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

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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 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.

One of the professional organizations targeted for inclusion in this series of forums was the Hispanic Dental Association (HDA), which is the only national organization of dental professionals dedicated to promoting and improving the oral health of the Hispanic community. Twenty members of the HDA convened in Denver, Colorado on February 27, 2006, prior to the 2nd Annual National Head Start Hispanic Institute. The purpose of this meeting was to discuss ways the organization can collaborate with Head Start for the purpose of addressing oral health issues of the Hispanic children and their families. Participants at the forum included key leadership in the organization, namely the Executive Director and President-Elect, as well as other academic and dental professionals in private practice exhibiting a special commitment to the oral health needs

of low-income Hispanic children. Participants represented different geographic regions across the United States and Puerto Rico, and represented a broad range of experience and expertise working in the public, private, and nonprofit sectors.

The day long discussion provided an overview of the mission of the Hispanic Dental Association and strategies for partnering with the Head Start Bureau, Regional Head Start Oral Health Consultants, and local Head Start, Early Head Start and Migrant and Seasonal Farmworker Head Start programs on behalf of the improved oral health of Hispanic children. Statistically, Hispanic Head Start children and their families experience challenges in accessing and utilizing appropriate oral health prevention and treatment services, regardless of their countries of origin. By increasing partnerships between the HDA and Head Start, participants hoped to mitigate the disparities in oral health status experienced by this population.

Participants learned about a number of current HDA oral health initiatives including: the White House Hispanic Initiative, the Migrant and Seasonal Head Start Program and other Hispanic Head Start program collaborations, in addition participants were provided an overview of the Head Start program and suggestions for collaborative opportunities. The forum participants identified the following collaborative opportunities including; service on HS Health Services Advisory Committees, participation in screenings and prevention programs, and staffing of mobile dental vans serving Hispanic children.

Forum participants identified strategies for collaboration and itemized long term and short term action steps and responsible parties to address the following priorities:

- Develop the Internal Capacity of HDA Members to Work with HS Programs.
- Expand Education & Outreach Efforts
- Address Barriers to Access

A full report can be found on the National Oral Health Resource Center web site at http://www.mchoralhealth.org/PDFs/HDAForum.pdf

II. Background on the Forum and the Hispanic Dental 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 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.

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commitment to the oral health needs of low-income Hispanic children. Participants represented different geographic regions across the United States and Puerto Rico, and represented a broad range of experience and expertise working in the public, private, and nonprofit sectors. Jane Steffensen, M.P.H., CHES, Consultant for the Head Start and Oral Health Partnership Project, also participated in the Forum and provided continuity to the professional organization forums conducted under previous MCHB contracts. (A full list of attendees is available in Appendix B).

III. Welcome and National Update

Introductions

Becky Jeppesen, the Executive Director of the Hispanic Dental Association, welcomed participants and expressed that it is an honor to serve as Executive Director of the Hispanic Dental Association. She stressed that the HDA is a broad based organization because its membership is inclusive and open to everyone that supports the HDA mission—that of optimizing the oral health of the Hispanic community. She described this meeting as an excellent opportunity to learn from one another. This was followed by introductions, as each participant shared his or her expectations for this meeting. Everyone expressed their enthusiasm for the goal of improving Hispanic children's access to dental services and welcomed information about Head Start that could improve services in their communities.

National Update on Head Start and Oral Health

Following introductions, **John Rossetti, D.D.S., M.P.H**., Oral Health Consultant for the MCHB, presented background information about the interest in collaboration between the dental community and the Head Start program. He began by stressing that greater involvement of the dental community in HS presents an opportunity to address the problems of children with high rates of dental disease.

Dr. Rossetti shared the lessons he has learned in his 30 years of working with the Head Start Program and other government agencies:

- It's people that make programs work
- You have to follow up
- You don't take "no" for an answer
- Good things happen incrementally; and
- Timing is everything

Dr. Rossetti went on to provide the historical context for the Head Start oral health initiative. When HS was founded in 1965, the Federal government directed significant funds to support oral health needs of children enrolled in HS. Changes in subsequent decades, including fewer dentists willing to treat children and accept Medicaid, have impacted access to oral health services and led to an increase in dental disease among low-income children. As a result, oral disease became the largest unmet need for children in the HS program.

