

American Dental Education Association and Head Start: Envisioning Future Collaborations to Improve Oral Health

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Appendix A: Forum Agenda

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I. Executive Summary

In 1999, the Head Start Bureau (HSB), the Health Resources and Services Administration (HRSA), Centers for Medicare and Medicaid Services (CMS, then the Health Care Financing Administration), and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) convened a National Head Start Partners Oral Health Forum to focus attention on early childhood oral health. The purpose of the forum was to discuss strategies for improving oral health status among young children, and for increasing collaboration at the Federal, State, and local levels to enhance access to oral health services.

One outcome of this National Forum was the formulation of an Intra-Agency Agreement between the Office of Head Start (OHS, then the Head Start Bureau), Administration for Children and Families (ACF) and HRSA's Maternal and Child Health Bureau (MCHB) to develop linkages to support oral health in Head Start. As part of this agreement, the Bureaus decided to sponsor forums to determine how organizations and agencies could work together to improve the oral health of participants in Head Start, including a series of forums with professional dental organizations. The success of the twelve regional forums and three professional organization forums conducted between 2001 and 2005 led to additional funds being made available for three additional professional organization forums to be held in 2006. The Hispanic Dental Association held its forum in February followed by a meeting of the American Dental Education Association (ADEA) in June 2006.

On June 23rd, ADEA members convened in Washington DC to discuss strategies for enhancing the capacity of their members to engage in collaborative opportunities with Head Start and Early Head Start programs across the country. ADEA is the premier organization representing academic dental education. Membership in ADEA includes both academic institutions and the individual deans, students, faculty within these institutions as well as corporate membership. Academic dental institutions are a fundamental

underpinning of the nation's infrastructure for oral health improvements. As education institutions, dental schools, allied dental education and advanced dental education programs are the source of a qualified workforce, influencing both the number and types of oral health providers. As centers of discovery, academic dental institutions ensure that oral health practice evolves through research and the transfer of the latest science. As providers of care, academic dental institutions are a safety net for the underserved, centers of pioneering tertiary care, and contributors to the well-being of their communities through accessible oral health services.

ADEA's commitment to service learning and to educating students regarding the oral health needs of the very young is clear in the following statement excerpted from ADEA's President's Commission on Access Report entitled, "Improving the Oral Health Status of All Americans: Roles and Responsibilities of Dental Institutions"

"As academic dental institutions consider workforce requirements, the curriculum should be examined in light of different points of entry into dental practice. Such a process should include education about the needs of special groups such as the very young, the aged and the mentally and physically disabled, the medically compromised, and the underserved. Increased attention must be given to rendering culturally competent care. The process should involve strong guidance in the professional socialization of future practitioners and should encourage students to practice in underserved areas and to participate in outreach programs and community service...Learning about public health issues and the development of public health competencies are important components of the educational experience. Practical steps include exposing students to the delivery of care in a community-based setting as early as possible in the educational process."

Thirty ADEA members representing four of the organization's major constituencies: deans, allied programs, pediatric dentistry, and community and preventive dentistry met for one day to discuss ways members can collaborate with Head Start for the purpose of addressing oral health issues of underserved populations within their institutional communities. Participants were selected due to their expressed interest and range of experience in building community collaborations and increasing access to care for young children. Among the participants at the forum were key leadership in the organization, such as ADEA past-presidents, deans, prominent allied health professionals, as well as, the Chief Dental Officer of the Maternal and Child Health Bureau and the Coordinator of the Intra-agency Agreement from the Office of Head Start. Collectively, they represented the spectrum of ADEA membership and a broad range of expertise and experiences collaborating with partners in the public, private, and nonprofit sectors.

The day long interactive discussion provided an overview of the Head Start and Early Head Start programs, presentations on some successful partnerships currently in place and strategies for future collaboration. Participants identified the following activities for ADEA members to consider:

- Participating in the development of a Web conference on how to partner with HS on oral health issues
- Supporting a Symposium on HS and Oral Health to be conducted in conjunction with ADEA's Annual Meeting
- Volunteering for ADEA committees on curricula development and accreditation
- Committing to facilitating one collaborative activity between their institution or organization and a local HS program
- Disseminating information on Early Childhood Caries (ECCs) at meetings, workshops and conferences
- Increasing advocacy at the Federal, State and local levels regarding access to dental care for participants in HS as well as populations eligible for HS.

Forum participants also discussed possible content for a future Web based audioconference to inform other interested ADEA members about this opportunity.

Among the topics for consideration were:

- An overview of the EHS/HS programs and activities – HS 101
- Presentation by a dental education institution on current successful HS partnering activities
- Synopsis of the value of service learning for students and residents from dental schools and allied dental education programs
- “Testimony” by a parent with a child attending HS or former student on the importance of access to oral health prevention and oral health care
- Review of ways dental and allied dental students and programs can partner with HS
- Possible video clips regarding HS and/or oral health
- Web “tours” of the Office of Head Start (OHS), Association of State and Territorial Dental Directors (ASTDD) or the National Oral Health Resource Center Web sites

In addition to these activities, the attendees discussed a variety of future actions that they could undertake to improve the oral health of participants in EHS/HS programs. A full report can be found on the National Head Start Oral Health Resource Center web site at: <http://www.mchoralhealth.org/HeadStart/hsforums.html>.

