheet outlines strategies to comply with the Head Start Program Performance Standards that require an ongoing source of continuous, accessible care; the recommended schedule of preventive and primary care visits; and other Program Performance Standards related to child health and family and community partnerships. The Tip Sheet is available at: www.mchoralhealth.org/PDFs/HSOHTipParent.pdf

- **Open Wide: Oral Health Training for Health Professionals** is a series of four self-contained online modules designed to help health and early childhood professionals working in community settings (for example, Head Start staff) promote oral health in the course of promoting general health for children 0-5 years and their families. The curriculum is available at: www.mchoralhealth.org/OpenWide/index.htm

NHSOHRC is located at Georgetown University. NHSOHRC is funded by the Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services through the Office of Head Start/Maternal and Child Health Bureau inter-agency agreement.

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Over a four year period beginning in 2006, the Office of Head Start is supporting the Oral Health Initiative which provides supplemental funding to 51 grantees and one state consortium of 6 grantees. The goal is to improve oral health services to young children, from birth to five years, and to pregnant women. The Oral Health Initiative builds upon the partnership between the Office of Head Start and the Maternal and Child Health Bureau. Selected through a competitive process, the grantees are—

- geographically representative of all Regions
- balanced between urban and rural projects
- include both small and large efforts
- demonstrate a variety of strategies and models

The grantees will develop, implement, and disseminate culturally sensitive, innovative, and empirically based best practice oral health models that are locally designed and based on the needs of the grantee's community and population served. A national evaluation will be conducted to examine outcomes, lessons learned, and best practices. Funded programs are expected to disseminate lessons learned and models of oral health care to other Head Start grantees as well as to the broader early childhood or pediatric dentistry fields.

The Oral Health Initiative will promote and advance oral health education and care for Head Start children in a variety of ways, such as—

- contributing toward the advancement and improvement of oral health care delivery systems;
- promoting knowledge and sensitivity to the implications of culture on oral health practices;
- showcasing high quality and evidence-based oral health delivery models that include promising practices, oral health education, and counseling for parents and staff; and
- demonstrating models of oral health care that are sustainable in the grantee’s community and replicable elsewhere and that feature local and state partnerships.

Additional strategies of the grantees include use of mobile vans, portable dental chairs, application of fluoride in centers, provision of transportation services, and expansion of Medicaid enrollment. Grantees plan to partner with dentists, dental hygienists, dental schools, community colleges, and primary care providers.

For more information, contact rachel.tellez@acf.hhs.gov. In the summer of 2006, project information will be available from the National Head Start Oral Health Resource Center (www.mchoralhealth.org).
The Oral Health Access Challenge

Obtaining accessible, affordable, oral health care for young children living in poverty in Nebraska and many other rural states, is an increasing challenge. According to a report from the Governor’s Rural Health Advisory Commission, 34% of the counties in Nebraska qualify as dental health professional shortage areas; nearly one third of the counties have only one or two dentists and nearly one fifth have no dentist at all. And the shortage of pediatric dentists is far greater (NACRHHS 2004). Furthermore, a 1999 dental workforce study conducted by the Nebraska Dental Association (2001) indicated that a third of the current practicing dentists in Nebraska plan to retire by 2009. Incentive programs to recruit dentists for shortage areas have had discouraging results.

The dental health needs of this state’s youngest citizens are at risk. According to the 2005 Program Information Report (PIR) of the 6,320 Head Start children in Nebraska, approximately 88% received an initial dental examination and 23% needed further treatment (Office of Head Start 2005 PIR).

A dental health medical home for Head Start and other young children living in poverty is crucial. But without the workforce available to address and treat the needs, children at risk are typically the ones who suffer most.

Strategies to Address the Gaps in Services

In order to address these urgent gaps in services, Head Start program staff are being trained in both the prevention and treatment of dental caries. The Head Start-State Collaboration Office, in coordination with the Nebraska Health and Human Services System Dental Health Office and the University of Nebraska Medical Center Dental College, have joined together to provide intensive pre-service training under the auspices of the Head Start Oral Health Forum.