To address this, the HSB and MCHB brokered an agreement, through which HS would provide funds to the MCHB to expand services to children by creating linkages between the HS community and dental community. Additionally, it was hoped that these efforts would also better utilize Medicaid funds and increase prevention efforts. The consensus was that the HS program would be an ideal partner for those in the dental community interested in improving children's oral health, particularly low-income children.

Over the past four years, this agreement has supported the convening of forums with professional dental organizations, as well as regional forums, all of which have resulted in regional action plans. In conjunction with Association of State and Territorial Dental Directors (ASTDD), 56 HS forums have been conducted in States and territories that have brought together State partners including HS programs, HS State Collaboration Offices, Medicaid, Title V agencies, WIC and other MCH stakeholders. The MCHB has also integrated HS into its oral health grants to States. In addition, it has expanded the availability of oral health resources through the development of the National Head Start Oral Health Resource Center at Georgetown University, the National Oral Health Policy Center based at UCLA, and the placement of Head Start oral health experts in regional offices.

IV. Hispanic-Focused Initiatives and Programs

White House Hispanic Initiative

The next presenter **Carol Pendas Whitten**, Senior Advisor to the Head Start Bureau on Hispanic Affairs, spoke about the White House Initiative on Educational Excellence for Hispanic Americans. She described her extensive experience working with the Latino populations, in a former position as advisor to the Department of Education and in her current work on the Commission of Migrant Education and the White House Hispanic Initiative.

Ms. Pendas Whitten has been working with the HSB since 2002 and despite her background in education, describes the HS program as "a totally new world because it is an all encompassing and comprehensive program that addresses the educational, emotional, mental, physical needs of children." She went on to describe how the demographics of the program have changed since its founding in 1965, as the Head Start population has become increasingly Latino and continues to change as more families emigrate from the interior of Latin America. In addition to the growing Latino communities, HS programs are also serving additional immigrant communities from diverse cultural backgrounds, including Chinese and Hmong families. The demographic changes have challenged the ability of HS programs to serve these populations because some established programs find it easier to continue serving the communities they have historically served and often lack the skills needed to address the needs of emerging populations from culturally diverse backgrounds including those using Spanish and other languages.

According to U.S. Census data, in 2004 Hispanics became the largest minority population and among the largest group of new immigrants. As a result, the White House Hispanic Initiative called upon Federal agencies to better meet the needs of Hispanic children and youth. In support of this effort, the Head Start Bureau convened the 1st Annual National Head Start Hispanic Institute in 2005, which had more than 2,000 attendees and 62

workshops. Building on the interest and success of that meeting, the 2nd National Head Start Hispanic Institute expanded in 2006 to include over 100 workshops. One of the goals of this year's meeting is to identify collaborative strategies that HS programs can explore in their efforts to coordinate with other organizations, such as school systems, to improve the integration of services to Latino families and children.

Ms. Whitten concluded her presentation by stressing the unique opportunity that Head Start has to teach families about the importance of having a medical and dental home. She emphasized these items are priorities and thanked the Hispanic Dental Association for its efforts to improve the health of the Hispanic community.

The Migrant and Seasonal Head Start Program

Two consultants with the Migrant and Seasonal Head Start (MSHS) Technical Assistance (TA) Center at the Academy for Educational Development, **Marco Beltran, M.P.H.**, TA Coordinator and **Marelisa González, M.P.H., R.D.**, Health Specialist, presented information on the Migrant and Seasonal Head Start Program. They began by sharing some statistics on the program. The program serves children from birth to age five in 36 states, with the majority of children residing in six states—California, Florida, Oregon, Texas, Michigan and Washington. Unlike the traditional Head Start program, the MSHS is seamless in that it does not have an Early Head Start component, because the program continually serves children from birth to age 5, with over 45% of the children under three years of age.

The other departure from the HS program is the service cycle. Most of the HS programs adhere to the school calendar but most of the MSHS programs instead coordinate their services with migrant patterns. For example, some have to serve children in 4-6 week cycles while others have several months to provide services. Because of the special needs of the population, MSHS programs also are more flexible and sometimes operate seven days a week and are open for extended hours.