II. Background on the Forum and the American Dental Education Association

In 1999, the Head Start Bureau (HSB), the Health Resources and Services Administration (HRSA), Centers for Medicare and Medicaid Services (CMS, then the Health Care Financing Administration), and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) convened a National Head Start Partners Oral Health Forum to focus attention on early childhood oral health. The purpose of the forum was to discuss

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On June 23rd, the American Dental Education Association convened a forum at their headquarters in Washington DC. Thirty participants were in attendance, although interest in the topic by ADEA members was significant and exceeded the meeting space capacity. As part of the selection process, ADEA solicited institutions that do not currently have strong partnerships with Head Start programs to encourage involvement with new cohorts of ADEA members. At the same time, ADEA sought to include representatives from those institutions with strong collaborations to gain their experiences and knowledge in the discussions. As a first step in identifying prospective invitees to the ADEA Head Start Forum on Oral Health, ADEA staff conferred with the leadership of: the Council of Deans; the Council of Allied Dental Program Directors, and the Sections on Pediatric and Community and Preventive Dentistry. Each of these leaders notified their constituents among these subsets of ADEA membership and invited them to participate. In

determining who would attend the meeting, ADEA staff considered the need for equal representation among each of the four constituency groups as well as balanced geographic representation from across the country.

The end result was a group of participants who represented different geographic regions across the United States as well as a broad range of experiences and expertise collaborating with the public, private, and nonprofit sectors. Participants at the forum included leadership in the organization, including ADEA past-presidents, deans, prominent allied health professionals, as well as, the Chief Dental Officer of the Maternal and Child Health Bureau, and the Coordinator of the Intra-agency Agreement from the Office of Head Start. **Jane Steffensen, M.P.H., CHES, Consultant for the Head Start and Oral Health Partnership Project**, facilitated the Forum discussion and provided continuity to the professional organization forums conducted under previous MCHB contracts. (A full list of attendees is available in Appendix B).

In order to meet the demand among ADEA members for information on Head Start collaborations generated by the outreach for this meeting, ADEA announced that it would plan a Web based audio-conference on Head Start that would follow this discussion and be available to all interested members. Therefore, the forum served two overarching purposes: 1) to discuss ways the organization and its members can collaborate with Head Start for the purpose of addressing oral health issues of underserved children and their families; and 2) to identify effective content for a Web based audio-conference on the same topic. (An agenda for the forum appears in Appendix A).

III. Welcome and National Updates

Participants were welcomed by Monette McKinnon, Director of Grassroots Advocacy and State Issues in the ADEA Center for Public Policy and Advocacy. She provided a history of the planning process for this meeting. She noted that discussions began at the 2005 National Oral Health Conference (NOHC) in Los Angeles and became energized

the following year when several of the twelve Head Start Regional Oral Health Consultants (ROHCs) met with ADEA leadership. Ninety five percent of the MCHB funded ROHCs are faculty or adjunct faculty at ADEA institutions clearly defining why it is important for ADEA to support developing strategies to increase collaboration between dental education and Head Start and Early Head Start.

Ms. McKinnon welcomed Dr. Mark Nehring, the Chief Dental Officer of the MCHB and Robin Brocato from the newly named Office of Head Start and asked them to make a few welcoming remarks. Dr. Nehring spoke briefly about the success of the Intra-Agency Agreement, now in its fifth year. He noted that, in fact, a combination of ACF and MCHB dollars are funding this forum. He noted that the IAA has improved collaborations at the Federal, Regional and State levels and that this meeting will build on past successes. He thanked everyone for their interest and support and offered to work closely with ADEA now and in the future as it strives towards closer collaborations with Head Start programs across the country

Next Robin Brocato, Head Start Health Specialist, welcomed attendees on behalf of the OHS and noted that she and Dr. John Rossetti, the former Chief Dental Officer of the MCHB spearheaded the IAA within their bureaus and expressed her satisfaction with the results of this Federal partnership so far. Her responsibilities with Head Start include providing training to regional grantees, the Head Start Regional Offices and delegate agencies, as well as development of PRISM program monitoring materials.

Next attendees were asked to speak briefly about their roles within their institutions of dental education and to mention any service learning or other community collaborations they have engaged in, especially those involving Head Start. Among the participants were individuals with the following experiences:

- ADEA Past-presidents and Section Leadership
- ADEA advisors and dental educators

- Principal administrator of one of the ADEA's Kellogg grant programs
- Two-time outstanding teacher award winner
- Vice-chair of the ADEA-AADR public policy committee
- Community and pediatric dentistry staff and faculty
- Supervisors of students engaged in community rotations
- Program directors of dental hygiene education programs
- Dental educators experienced with service to Native American populations
- Experts on Early Childhood Caries and other researchers
- Health policy advocates and outreach staff
- Educators collaborating with Community Health Centers

They expressed interest in learning more about Head Start programs and opportunities for collaboration, as well as learning what institutions are doing in their communities regarding oral health efforts with Head Start Programs and underserved populations. There was special interest expressed in hearing about best practices for funding travel, lodging and other direct costs associated with outreach and service learning activities particularly in remote locations as well as suggestions for how to build bridges with local community based organizations and foundations.