The first Forum was held in August 2002 with funds from the Collaboration Office. Head Start Health Specialists and Area Managers attended the forum which provided in depth information and opportunities to explore strategies for collaboration among Early Head Start and Head Start classrooms. Topics included prenatal care, a child’s first dental visit, early childhood tooth decay, preventive care, fluoride therapy, access to care, diagnosis and referral and cultural competencies. Participants also heard about public health aspects of dentistry, including Medicaid implications, appropriate educational activities for children, home visitation support, and nutrition. In addition to an information and resource notebook, the Nebraska Health and Human Services Dental Division sent home tooth-brushing kits for each Head Start center across the state.

In order to continue to provide support and follow-up to the first Head Start Oral Health Forum, the Collaboration Office has partnered again with Health and Human Services, the Early Childhood Training Center, and the Nebraska Head Start Association to implement our second Head Start Oral Health Forum to be held August 8, 2006, in Lincoln. A multidisciplinary planning team consists of dentists, state health officials, and Head Start organizations. In addition to learning more about forms of dental caries,
prevention and treatment, the Forum will provide an opportunity to showcase best practices from rural and urban Head Start programs. Participants will discuss resource needs and identify components for Web-based curriculum that will support ongoing training and sustainability of efforts.

In addition to the Forums, the Collaboration Office has been a partner for several years in a special “Dental Days” initiative which began in 2002 and held twice a year. Dental Days is hosted by the University of Nebraska Medical Center Dental College as part of their public service commitment to serve young children. The Collaboration Office helped to identify Head Start and other communities throughout the state where the need was greatest. To date, 10 of the 16 Head Start grantees have been served through Dental Days.

Different strategies have been developed to bring the children and the services together:

- In many rural towns and in the city of Lincoln, children are transported by school buses to the College Dental Clinic where senior level dental students and faculty provide onsite treatment. In each of the Dental Days, the College conducted approximately 1,000 procedures at a value of nearly $50,000.

- In rural western Nebraska, a mobile dental clinic and team served 100 children in the Alliance, Nebraska and surrounding communities. Through telecommunications, Dental College specialists were able to remain at the College and observe procedures via Nebraska’s telehealth system.

- The Collaboration Office has used SCO funds to contract with translators for many Dental Day events. Translators assist the dentists and make young English Language Learners feel more comfortable.

The realities are before us. Resources continue to be limited. Dental care is inaccessible or very difficult to access due to numerous barriers. The best way to address the needs of young children, particularly those who are living in poverty, is through Nebraska’s model of authentic collaboration between the key stakeholders. Together, we can make a difference in the oral health needs of Head Start children and families, “one tooth at a time!”

REFERENCES


Nebraska Demographics

Nebraska covers over 77,000 square miles, measures 459 miles from the southeast to northwest corner, and is 20% larger than New England! It is sparsely populated with nearly 1/3 of the counties classified as frontier counties. Frontier counties have fewer than 6 persons per square mile! Nearly three-fourths of the state’s population (1.7 million) resides in or around the two eastern state metro areas of Omaha and Lincoln, the state’s capitol. Nebraska has a higher percentage of children under the age of 18 (27%) than the national average (12%). Between 1990 and 2000, Nebraska ranked third among 12 Midwestern states in the increase (71%) of persons for whom English is not their primary language. Most of this is due to a robust refugee resettlement effort and immigration from Sudan and Spanish-speaking countries.
FEATURED STATE PRACTICE: The Arkansas Oral Health Program

BY ANN PATTERSON AND LYNN MOUDEN, DDS, MPH

PURPOSE: Focusing on population-based oral disease prevention and increasing access to appropriate oral health care for all Arkansans through four primary areas of effort:

Prevention

- Expand community water fluoridation through awareness programs. (“Got teeth? Get fluoride!” and “Fluoride: The Natural State of Water”)
- Expand water fluoridation through grants to communities. (Arkansas fluoridation rate has increased from 49% to 69% since 1999)
- Expand the school-based fluoride mouthrinse program for children not on fluoridated water.
- Expand funding for school-based dental sealant programs. (“Seal the State in 2008”)
- Promote healthy dietary choices in schools. (“Healthy Arkansas, A Better State of Health”)
- Promote early detection of oral and pharyngeal cancer by dental professionals.