Mr. Beltran noted that the shortened terms do present challenges in securing health services and in applying the traditional definition of the medical and dental home. He explained that sometimes children move onto another site without having received necessary health services. Because there is no centralized information system, he explained that these sites must coordinate with other local sites and their corresponding Health Services Advisory Committees across geographic areas to arrange for care. Although he acknowledged that while this is not the optimal system, they make every attempt to meet the health needs of the families.

The eligibility criteria for the MSHS programs differ from HS program and include:

- Fifty one percent of family income must be from agricultural farm work;
- Migrant families who have moved from one geographical local to another within the last 24 months;
- Seasonal families who have not moved from one geographical location to another within the last 24 months.

Next, the presenters shared some programmatic information. In 2005, the MSHS program served 33,058 children and close to 25,000 families, most of whom were two-parent households (79%). There is a high level of parental involvement among both mothers and fathers, which is considered a strength of the program. Despite the high number of participating children, only one third of these children (34%) return to the program the following year. The reason for the low return rate is unknown, although they are hoping to implement systems to better track these children.

The MSHS has 66 programs throughout the country, including 26 direct grantees, and comprise 450 centers. The programs are located in different settings, which include health centers, community action agencies, nonprofit agencies, and schools. The number of children served by these centers varies widely, as does the services offered. For example, many of the programs have on-staff nurses or nurse practitioners to meet family needs.

While some families benefit from the co-location with health centers, other families still experience barriers in accessing health services or needed services. Some barriers are due to a lack of insurance coverage, the administrative barriers of applying for Medicaid, and language since 86% of families speak only Spanish. Other challenges to accessing care include the mobility of the population, difficulty in scheduling appointments, and finding transportation to appointments for health care and other services in the community. Though some sites do provide transportation, there are not sufficient funds to meet all transportation needs.

Next, the presenters shared some information from a survey conducted with MSHS grantees in 2004. Of those that responded to the survey, 19 grantees reported that families receive primary health services (including dental) through community health centers while only 9 grantees reported families receive these services through a Migrant Health Center. The presenter noted that fewer children are receiving health services at Migrant Health Centers compared to past years. One explanation is that a change in performance standards in 1998 meant that programs no longer provided transportation for parents to health centers. Another possibility is that families began receiving services elsewhere.

The MSHS Program Information Report (PIR) data for 2003 to 2005 has been analyzed in order to determine rates of insurance coverage, participation in other programs, and receipt of dental services. The percentage of dental screenings among children birth-3 years of age has dropped while the rates are higher among children 3-5 years of age. Some states indicated that the guidance provided on collecting the PIR data was unclear and as a result, there has been confusion about the definitions of dental services, such as how to distinguish between a screening and examination. Therefore, the data could be inconclusive. In addition to promoting oral health, the MSHS program also reinforces the connection between health and diet and links families to additional services, including WIC. In all these efforts, the program tailors materials for families so they are linguistic and culturally appropriate.

Head Start Program Overview

Jane E. M. Steffensen, M.P.H., Consultant, Head Start and Oral Health Partnership Project provided an overview of the HS program, highlighting items that had not already been covered in prior presentations. She began by mentioning that the core values of HS are consistent with the values of the HDA and MCHB since all emphasize creating a continuum of care while partnering with parents and respecting cultural differences.

Early Head Start, which was added in the 1990s, was mentioned as a growing component of the HS program. Together the HS and EHS programs serve as a cornerstone program in the United States that provides an educational foundation while serving as a leading health referral system that also considers the needs of young children with disabilities (10% of children enrolled in HS are children with disabilities). HS/EHS provide multiple opportunities to integrate oral health into the major service areas such education & early childhood development, child health & development, disability services, family & community partnerships, program management & operation.

Ms. Steffensen noted that the HDA should identify opportunities to promote oral health within the growing HS community of parents, children, community partners, local and Federal staff. Ms. Steffensen pointed out that because of its cultural and linguistic competency, the HDA is well positioned to link into the existing HS structure at the federal, regional and local levels and suggested supporting members to participate in a Health Services Advisory Committee as one possible opportunity for local involvement. Each HS grantee is required to have a Committee in place and welcomes the involvement of dental professionals. She described this as a natural collaboration especially considering that the largest growth in the HS program is among Hispanic children, particularly among children age 3 and younger.