Head Start Overview

To begin the discussion on Head Start, Robin Brocato, Health Specialist with the Office of Head Start, provided a brief history of the program. She noted that HS began in 1965 as a summer program that focused on improving the health, nutrition and cognition of at-risk children ages 3 to 5 before they entered kindergarten. In 1994, the program was expanded to include Early Head Start, a child development program for children birth– 3 years of age and pregnant women. EHS/HS programs promote school readiness; sound nutrition, collaboration with parents, support of a learning environment, and respect for all children and adults. Many programs provide students with transportation. A comprehensive program with wraparound services, HS involves parents in all aspects of their child's health and wellbeing. She noted that parents often volunteer with programs

and sometimes evolve into staff and assume leadership or advocacy roles. Most recently, the Head Start Bureau was elevated to the Office of Head Start reporting directly to the Director of ACF. With the new TANF work requirements, EHS/HS is playing an integral role in early child care and education.

Ms. Brocato provided the following description of Head Start:

- HS students must be at 100% of the Federal Poverty Level so the program serves the most needy children and families
- HS works to mainstream CSHCN
- There are Head Start programs specifically for Migrant and Seasonal farm workers and American Indian and Alaska Native populations
- The majority of the children enrolled in HS are 4 years old
- Almost one million children were served during the 2004-05 program year

Structurally, HS is funded differently than other Federal programs, the money bypasses State government and is allocated to organizations at the local level. Support and oversight of HS programs is provided by Regional Offices. To assure accountability each program collects data known as Program Information Reports. Recognizing some of the problems with self-reported data, the OHS, in order to meet certain Federally mandated Performance Standards are currently working to minimize the differences among the various data collection strategies by revising its survey and providing grantees with more extensive training on data reporting.

Among the other challenges noted by Ms. Brocato is the absence of Early Periodic Screening, Diagnosis and Treatment (EPSDT) periodicity schedules in states to guide oral health services. EPSDT schedules often serve as the benchmark in many Head Start programs for the provision of oral health services to children. There is also a limited number of providers who accept Medicaid, the primary health care program that pays for health services for families with children in HS, fewer still understand the needs of these children and families. One goal of this forum is to help ADEA members understand the

HS program more fully and discuss ways they can improve access to care for the underserved children in their communities.

Next, the attendees watched a video that illustrated how unmet oral health needs affected one child and family and how the treatment of oral health pain often produces an instant behavioral change. *Embracing Our Future* summarizes the role of HS programs and staff in overcoming the barriers to education and health to fulfill the needs of children. Also, during lunch participants viewed a video, *Weaving Connections*, that highlighted the important roles that dental professionals play on Head Start Health Services Advisory Committees.

National Update on Head Start and Oral Health

The next speaker **Dr. John Rossetti, former Chief Dental Officer to the MCHB** and currently a **Regional Oral Health Consultant to Head Start** programs discussed how he was inspired to initiate the IAA. He reviewed that throughout its 40 year history the relationship between HS and the MCHB has waxed and waned despite the fact that both organizations share a common goal of meeting the needs of the same population groups. The aim of the IAA is to institutionalize the relationship between the two bureaus and increase collaboration at the National, Regional, State and local levels. The IAA focuses on using public private partnerships to improve the capacity of programs to provide early intervention to at-risk children and families. He noted that HS is a high profile partner and has been specifically referenced in State of the Union addresses as a model to improve outcomes for children.

Dr. Rossetti noted that it is often difficult to bring different departments of universities together due to institutional barriers and siloed programs. He suggested that the IAA is a good model for strategies to convene partners. He discussed the success of the previous professional organizational forums with the American Dental Association, the American Dental Hygienists Association, the American Academy of Pediatric Dentistry and the Hispanic Dental Association. He noted that since these forums began 4 years ago, collaboration with local HS programs has increased, improving the oral health of these

vulnerable children. He also noted the success of the 12 Regional forums and the State forums convened by ASTDD as improving oral health outcomes for MCH populations. Educators from academic dental institutions were participants in many of these meetings and have collaborated in a variety of ways at the regional, state and local levels in the implementation of partnerships. In addition, a number of the Regional Oral Health Consultants working at the HS Regional offices are faculty from noteworthy institutions of dental education. For additional information, Dr. Rossetti referred attendees to the National Head Start Oral Health Resource Center web site at <http://www.mchoralhealth.org/HeadStart/index.html> as it hosts reports of these meetings in addition to a variety of oral health and Head Start materials. He concluded his remarks by telling ADEA participants that this is a great opportunity for academic dental institutions. He reminded them that working with HS is not only rewarding, it is fun.