Education

- Establish curricula in elementary and secondary schools on oral health.
- Educate the public, health care professionals, educators and decision makers about the relationship between oral health and systemic health.
- Promote oral health education and practices in Head Start and Early Head Start agencies. (Arkansas Head Start Oral Health Plan)
- Educate children and adults on the dangers of using tobacco in any form and the risks of oral cancers. (“Spit Tobacco: Chew, Dip and Die” ™)
- Educate health care professionals and the general public on the prevention of family violence. (Prevent Abuse and Neglect through Dental Awareness—P.A.N.D.A. ™)
- Educate children, K -12, on the benefits and rewards of careers in the dental professions.

Policy

- Require an effective oral health presence at the state level.
- Create a diverse, responsive, “elastic” dental workforce that will satisfy the demand for oral health services across the state and to all populations.
- Maximize the contribution of dental auxiliaries through expanded functions and appropriate supervision regulations.
- Mandate for oral health education in the public and private school curricula.
- Maximize efforts to Increase Medicaid participation by funding the program so that dentists can cover their costs plus a reasonable measure of profit.
- Support the Arkansas Oral Health Coalition and increase its impact as a working public/private partnership focused on oral health improvement for all Arkansans. (“SMILES AR, US.”™)

Access

- Increase the representation of minority students in dental and dental hygiene schools.
- Increase participation in Medicaid by Arkansas dentists.
- Increase Medicaid patient and parent responsibility in maintaining oral health.
- Increase access to dental care for persons with developmental disabilities.

For more information, go to www.aroralhealth.com
The Arkansas Department of Health and Human Services, Division of Health, Office of Oral Health and the Arkansas Head Start-State Collaboration Office teamed in 2003 to host a series of Head Start Oral Health forums. A grant from the Association of State and Territorial Dental Directors (ASTDD) funded the events. The forums, held in three locations across Arkansas, included Head Start/Early Head Start staff, local dental professionals, community leaders and Head Start/Early Head Start parents.

Following plenary presentations on oral health and Head Start, each forum worked in facilitated small group sessions to identify priorities of a State Head Start Oral Health Plan. Each small group independently discussed the need for educational materials on oral health, usable by a variety of groups.

Following the forums, the Office of Oral Health and the Arkansas Head Start-State Collaboration Office worked together to create a CD-ROM of oral health education materials. The materials address a wide variety of audiences, from Head Start parents, public officials and state agencies to community leaders and dental professionals. The CD-ROM includes Power Point presentations on oral hygiene, general oral health, community water fluoridation, child abuse and neglect prevention, and Head Start. A digitized video on dental sealants accompanies the package.

Through these materials, dental audiences have expanded opportunities to develop a better understanding of Head Start programs. Additionally, the Head Start community and other childcare and early childhood education providers have a better understanding of the importance of good oral health.

The Arkansas Head Start-State Collaboration Office is coordinating distribution throughout Arkansas and a number of copies remain available for interested parties outside the state. The information from the CD-Rom is also available on the Arkansas Oral Health Coalition website (www.aroralhealth.com) and can be downloaded.

For more information, contact Ann Patterson, Director, Arkansas Head Start-State Collaboration Office at ann@arheadstart.org or Dr. Lynn D. Mouden, Director, Office of Oral Health at lmouden@healthyarkansas.com.
When I begin to research a topic, I ask myself, “Who is the audience? Is it program directors, staff, parents, or casual or professional researchers? Is it specialists and, if so, in what field—literacy, oral health, mentor-coaching, collaboration? I also know that, even if my primary audience may be professionals and specialists, they will often pass their newly acquired information on to others in the Head Start community.

With that in mind, I like to find Web sites that accommodate both professionals and parents. I also look at the date the site was last modified to verify that the information is current, as well as relevant. Another factor I consider is whether or not the site has interactive sections like Discussion Links or directories and search engines, because these advanced features often suggest how much quality information the site may contain.