V. HDA Perspective

The Hispanic Dental Association Update

Ernie Garcia, D.D.S., President-Elect of the HDA began his remarks by expressing his passion about being a dentist, which began as a young boy. He went on to explain the mission of the HDA to optimize the oral health of the Hispanic community and requires that the organization place community needs first. And in his experience, Hispanics are most comfortable when treated by Hispanic dentists. Dr. Garcia suggested that ethnicity matters and utilization of dental services increases when patients are treated by a dentist sharing the same cultural background. Also part of the HDA mission as envisioned by the visionary founders of the organization in 1991 is to provide advocacy for Hispanic oral health professionals across the United States.

Dr. Garcia went on to describe the strategic planning process that the HDA embarked on several years ago to further the organization's capacity to advocate for its members. This process was guided by a set of core values that include service, integrity, responsibility, inclusiveness, commitment, education, respect, and leadership. A SWOT analysis was conducted to identify organizational strengths, weaknesses, opportunities, and threats. He highlighted strengths such as cultural competence and diversity of its members and mentioned the opportunities associated with the growth of Hispanic media, new funding streams and public/private partnerships.

Dr. Garcia next highlighted the core competencies of the HDA, which include the Website and highly regarded newsletter *HDA News & Reports*. He also spoke of the highly active professional and student chapters, which present opportunities for growth. Another core competency is the linguistic capacity of HDA, which enables it to serve as the primary source of translation for the American Dental Association.

Next, Dr. Garcia discussed the goals and corresponding objectives for the HDA, which were identified in the strategic planning session:

Goal #1: Insuring the HDA will be financially solvent

Goal #2: HDA will be the recognized source of legislative/regulatory policy advocacy for its members
Goal #3: HDA Board will define and develop the most effective governance model
Goal #4: HDA membership will be comprised of all individuals who embrace the mission of the HDA
Goal #5: HDA will be the recognized source for Hispanic oral health

Dr. Garcia described one of the primary objectives of the strategic planning process as forming collaborations with other organizations that share mutual interests in order to pursue joint opportunities, advocacy, and lobbying efforts. Also mentioned were the opportunities to encourage the entry of Hispanics into oral health professions that are being supported by foundations and corporate funding, including Colgate-Palmolive and Proctor & Gamble. He concluded his remarks by emphasizing that the strategic plan is now a working document that is incorporated into all organizational meetings, including the Head Start forum.

Group Discussion: Current Involvement and Experiences with Head Start

Under the guidance of Ms. Steffensen, the participants shared their experiences with the Head Start/Early Head Start and Migrant Seasonal HS programs. The activities described encompassed a wide range of involvement with Hispanic populations. While some expressed limited experience working with the HS program or providing dental care to children, others have a long history of working with the HS program.

Dr. Lydia Lopez del Valle affiliated with the University of Puerto Rico, noted that on the Island over 60% of children are eligible for the HS program. She has partnered with HS for over 20 years and currently serves on the HS Advisory Board. In fact, she has arranged for the University of Washington to provide education to dentists on treating providing oral health care to children. Another participant previously at the University of Maryland, Dr. Maria Rosa Watson, described a dental hygiene practicum at the University of Maryland, in which students can receive credit for completing service learning modules in WIC and HS centers.

Another participant, Dr. Celia Edwards, a dentist on staff at Salud Family Health Center has worked with HS for many years and has contracts with HS in two counties to provide screenings and fluoride varnish treatments to children in HS and MSHS programs. She described that a team including a dentist, hygienist, and dental students travel to the participating programs to conduct initial dental screenings. The hygienists return to these sites to provide follow up care. Children enrolled in HS are seen throughout the school year while the children enrolled in the MSHS program are seen during the summer, as these children travel with the migrant streams.

Another participant Dr. Lilia Larin, a dentist in private practice also provides dental services to children in HS and MSHS programs. Unlike Dr. Edwards, she does not have a formal relationship with the HS program but estimates that approximately 40% of her patients are enrolled in HS. She also sees children in MSHS program that are referred to her through a donated dental services program in her area, called *Share the Care* program.