IV. Models for Collaboration

Howard University

Dr. Donna Grant Mills, Assistant Professor of Clinical Dentistry at Howard University College of Dentistry was asked to present on specific ways in which dental institutions can partner with HS programs based on her experience. She described the longstanding mutually beneficial partnership between Howard University in Washington DC and local HS programs. She noted that there are many opportunities for contacts between HS and dental institutions and that for Howard University working with HS has become an integral component of the College of Dentistry in the keys areas of service delivery and research. The most significant collaboration is providing oral health care for the past 24 years at three operatories in clinics on campus that serve, among others, children and families in HS. In addition, dental students participate in service learning activities working closely with HS by providing oral health screenings and education. Dr. Grant Mills noted that a recent Robert Wood Johnson grant has enabled Howard Kellogg grant has enabled Howard to do more to make HS a part of the “fabric of the college of dentistry.”

She noted that partnering with HS has a strong impact on students' awareness and increases their commitment to meet the needs of underserved populations in their future practices. In order to get new partnerships off the ground, Dr. Grant Mills advised forum attendees to find a parent liaison who can help link their institutions to local HS centers. She encouraged them to meet with local HS programs and get to know the staff, site, and services personally. She reminded participants that HS programs can also be found in churches and other locations and that they are always in need of volunteers to serve on Health Advisory Committees or to provide education to staff, students, and parents. She noted that it is personal relationships and rapport that builds enduring partnerships. In fact, she noted a special satisfaction of watching some students in HS grow up and enter the profession of early childhood education or dentistry because they are committed to the spirit of service and collaboration that is the backbone of the program. For universities, a presence at the grassroots level creates a synergy that improves the quality of life for the entire community.

Specifically, Dr. Grant Mills described ways in which Howard University has partnered with HS including:

- An international research initiative with the National Institute of Dental and Craniofacial Research (NIDCR), and National Institutes of Health (NIH) regarding a multicountry study of micro flora.
- Robert Wood Johnson (RWJ) Foundation Dental Pipeline Program which funded evening clinic hours for parents with children in HS and other adults to expand access to care as well as efforts to recruit a more diverse student body
- Service learning on a March of Dimes oral health van
- Helping HS meet their oral health performance requirements in light of the fact that there are few local providers serving populations enrolled in Medicaid.

She noted that Howard's visibility in the community has enabled the university to leverage other foundation and public health dollars. She said that universities can provide a bridge to access and through partnering with other wraparound services and organizations create healthier children, families and communities.

Group Discussion: Current Involvement and Experiences with Community-Based Oral Health Initiatives

To facilitate the group discussion process, Jane Steffensen provided participants with discussion worksheets and handouts. She encouraged interactive participation in the group discussion of community oral health activities with a focus on experiences the attendees had that were particularly successful or challenging. Due to the large number of participants, she urged everyone to keep their remarks brief. Since many invitees were identified due to their interest and experience in community collaboration, she began with a round robin to enable everyone to share a snapshot of their experiences.

The participants described the following collaborative activities that produced positive results for students in dental and allied dental education programs and for underserved populations in the community:

- Oral health education supported by Gerber baby food grant money
- An interactive Web site funded by Tobacco Settlement dollars
- Community driven service delivery, policy, education and advocacy efforts
- Mandatory clinical rotations for 3rd and 4th year students at FQHCs
- First year students delivering prevention services during HS rotation as part of an ethics class
- Dental students providing dental sealants and fluoride varnish in communities
- Mobile van delivering care to underserved neighborhoods
- Developing a new pediatric dentistry residency program
- Collaboration with dental hygiene programs regarding preventive services
- Teledentistry with Apple Tree Dental to obtain dental x-rays to inform examinations

- Faculty serving as advisors to HS programs
- Train the trainer classes for nurses, pediatricians, parents and caregivers on early childhood caries
- Supporting the work of a HS Fellow
- Provide services to Migrant and Seasonal HS programs
- Provide parental education regarding the importance of oral health
- Partnership between university and church based HS program for the delivery of oral health services
- Rotations and residencies in community based clinics
- Partnering with Spanish language HS programs to improve dental student language proficiency
- Collaboration with immunization programs to provide oral health screenings
- Partnerships with WIC, Parents as Teachers and home visiting programs
- Collaborating with medical professionals who are providing screenings and referrals
- “Book for Bottle” exchange to mitigate baby bottle tooth decay / early childhood caries
- Focus groups and other strategies for LISTENING to community needs
- Having nutritionists and nurses rotate through dental program for an interdisciplinary team approach
- Proposing State legislation to mandate a year of community service for dental residents one year out of school. (if passed it would increase access for children in HS)

Group Discussion: Perceived Barriers to Collaborating with Community-Based Oral Health Initiatives

In addition to these successful ventures, participants identified a number of challenges and possible solutions during a free flowing discussion that began prior to lunch and continued well into the afternoon. The challenges that were discussed can most easily be categorized in four major areas: 1) HS Program Barriers; 2) Family System Barriers; 3)

Access to Care Barriers; and 4) Educational Institution Barriers. The challenges are summarized in the next section:

<p>Head Start Program Barriers</p> <ul style="list-style-type: none"> ▪ Dental Schools, administrators, faculty and students are not informed regarding the needs or capacity of local EHS/HS programs ▪ Inability to identify and connect with local Head Start programs; not knowing where to begin ▪ Confusion in the field regarding the specifics of the HS performance standards (i.e., screening vs. assessment vs. examination) ▪ PIR data does not accurately reflect community need ▪ Communication between Head Start associations and academic dental institutions are weak due to operational and cultural barriers related to the unique roles that each are performing, they may talk to each other, but often they don't "speak the same language."
<p>Family System Barriers</p> <ul style="list-style-type: none"> ▪ Cultural factors due to language and social considerations ▪ Lack of parental awareness, understanding and involvement in their child's oral health ▪ Challenges with "no shows" to appointments ▪ Parents with children in HS assume a dental screening is an examination or that a fluoride varnish application is treatment and they do not schedule routine or follow-up dental care ▪ Parents do not understand or are unwilling to sign consent forms for screening and treatment ▪ Parents often fearful of or lack access to appropriate dental care for themselves and, as role models, perpetuate this fear among their children
<p>Access/Workforce Barriers</p> <ul style="list-style-type: none"> ▪ Dentists in private practice perceive competition related to services provided by academic dental institutions since the fees of these institutions are significantly lower than those of private practitioners ▪ Lack of dental homes or providers willing to provide dental care to children in HS ▪ Students and faculty may require more extensive education and training experiences that include additional exposure to very young children before they feel comfortable providing oral health care to children in Head Start, particularly those children with higher rates of disease and more advanced treatment. ▪ Challenge balancing the needs of academic dental institutions who must provide an enriching learning experience for students with the reimbursement and unmet needs that place pressures on clinics to move patients quickly through the system to maximize reimbursement and patient case load ▪ Low Medicaid/SCHIP reimbursement rates for dental services ▪ State practice acts prohibit dental hygienists or non dental professionals from receiving direct reimbursement for services from Medicaid and other state health programs or from providing services without the direct supervision of a dentist ▪ Providers unaware of appropriate behavior management techniques if young children need care and no parent present ▪ Dentists may be reluctant to get involved in infant oral health since they are

fearful of identifying disease and not having resources/referrals for care.

- Waiting lists for treatment of 6 – 8 months, in one state, this waiting list was extended as a direct result of the fact that the state specified dental pain is no longer considered a health emergency

Educational Institution Barriers

- Lack of awareness by the administration of the higher education institution beyond the academic dental program of oral health disparities or lack of access to oral health care for low income families
- Focus shift from treatment to prevention has yet to be promoted at an institutional level
- Challenges in sustaining outreach programs during university budget cuts
- Higher education, hospitals and other ‘parent’ institutions are “medical centric” hard to promote dental outreach opportunities
- Infant oral health and early childhood caries (ECC) research is evolving rapidly. As a result, academic dental institutions are struggling to keep pace with these advances and incorporate them into current curricula for students and residents.
- Dental curriculum is packed with course requirements that are necessary for students to meet current competencies required for a dental license and for academic dental institutions to meet accreditation requirements. The crowded curriculum makes it extremely difficult to add new course work, competencies, and learning requirements without overhauling the curriculum and the examination for licensure and accreditation requirements for academic dental institutions.
- Limited number of paid residencies and other externships that would enable more dental students who are interested to work with HS
- Many academic dental institutions, while accepting their role as major safety-net providers, are concerned about being perceived as able to meet all the unmet dental health care needs in their states and/or communities given limited funding and their dual responsibility to provide a quality educational experience for their students
- There is limited demand for continuing education programs related to infant oral health
- Patient care coordination and interpreters may not be available particularly given cutbacks in Medicaid targeted case management services

Additional Barriers

- Conflicting state priorities such as redirecting tobacco cessation funds to other uses and state reliance upon cigarette taxes (i.e., smokers) to finance other government programs
- Churches which are a great partner for building trust among Head Start constituencies are cautious about partnering since they are often approached to be an intermediary but have experienced a lack of follow through in the past
- Medicaid or insurance billing issues if child receives too frequent or duplicative preventive care or treatment

V. Strategies for Collaboration

Group Discussion: Solutions to Overcome Barriers to Collaboration

Despite the challenges described, participants became energized about developing solutions both within their own institutions, organizations and communities and in partnership with ADEA committees and staff. Although presented here as distinct topics, the discussion facilitated by Jane Steffensen was quite interactive with ideas and suggestions interspersed with barriers and challenges. For clarity, the solutions are presented in the same order as the barriers presented previously and they are broad-based as well as specific to academic dental education. Although children and families will be the ultimate beneficiaries of these activities, participants took a more global approach and that did not specifically address strategies for directly reducing familial barriers.

Head Start Program Solutions

- The OHS is supporting 54 five-year Head Start Oral Health Initiative grants that are currently in their first year, these grantees have been urged to partner with academic dental institutions
- Begin to build partnerships with HS through State Dental Associations and other oral health advocacy networks
- Present and develop oral health curricula that will assist and empower parents of children in Head Start to demand a change in their children's oral health status
- Encourage more oral health advocacy by parents such as successful advocacy for community water fluoridation in Texas
- Local United Ways and their *Success by 6* initiative often partner with educational institutions and HS programs, use United Way as a bridge between academic dental institutions and local Head Start programs
- Encourage participation from the oral health community on HS Health Services Advisory Committees
- Develop a certificates or awards program to recognize institutions that engage in successful partnerships to improve oral health in Head Start programs.