The Web sites listed below offer a wide variety of information and tools, including—

- Medical tips
- Databases
- Physician referrals
- Policy tips
- Suggested action plans
- Toolboxes with plenty of additional links
- Video feeds
- Fact sheets
- Frequently asked questions (FAQs)
- Discussion links where questions can be asked and answered online

The electronic publications are some of the most recent resources and research on asthma and oral health. The Bright Futures Toolbox, available on the National Maternal and Child Oral Health Resource Center Web site, provides a substantial number of resources that would be useful to the Early Head Start and Head Start communities.

One of the great advantages of the Internet is that it allows diverse audiences to find current research without being enrolled in a university. The challenge is to identify the best sites offering high quality and Head Start appropriate resources. The Web sites featured below, and the information and resources they contain, should help you to expand your knowledge base both personally and professionally.

**ASTHMA-RELATED RESOURCES**

**WEB SITES**

*American Academy of Allergy Asthma and Immunology*
http://www.aaaai.org

- Has Spanish language link
- For patients and consumers section
- What's New/Today's Health eHeadlines
- Physician Referral Directory

*American Lung Association*
http://www.lungusa.org/site/pp.asp?c=dvLUK9O0E&b=38472

- Good Treatments, Options and Procedures section
- Asthma Management section contains a large amount of information for FAQs
- Books for children on asthma are available and 10% of proceeds are used to educate children about asthma
- Contains section on asthma medications for kids
- Extensive parent education curriculum and a link to asthma camps
### Asthma and Schools
http://www.asthmaandschools.org/

- Good for school administrators/school health specialists
- Asthma Essentials very good & basic
- Good outline on asthma management plan for a school
- Student asthma action plan

### Centers for Disease Control and Prevention
http://www.cdc.gov/asthma/

- Extensive resource link page
- Contains policy issues such as pending legislation and children’s rights at school
- CDC-Funded Asthma Activities by State and Type of Funding—fact sheets
- Data and surveillance includes collection of state-level adult asthma prevalence rates; data on days of restricted activity, days in bed, days of work or school lost, physician visits, and hospitalizations due to asthma

### Environmental Protection Agency (EPA)—Asthma and Indoor Environments
http://www.epa.gov/asthma/index.html

- Contains resources in Spanish
- View public service announcements (PSAs), video news releases (VNRs)
- Contacts list includes national organizations and regional EPA offices
- Community outreach and education—the EPA partners to educate a variety of groups, such as parents and caregivers, health professionals, teachers and school nurses and many others about environmental triggers and asthma.

### Electronic and Print Publications

**Asthma Management in Minority Children: Practical Insights for Clinicians, Researchers, and Public Health Planners**
National Institutes of Health National Heart, Lung, and Blood Institute

In 1989, the National Heart, Lung, and Blood Institute funded five projects under a 5-year program—“Interventions for the Control of Asthma among Black and Hispanic Children.” This document provides a mechanism for sharing the experiences of the five investigators in developing asthma management interventions; it does not contain study results. This information, along with detailed information about study methodology, was published independently by each of the investigators.

**Chronic Care for Low-Income Children with Asthma: Strategies for Improvement** by Mark W. Stanton and Denise Dougherty, Research in Action, Issue # 18, June 2005, Agency for Healthcare Research and Quality

Changes in the delivery of chronic care for children with asthma can improve the appropriate use of medications, and treatment strategies focused on the needs of racial and ethnic minorities can reduce asthma care disparities, according to research funded by the Agency for Healthcare Research and Quality (AHRQ) and others.
Health at Home: Controlling Asthma Triggers—Video
This video was developed by the American Lung Association of Eastern Missouri with funds from the EPA. It provides an overview of what current research shows to be the most effective methods of reducing levels of secondhand smoke and allergens from dust mites, cockroaches, molds and pets in your home. Studies have shown that many people with asthma are sensitive to these substances and health improvements may result from their effective control in the home.

To view the video, visit www.AsthmaMoms.com and select the VIDEO link on the top menu bar.