In summary, the following list describes the different capacities in which HDA members have worked with children enrolled in EHS or the HS Program:

- Serve on HS Health Services Advisory Committees
- Participate in prevention programs
- Complete examination and fluoride varnish applications
- Provide screenings
- Provide school-based and Head Start based services
- Participate in donated dental services programs
- Receive referrals from Head Start
- Staff mobile dental vans

Participants also spoke to some of the challenges they have experienced. Dr. Sergio Cuevas expressed that the challenge of providing education to parents, both in his office and in the Head Start programs. He has arranged educational sessions in programs only to not have any parents attend the session. Dr. Adriana Segura brought up the challenge of

arranging for follow-up visits that must be coordinated with a parent's schedule. Based on an initial dental screening some children enrolled in HS require follow-up visits that may require sedation, which necessitate the presence of a parent.
Other challenges mentioned by participants include:

- Ensuring children receive necessary follow-up services
- Lack of private or public insurance coverage
- Limited financial resources among families
- Lack of awareness of dental issues among parents and how poor oral health can impact their child

At the conclusion of this discussion session, Dr. John Rossetti mentioned an upcoming opportunity with the HS program. He noted that HS just awarded funding to 56 local HS grantees to address oral health issues related to access and early intervention. These grantees will receive funding over a 5-year period and are expected to seek out collaboration with the dental and public health community. Dr. Rossetti expressed that he would like to see HDA members develop pediatric dental teams to work with these HS programs, especially in Hispanic communities.

VI. Maximizing Opportunities for Collaboration

Promising Practices and Opportunities for Collaboration

The luncheon speaker and one of the workshop organizers was **Francisco Ramos-Gomez, D.D.S., M.S., M.P.H.**, Associate Professor of Pediatric Dentistry and Region XII Head Start Oral Health Consultant.

Dr. Ramos-Gomez began by discussing his research efforts at the University of California, San Francisco, as part of the team with the Center to Address Disparities in Children's Oral Health – The "CAN DO" Center. He shared one of the latest research findings that fluoride varnish added to caregiver counseling is efficacious in reducing the incidence of early childhood caries in Hispanic children. The UCSF investigators

examined 376 caries-free children from low-income Chinese and Hispanic families in San Francisco. All families received counseling on dental health and children were randomized into three groups: those receiving fluoride varnish twice per year, those receiving it once per year, and those not receiving fluoride varnish.

The results of the study, published in the Journal of Dental Research led by Dr. Jane Weintraub showed that children who received no fluoride varnish treatments were 2.2 times more likely to develop tooth decay than were the children who were assigned to the annual fluoride varnish group. Compared to the children assigned to the fluoride varnish twice per year group (a total of four treatments over the two-year period of the study), the children who received no fluoride varnish treatments were 3.8 times more likely to develop tooth decay. The results support the use of fluoride varnish to prevent caries in very young Hispanic children.

He pointed out that the results also support parents bringing children for their first dental visit at age one when they are getting their first teeth because the application of fluoride varnish can be part of a positive first dental visit and can help prevent tooth decay. This is especially important because when young children require dental treatment, it is difficult for them to sit still. This preventive technique is also cost effective because often children needing several fillings receive care in the operating room, at great expense while being exposed to other health risks. Dr. Ramos-Gomez stressed that all Hispanic dentists should be aware of the preventive benefits highlighted in this study.

Another relevant finding was that parents can be overwhelmed by the messages they receive during the dental visit. Based on this finding, his staff now focuses on a specific message of oral health behavior change and works with parents to identify self-management goals. Messages are age specific, cover certain oral health topics, and are linked with prevention. Dr. Ramos-Gomez is also working with Dr. Weintraub, Principal Investigator of the CAN-DO center and a geneticist and Head Start program in San Francisco to identify the genetic markers that may be predictive of developing dental disease in Hispanic children.

Next, Dr. Ramos-Gomez spoke of future opportunities for collaboration and strategies to connect and maximize resources. One area that he is exploring is the use of Geographic Information Systems (GIS) software, which is a computer technology that uses a geographic system as a framework for managing and integrating data and information. He described the ability to map Community Health Centers, rates of dental disease and zip codes of HDA members as an example of a future possibility. He mentioned several opportunities for local collaboration emphasizing participation on local Health Advisory Committees for Head Start grantees and also encouraging involvement with the 56 local HS grantees funded through the HS Oral Health Initiative.

Lastly, Dr. Ramos-Gomez discussed several models and approaches that have been effective in expanding services to children. He shared his recent experience participating in an Early Childhood Caries (ECC) meeting where 12 best practices were presented by attendees. At this meeting the role of the case manager or promotora was found to be a key to success for many ECC programs. This oral health case manager model is comparable to the role of the family service worker in the HS program, who assists families by setting up appointments, enrolling in Medicaid, and arranging transportation.