Access/Workforce Solutions

- Develop more partnerships with pediatricians especially in relationship to ensuring that age-appropriate oral health screening and referrals are made by qualified providers in compliance with the federal EPSDT requirement as a component of well baby check ups
- Investigate partnership opportunities with American Academy of Pediatrics (AAP) on the national level to promote oral health as a national priority for young children.
- Promote the ABCD training program (in Washington State) as a replicable model encourage policy makers to adopt CE credits and increased Medicaid reimbursement for those who successfully complete the ABCD training program.
- Develop fellowship programs for pediatric dentists targeting dentists trained in dental schools outside of the US and Canada interested in licensure in the US by requiring 2 years of education in a public health setting. This can reduce waiting lists, emergency room visits, and hospitalizations as well as encourage these dentists to stay in the area and accept more patients with Medicaid. (Maryland has a successful program that is partially funded with foundation dollars.)
- Collaborate with allied dental professionals who, such as dental hygienists are, in some states, already providing oral health care under indirect supervision or in independent practices in certain public health settings.
- Advocate for change in state boards, state practice acts and Medicaid reimbursement to promote and facilitate the development and implementation of strategies that promote ECC prevention and increase access to oral health care among underserved populations including innovative practice models that include expanded scope of practice for dental hygienists.
- Encourage presentations at interdisciplinary conferences to increase visibility of oral health issues and encourage interdisciplinary presentations at oral health conferences (i.e., OB/GYN specialist presenting at the National Oral Health Conference)
- Advocate to increase reimbursement levels for ECC prevention as well as treatment to assist young dentists who want to provide care to young children but,

because few health care programs provide adequate reimbursement for these services, cannot afford to treat these patients and pay off their large educational debt.

- Encourage efforts such as the *Illinois Take Five Program* where the state dental society actively encourages each of its members to provide on-going services to five patients enrolled in Medicaid.

Educational/Institutional Solutions

- New MCHB grant opportunities regarding CSHCN, sealants, and dental homes for young children will have specific language encouraging partnerships with academic dental institutions
- Strategically use CE credits on ECC for licensure renewal (example of tobacco cessation training being similarly mandated)
- Utilize ECC experts who are energized, engaging and inspirational to integrate ECC education into other “popular” panel presentations such as those held on implant technologies.

ADEA Specific Solutions

As the discussion continued, participants were asked to think concretely about the ways they, their institutions and ADEA could work collaboratively with Head Start. In addition, they were tasked with thinking about content for an ADEA sponsored Web conference to inform other interested members about opportunities for partnering with EHS/HS programs. Conversation among attendees focused on ways to increase the political will, both at the national and state levels to address this chronic preventable disease. Key to legislative advocacy is data to support the need for systems change, and attendees spoke of making better use of Basic Screening Survey data and remote technologies (e.g. Palm Pilots) to gather accurate information on disease prevalence and unmet needs. From a cost benefit standpoint, prevention is clearly the best option. Through ADEA’s leadership, academic dental institutions can be encouraged to play a significant role in gathering and disseminating oral health data in their states and communities with their research infrastructure and their access to those in need of care.

Besides increased reimbursements and expanded access to private dental insurance, attendees also discussed the need for greater advocacy, perhaps for mandatory oral health screenings before a child enters school. ADEA could also work at the national level with the American Dental Association and their new Council on Access, Prevention and Interprofessional Relations (CAPIR) Director, Dr. Lew Lampiris. Other strategies for ADEA's leadership might consider include:

- An organizational commitment to encourage more partnerships with EHS/HS
- Disseminating information regarding the new OHS oral health grants through the ADEA listserv, newsletter and other advocacy networks
- Offer a half-day symposium at the ADEA annual meeting in New Orleans on HS and ECC
- ADEA might participate with the National HS Association in a presentation at Head Start's annual meeting
- ADEA could provide awards or recognition to academic dental institutions and allied dental programs that are partnering with HS programs and provide a greater platform for these programs at the ADEA Annual meeting.
- Attendees could volunteer to be on the ADEA Curricula Committee or find other ways to work strategically to reconstruct curricula to include greater emphasis on oral health promotion, oral disease prevention and early intervention.
- ADEA councils and sections might work together to advocate for changes in practice acts in the states.
- Engage ADEA leadership and members in discussions on how to change licensure and accreditation standards since they are what drive the curriculum. (There is a commission working to revise the standards that is in need of input both from individuals and from various disciplines.)
- Support efforts to promote ethics in pediatric, community and general dentistry programs to compel the profession to increase access to care for the underserved.
- Participate in and contribute to efforts to integrate Head Start into dental school and allied dental programs based on such interdisciplinary activities as the

- Clinical Prevention and Population Health Framework for the Health Professionals outlined by the Healthy People Curriculum Task Force
- ADEA could host a Head Start Community of Interest such as the one recently developed for the Council on Faculties. Through the community of interest, ideas could be exchanged similar to those of a list serve but the capacity of the technology is much more interactive and allows papers and best practices to be shared as well as other on-line collaborations such as web pods, web casts, etc.
 - The pediatric dentistry and community dentistry and preventive dentistry sections might work with the allied council and the deans to place before the ADEA House of Delegates a resolution that would recommend new requirements for competencies in the oral health care of very young dental patients similar to the resolution for new CODA standards for post-doctoral programs in the care of patients with special needs that passed in 2005.