Implementing an Asthma Home Visit Program: 10 Steps To Help Health Plans Get Started
U.S. Environmental Protection Agency Asthma and Indoor Environments
http://www.epa.gov/asthma/pdfs/implementing_an_asthma_home_visit_program.pdf

As part of a comprehensive asthma management program, home visits can provide people with asthma an extra level of support and can contribute to the success and sustainability of a health plan’s asthma disease management program. EPA’s new guide,

Implementing An Asthma Home Visit Program: 10 Steps To Help Health Plans Get Started, offers step-by-step instructions on how to start an asthma home visit program with a particular emphasis on environmental risk factor management.

ORAL HEALTH-RELATED RESOURCES

Web Sites

American Academy for Pediatric Dentistry
http://www.aapd.org
- Mostly for professionals; has a Members log in section
- Has a good Policies and Clinical Guidelines section for professionals
- Find a Pediatric Dentist good tool for parents
- Online store sells many good resources—even videos and slides!

Centers for Medicare and Medicaid Services, Office of Oral Health
http://www.cms.hhs.gov/medicaiddentalcoverage/01_overview.asp
- Contains an American Indian/Alaska Native section
- Contains a Partners Center—for those who wish to partner with CMS in any of a number of partnership communities, programs, and workgroups
- Besides Medicare and Medicaid, there is information on State Child Health Insurance Programs (SCHIP)
- Plenty of links to research, statistics, data and systems

National Head Start Oral Health Resource Center
http://www.mchoralhealth.org/HeadStart/index.html
- Good FAQ section
- Links and explanations of Head Start Oral Health Partnership Projects
Multimedia materials, curricula, distance learning lesson plans and trainings available for professionals

Links, downloadable coloring books, handouts brochures geared for families

Health Resources and Services Administration
http://www.ask.hrsa.gov/oralHealth.cfm

- Good for resources
- Good links and fact sheets
- You can order materials on: dental care; oral health management; and maternal and child health

National Maternal and Child Oral Health Resource Center
http://www.mchoralhealth.org

- Excellent site for professionals and families alike
- Toolbox is rich with resources
- Toolbox assists users with development of an oral health program
- Discussion Lists are tools for Regional Head Start oral health consultants; local oral healthcare directors and personnel; other professionals in the oral health field.

Electronic and Print Publications

Bright Futures Toolbox
http://www.mchoralhealth.org/Toolbox/index.html

Bright Futures is a national disease prevention and health promotion initiative funded by the Maternal and Child Health Bureau. This toolbox highlights materials that advance the Bright Futures philosophy of promoting and improving the oral health of infants, children, and adolescents.

The Oral Health of Children: A Portrait of States and the Nation 2005
Health Resources and Services Administration
http://www.mchb.hrsa.gov/oralhealth/index.htm

The National Survey of Children’s Health provides information on the health and well-being of children in the 50 States and the District of Columbia (D.C.). Survey findings for each State and D.C., including the percentage of children whose teeth are reported to be in excellent or good condition and the percentage of children who received a preventive dental care visit in the past year are presented on this site. These indicators are also shown by children’s age, family income, race and ethnicity, and sex.

Oral Health Resource Bulletin: Volume XIV Focus on Head Start
http://www.mchoralhealth.org/materials/multiples/interchange.html

The Oral Health Resource Bulletin is a periodic publication designed to stimulate thinking and creativity within the maternal and child health (MCH) community by providing information about selected materials of current interest.
IN THE NEXT ISSUE........

We will focus on the national epidemic of pediatric obesity and the effects on the Head Start population. Over the last 30 years, the rate of overweight children ages 2-5 in the United States has more than doubled. Low-income, minority children are at higher risk for becoming overweight, highlighting the critical need to prioritize obesity prevention in Head Start programs.

Head Start is an ideal setting for obesity prevention given the high risk population and the presence of a captive audience who are still forming the foundations of behavior for life. Head Start’s experience in removing barriers for low-income families, collaborating with communities, and commitment to partnering with families provides many opportunities to help establish healthy and lasting lifestyles. These ideas and others, including resources for working with communities and families, will be presented in the next issue of THIE.
The Health Information Exchange