He also mentioned a number of great curriculums that can address the primary barrier for dental providers, which is their discomfort in providing dental care to children. He felt that HDA members could take the lead in providing training to general dentists on treating children and to case managers on oral health issues. He emphasized that this change is a systems-wide effort that should involve even pediatric dentists, who are sometime reluctant to provide oral health care to very young children. He cited a recent survey conducted by the American Academy of Pediatric Dentistry that even among pediatric dentists only 60% feel comfortable providing dental care to children as young as 1 year of age.

Group Discussion: HDA Strategies for Collaboration with Head Start

After sharing experiences and some of the challenges of working with the HS community, the group discussion focused on identifying strategies for future

collaborations between HDA members and the HS Program, building on the HDA goals identified during the Association's strategic planning process. Some of these strategies directly address the challenges raised in the earlier session and also utilize the core competencies of the HDA including the newsletter *HDA News & Reports*, Website (located at http://www.hdassoc.org) and the local professional and student chapters. The following section summarizes the strategies discussed under three broad approaches.

- **Develop the Internal Capacity of HDA Members to Work with HS Programs.** There were a number of suggestions that focused on increasing the awareness of HDA members about the HS program. It was suggested that some of this education could be provided through the newsletter as well as more targeted efforts through local HDA chapter meetings. One strategy for which planning has begun, is including a Head Start workshop at the Hispanic Dental Association annual meeting. In addition to presentations on HS, some would like to develop HS Committees within local HDA chapters that could coordinate educational efforts as well.

  In addition to current providers, many of the strategies focused on the student membership because students play a vital role in the HDA. Several attendees suggested promoting student involvement with HS programs by making HS a focus of the mentorship program or developing a scholarship for dental students that pursue collaborations with local HS programs. Another important strategy could be the development of a paid internship placement in HS centers either during the summer or the school year that dental students can complete for credit. The Pipeline Profession & Practice program (Dental Pipeline) was also mentioned as an excellent opportunity to increase student involvement with HS by incorporating HS as a focus of existing programs. This was regarded as an excellent strategy considering that the participating dental schools were funded through the Dental Pipeline program to develop community-based education and service learning programs that provide care to the most vulnerable populations. Because many of these strategies touch on issues of dental education, participants

recommended that the HDA collaborate with the American Dental Education Association (ADEA), as the leading organization in the dental education community.

Another recommendation discussed by the group involved utilizing computer technology to expand the utility of the HDA Website. For instance, several participants were excited about the potential of using GIS software to map HDA members by zip code or to map other information such as the HS PIR data or HS program locations.

- **Expand Education & Outreach Efforts.** A number of strategies external to the organization were identified in areas related to marketing, education, outreach, and advocacy. Several participants raised the importance of engaging the HS community, including staff and parents, to make oral health a priority. The group stressed that in order to do this effectively, HDA members should link with HS programs, either through an individual practice or through a local HDA chapter. Local HDA chapters could form a HS Committee that could coordinate outreach efforts and community service projects with local HS programs such as conducting educational sessions with HS staff (e.g., teachers, family service workers) and parents. To help guide local coordination efforts, it was suggested that the HDA, perhaps through a workgroup, identify best practices such as agreements, memorandums of understanding, and resource sharing models that can be distributed to these local HDA committees.

  Beyond the education provided to the HS community, most believed that the greater community at large would equally benefit from a multiple media campaign. The HDA just recently completed a DVD entitled "Sonrisa: A Guide to Dental Health for Hispanic Americans," which is a guidebook and video program targeting providers. Another opportunity for outreach is to co-sponsor events with

HS during the U.S. Mexican Bi-National Health Week, which targets populations residing along the border.

- **Address Barriers to Access.** A lack of insurance coverage and workforce capacity issues were identified as some barriers to access experienced by children and families participating in HS. To address this, participants at the Forum recommended collaborating with HS programs to enroll eligible children into Medicaid and SCHIP and to strengthen advocacy efforts for the expansion of dental coverage. Participants acknowledged that some constraints and regulations impact workforce, such as some practice acts that only allow a dentist to perform certain procedures. The group suggested that developing a more effective triage system, such as using public health and school nurses or other health professionals to conduct dental screenings may expand the current capacity.