There was consensus that a Web conference, available to all ADEA members would be an excellent opportunity to disseminate information on HS and a way to facilitate successful partnerships. It was suggested that the information from the Web conference be used to encourage participation in the symposium. Feedback provided regarding Web conference content included:

- Excerpts from the two HS videos presented at this forum
- An overview of HS, its goals, philosophy, and strategies for parental and community involvement (include “HS 101” fact sheet such as the range of EHS/HS services that begin with pregnancy as a handout)
- Testimonials from dental education students who had experience with HS
- “tool kit” for academic dental institutions interested in partnering with HS (not part of the web cast but as a follow-up item)
- A summary of the purpose of the current HS Oral Health Initiative grants with suggestions for how academic dental institutions and HS grantees can work together to leverage local foundation dollars for improving the oral health of children in Head Start.

- Information about the resources available to dental institutions seeking to identify and partner with local Head Start programs including a demonstration of the HS Web site and handouts that include linkages to the AAPD, ASTDD and other useful web information
- Overview of ECC
- Provide list of Regional Head Start Oral Health Consultants
- Include promising practices among academic dental institutions with regard to community collaboration and service learning related to Head Start programs

It was suggested that ADEA send information regarding the Web conference to every member of the sections not just the deans since sometimes information does not always filter down quickly. With regard to the planning of the symposium and the Web conference, Dr. Nehring suggested that MCHB funding may be available to support travel and meeting planning activities. Ultimately, the Web conference should be archived on the ADEA and the National Head Start Oral Health Resource Center Web sites.

VI. Recommendations and Next Steps

So many ideas were presented at the forum, participants felt it was necessary to winnow down the opportunities for action into specific steps and responsible parties. Regarding the Symposium to be held in conjunction with the ADEA Annual meeting, Dr. Frank Catalanatto asked for volunteers to help plan the content. A number of individuals volunteered including: Frank Catalanotto, D.M.D; , Marie Collins, R.D.H., Ed.D; Michelle M. Henshaw, DDS, MPH; Jane Moreno, M.B.A., R.D.H., Sena Narendran, D.D.S; Adriana Segura, D.D.S., M.S; Jane Steffensen, M.P.H., C.H.E.S. The group was also concerned that due to scheduling conflicts many leaders, particularly from the allied programs, were not able to participate in this meeting. Dr. Calatanotto assured the group that with the help of staff member, Monette McKinnon, ADEA would work to identify others among ADEA's membership who are leaders in Head Start activities and recruit additional volunteers for the symposium planning committee.

Regarding the Web conference, volunteer presenters and planners included: Donna Grant-Mills, R.D.H., M.Ed, D.D.S. to provide an “experience piece” on Howard University’s collaborations with Head Start, Robin Brocato or a Regional Oral Health Consultant would provide a HS overview and Jane Moreno would work with ADEA allied program leaders to identify a speaker who would address how allied dental programs and students might partner with HS. Having either a parent of a child in HS present their experiences with oral health care provided through a collaboration with a dental school could be compelling, as well as any examples of students who were compelled by their exposure to oral health through Head Start to pursue a career as a dental or allied dental professional or in dental education.

The group asked that staff liaison, Monette McKinnon work with other ADEA staff to ensure that information regarding Head Start programs is incorporated onto the ADEA web site and in future ADEA newsletters, conference and other ADEA activities. The group also encouraged ADEA to take a leadership role in advocacy on behalf of Medicaid which provides the only Federal oral health care guarantee and is the main payment mechanism of health care coverage for children enrolled in Head Start.

VII. Closing Remarks

In bringing the meeting to a close, Jane Steffensen asked Drs. Catalanotto, Rossetti and Nehring to each say a few words. In his role as the vice-chair of the ADEA-AADR National Oral Health Advocacy Committee, Dr. Frank Catalanotto provided a few concluding remarks. Despite his long term involvement with pediatric dental education programs, he only learned the details regarding Early Head Start programs when he attended a recent meeting of the Santa Fe Group, the *From Neurons to Neighborhoods Conference*. His institution’s commitment to the underserved began with a relationship with a homeless shelter and their clients in desperate need of dental and mental health services. Dr. Catalanotto stressed the importance of service learning for current students but also the need for continuing education among dentists in private practice. He is currently involved in promoting dental ethics and commissioning papers discussing oral

health disparities and challenges to access to care. He thanked ADEA, the MCHB and AFC for hosting this opportunity and thanked participants for their insight and passion. He especially thanked the OHS for its commitment to providing at risk low income families and children with comprehensive health and social services. He also recognized Donna Grant Mills for her presentation, making real the possibilities of ADEA member institution and HS collaboration. He urged attendees to consider engaging their institutions more directly in policy, especially in light of the fact that dentistry does not yet consider access to be their professional problem.

He asked everyone to commit to engaging in one collaborative activity with HS when they return to their communities and to honor that commitment. He asked participants to promote the web conference, the symposium and the work of ADEA sections and Councils with other faculty and departments within their institutions. Finally on behalf of ADEA, Dr. Catalanatto expressed his gratitude to the participants for a successful meeting, which will serve as a foundation for future collaborative activities.