VII. Recommendations and Next Steps

The final discussion of the day was focused on reviewing the list of strategies and prioritizing items for follow-up. Participants grouped these items into short-term and long-term action steps, which are outlined in the Table 1. The table noted if individuals volunteered to follow up with a particular item.

Table I: Plan of Action

Short-Term Action Steps	Responsible Party
1. Educate members at large about the HS program through the HDA newsletter and posting relevant fact sheets and articles on the HDA website	Ernie Garcia Becky Jeppesen
2. Organize a Head Start session at HDA annual meeting in November	Francisco Ramos-Gomez Magda de la Torre
3. Form a National Coordinating Committee within HDA	All present
4. Convene a meeting between members of the Hispanic Dental	John Rossetti

Association Executive Board, the National Head Start Coordinating Committee of HDA and the HS Bureau to develop a Memorandum of Understanding	Ernie Garcia Becky Jeppesen the National Head Start Coordinating Committee of HDA
5. Form a National Head Start Committee within HDA to: ▪ Disseminate information on HS to HS Committees within local chapters ▪ Encourage participation in community service projects involving HS programs	Ernie Garcia Becky Jeppesen
6. Engage HDA members in *Sesame Street* campaign, to have the program address oral health issues	Francisco Ramos-Gomez
7. Explore collaborations with ADEA/AADR and discuss planning a workshop for the 2007 ADEA/AADR Annual Meeting on the topic of service learning projects in the Head Start program	Ernie Garcia Adriana Segura Maria Rosa Watson
8. Review evaluation component of dental internship programs (credit or stipend) endorsed by HDA and ADEA	Maria Rosa Watson
9. Incorporate HS as a focus of the Dental Pipeline Program to: ▪ Link participating dental schools with HS programs ▪ Initiate a pilot program with a focus on the Migrant & Seasonal HS (potentially in CA schools) and evaluate results	Sergio Cuevas Lilia Larin Marco Beltran
10. Approach Katrina Holt at the National Maternal & Child Oral Health Resource Center / National Head Start Oral Health Resource Center to have a booth at the annual HDA meeting in 2006	John Rossetti
11. Involve HDA with the Bright Futures Initiative to: ▪ Contribute to development Bright Futures toolkits for the HS program ▪ Develop and translate these materials into Spanish	Lydia Lopez del Valle Rosie Roldan Ernie Garcia
12. Assure that oral health materials for EHS and HS are appropriate in terms of language, literacy, and culture ▪ Evaluate current oral health related materials for linguistic, literacy, and cultural appropriateness ▪ Assess gaps in materials ▪ Develop and disseminate oral health materials that are linguistic, literacy, and culturally appropriate	Francisco Ramos-Gomez Maria Rosa Watson Lydia Lopez del Valle Jorge Alvarez Magda de la Torre
13. Identify and evaluate existing MOUs, MOAs and other contracts to identify best practices and models for collaboration	Cecilia Edwards the National Head Start Coordinating Committee of HDA

Long-Term Action Steps	Responsible Party
1. Pursue corporate resources (in-kind contributions) to develop a state of the art information and technology system that maximizes the use of computer applications (i.e. GIS software) to expand the HDA capacity to analyze data on Latino oral health	Ernie Garcia Francisco Ramos-Gomez Becky Jeppesen
2. Coordinate a lobbying effort to administer the National Board Exam in Spanish	Ernie Garcia
3. Develop a high visibility oral health media campaign utilizing Spanish media outlets (Univision/Telemundo)	Ernie Garcia
4. Develop a model triage system for conducting dental screenings utilizing non dental professionals	To Be Determined
5. Form an Evaluation Committee to develop a toolkit for evaluation of oral health programs, activities, campaigns, cultural competency, health literacy	Maria Rosa Watson
6. Explore border health opportunities in Texas and California and coordinate with HS to sponsor events for Bi-National Health Week	Magda de la Torre (TX) Vidal Balderas (TX) Sergio Cuevas (CA)
7. Develop Oral Health Report Card	To Be Determined

VIII. Closing Remarks

The meeting ended with brief closing remarks by Dr. John Rossetti, Dr. Francisco Ramos-Gomez and Dr. Ernie Garcia. All expressed their gratitude to the participants for a successful meeting, which will serve as a foundation for future HDA activities. Dr. Rossetti reminded the group of the lessons he shared in his earlier session and encouraged participants to remain persistent and to maintain the enthusiasm that was generated during the day's discussions. Dr. Ramos-Gomez and Dr. Garcia reminded the group that planning will continue at the upcoming National Oral Health Conference and during HDA Annual Meeting in November and thanked them for their commitment to improving the oral health of Hispanic children.