Before the meeting concluded, Dr. John Rossetti on behalf of the MCHB thanked everyone for their enthusiastic participation. He noted that there is a natural connection between the dental education community and EHS/HS. He challenged participants to be focused and persistent in promoting greater involvement in Head Start programs among their own academic dental institutions when they return and to continue to build the momentum generated by the meeting. He said this is particularly important in sustaining interest in Head Start partnerships given the myriad competing priorities that are placed upon academic institutions. He reminded everyone that successful partnerships are built incrementally most often through face to face interactions, he encouraged participants to go out and meet with local head start programs in their communities. He commended ADEA for its commitment to supporting this work and for the broader discussion ADEA has undertaken related to dental curricula, accreditation and licensure.

Dr. Mark Nehring also recognized Dr. Rossetti's commitment to the oral health of children in HS. He noted that he was the inspiration behind the IAA and formalized

relationship with HS. Dr. Nehring noted that while Head Start is not the only partner available for academic dental institutions to collaborate in their communities, it is a model program that offers successes extending beyond patient encounters. He suggested that partnering with HS increases cultural sensitivities, exposes students to oral disease they may not see elsewhere and inculcates a sense of community responsibility in these future practitioners. He concluded by saying that the MCHB will do all it can to support ADEA – HS partnerships in the future.

Appendix A: Forum Agenda



U.S. Department of Health and Human Services
Health Resources and Services Administration
Maternal and Child Health Bureau



American Dental Education Association and Health Resources and Services Administration (HRSA) Maternal and Child Health Bureau (MCHB)

The American Dental Education Association and Head Start: A Focus Group on Collaborations to Improve Oral Health June 23, 2006

Discussion Agenda

The goals of this Focus Group are to:

- ❖ Provide select ADEA members with an overview of the Head Start/Early Head Start Programs.
- ❖ Review the successes and challenges of current ADEA member/institution activities related to Head Start/Early Head Start and other community oral health initiatives.
- ❖ Discuss the opportunities that exist for future collaboration between dental/allied dental educational institutions and Head Start/Early Head Start Programs regarding access to care and other issues that may improve oral health education, prevention, and clinical services for this population.
- ❖ Identify content for a Web based audioconference on collaborative opportunities to enhance the oral health of Head Start/Early Head Start children to be broadcast in 2006 to all interested ADEA members.

American Dental Education Association
1400 K Street, NW, Suite 1100
Washington, D.C.

Agenda

Friday June 23, 2006

- 8:00 – 8:30 am** **Registration and Continental Breakfast**
- 8:30 – 9:15 am** **Introductions & Opening Remarks**
MCHB/HSB IntraAgency Agreement Presentation
- ❖ Monette McKinnon, ADEA
 - ❖ Robin Brocato, Office of Head Start (formerly Head Start Bureau)
 - ❖ John Rossetti, DDS, MPH
Oral Health Consultant, Maternal & Child Health Bureau, HRSA
- 9:15 – 9:30 am** ❖ Donna Grant-Mills, Chairperson of the Section on Community and Preventive Dentistry, A Local Experience with Head Start
- 9:30 – 10:30 am** **Facilitated Focus Group Discussion**
Jane E. M. Steffensen, MPH, Consultant, Head Start and Oral Health Partnership Project
- ❖ Current ADEA Member/Institution Community Oral Health Activities Regarding Improving Oral Health Status among Underserved Population Groups.
 - ❖ Successes and Challenges ADEA Members/Institutions Encounter Partnering with Head Start and Early Head Start Programs Regarding Oral Health Education, Prevention and Access to Direct Clinical Services.
- 10:30 – 10:45 am** **Break – Networking**
- 10:45 – 12:00 pm** **Facilitated Focus Group Discussion**
- ❖ Opportunities to Increase Awareness of Dental and Allied Dental Educators and Students regarding the Oral Health Needs of Head Start Programs and Participants
- 12:00 – 1:30 pm** **Working Lunch, Head Start Videos & Continued Discussion**
- ❖ Strategies and Activities for Potential Collaborations to Enhance the Roles of Dental/Allied Dental Educational Institutions for Working with Head Start to Improve Oral Health
- 1:30 – 1:45 pm** **Break - Networking**
- 1:45 – 2:45 pm** **Facilitated Group Discussion**
- ❖ Content Suggestions for Web Cast to Disseminate these Ideas to ADEA Membership Concluding with Audience Identification, Educational/Informational Components; Possible Speakers; and other Resources that can be Brought to Bear on Improving the Oral Health of Children in Head Start/Early Head Start
- 2:30 – 3:00 pm** **Closing Remarks**
- ❖ Dr. Frank Catalanotto, Co-Chair, AAADR-ADEA National Oral Health Advocacy Committee and Past-ADEA President
 - ❖ John Rossetti, DDS, MPH, MCHB HRSA

Appendix B: Participants List



ADEA and Head Start: Envisioning Future Collaborations to Improve Oral Health

A Small Group Discussion

June 23, 2006

Washington, DC

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