Appendix A: Forum Agenda

U.S. Department of Health and Human Services

Health Resources and Services Administration
Maternal and Child Health Bureau

HISPANIC DENTAL ASSOCIATION

February 27, 2006
Denver, CO

The Hispanic Dental Association (HDA) and Health Resources and Services Administration (HRSA) Maternal and Child Health Bureau (MCHB)

Present

The Hispanic Dental Association and Head Start: Envisioning Future Collaborations to Improve Oral Health

The goals of the forum are to**:**

- ❖ Identify common goals and areas of collaboration between Head Start and Migrant & Seasonal Head Start and the Hispanic Dental Association.
- ❖ Review current Hispanic Dental Association activities related to Head Start and other community oral health initiatives.
- ❖ Link Hispanic Dental Association members with Head Start and MCHB oral health resources.
- ❖ Strategize on the unique opportunity to involve Hispanic Dental Association members in the improvement of access to dental care among Head Start participants.

Agenda
Monday, February 27, 2006

8:00 am – 8:30 am **Registration and Continental Breakfast**

8:30 am – 9:00 am **Introductions**

Welcome
- Becky Jeppensen, Executive Director, Hispanic Dental Association

9:00 am – 10:00 am **Opening Session**

- National Update on Head Start and Oral Health
  John Rossetti, D.D.S., M.P.H., Oral Health Consultant, HRSA, Maternal and Child Health Bureau

- Hispanic Initiative
  Carol Pendas Whitten, Advisor to the Head Start Bureau on Hispanic Affairs

- The Head Start Migrant and Seasonal Program
  Marelisa González, M.P.H., R.D., Health Specialist, Migrant and Seasonal Head Start Technical Assistance Center, Academy for Educational Development

- HDA Perspective: Update of Current and Past Activities
  Ernie Garcia, D.D.S., President-Elect, Hispanic Dental Association

10:00 am – 10:15 am **Break – Networking**

10:15 am – 12:00 pm **Discussion Session**

- Head Start Program: General Overview
  Jane E. M. Steffensen, M.P.H., Consultant, Head Start and Oral Health Partnership Project

Group Discussion Topics

- Current involvement and experiences working with HS and Migrant/Seasonal HS Programs

- ❖ Challenges to improving oral health status among participants in HS and Migrant/Seasonal HS Programs

- ❖ Strategies to increase awareness of HDA dental professionals and students about addressing the needs of HS participants

12:00 pm – 1:45 pm **Lunch Session – Maximizing Opportunities**

- ❖ HDA & HS Perspective: Future Opportunities for Collaboration
  Francisco Ramos-Gomez, D.D.S., M.S., M.P.H., Region XII Head Start Oral Health Consultant

Group Discussion Topics

- ❖ Opportunities to enhance the role of HDA dental professionals and students working with HS and Migrant/Seasonal HS Programs

- ❖ Future collaborative efforts and partnerships between HDA, MCHB and Head Start

1:45 pm – 2:00 pm **Break – Networking**

2:00 pm – 3:30 pm **Closing Session – Recommendations and Next Steps**

- ❖ Recommendations from the Migrant/Seasonal HS Forum & Prior Dental Professional Association Forums
  Jane E. M. Steffensen, M.P.H., Consultant, Head Start and Oral Health Partnership Project

Group Discussion Topics

- ❖ Key recommendations and next steps for the Hispanic Dental Association members

- ❖ Available resources to support future collaborative efforts

3:30 pm – 3:45 pm **Closing Remarks**

- John Rossetti, D.D.S., M.P.H., Oral Health Consultant, Maternal & Child Health Bureau, HRSA
- Francisco Ramos-Gomez, D.D.S., M.S., M.P.H., Region XII Head Start Oral Health Consultant
- Ernie Garcia, D.D.S., President-Elect, Hispanic Dental Association

Appendix B: Participants List

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

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

February 27, 2006
Denver, CO

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