



Dental Hygienists and Head Start

What You Should Know and How You Can Help

What Is Head Start?

Head Start was established in 1965 to improve the school readiness of children ages 3 to 5 from families with low incomes. In 1994, Early Head Start was established to serve pregnant women, and infants and children from birth to age 3, from families with low incomes. Early Head Start focuses on positive birth outcomes for women, and on healthy physical and cognitive development for infants and young children. Both Early Head Start and Head Start provide comprehensive education and health services in the context of family and community.



Head Start^a is a national program administered through grants to over 1,600 community-based organizations. The federal government provides 80 percent of Head Start program funding through the Department of Health and Human Services. Head Start grantees are required to raise the

remaining 20 percent of their funding from community sources to help to build partnerships and ensure that each program reflects the culture of the local community.²

Who Participates in Head Start?

Head Start programs serve approximately 1 million pregnant women, infants, and children each year in all 50 states, the District of Columbia, and most U.S. territories. Some programs are designed specifically to serve American Indians/Alaska Natives and migrant and seasonal farm worker families.¹

Pregnant women and infants and children from birth to age 5 are eligible for Head Start if they meet federal poverty guidelines (\$17,600 for a family of three in 2008^b).^{3,4} Up to 35 percent of each Head Start program's enrollment may also be children whose families' incomes are between 100 percent and 130 percent of the federal poverty level.⁵



Head Start provides comprehensive education and health services to pregnant women, infants, and young children from families with low incomes.



Children are automatically eligible, regardless of income, if they are homeless or in foster care, or if their families receive Temporary Assistance for Needy Families or Supplemental Security Income.

The Head Start population reflects a higher percentage of racial and ethnic minorities than the general U.S. population.⁶ The racial composition of the population is as follows: 39.8 percent white, 30.7 percent black/African American, 16.2 percent unspecified/other, 6.4 percent biracial or



multiracial, 4.2 percent American Indian/Alaska Native, 1.8 percent Asian, and 0.9 percent Hawaiian/Pacific Islander. In addition, 34 percent of the Head Start population is of Hispanic/Latino ethnicity.²

Ten percent of each Head Start program's enrollment opportunities are reserved for children with disabilities and special health care needs.⁷

Of the 91 percent of children enrolled in Head Start who have health insurance, 87 percent are enrolled in Medicaid or in a State Children's Health Insurance Program (SCHIP).²

Why Are Head Start Children at Higher Risk for Oral Disease?

Head Start staff and parents report that the number one health issue among children enrolled in Head Start nationwide is access to oral health services.⁸

Despite improvements in oral health status nationally, profound oral health disparities remain in certain population groups, including children enrolled in Head Start. These children, like other children from families with low incomes, experience more tooth decay and resultant pain and suffering than children from families with higher incomes.^{9,10}

While oral health is emphasized in Head Start program performance standards, many children enrolled in Head Start continue to encounter barriers to care. For example, there is a shortage of dentists serving the Medicaid/SCHIP population. Furthermore, many general dentists do not feel comfortable providing services to infants and very young children, despite agreement within the oral health community (American Academy of Pediatric Dentistry, American Dental Association, and Academy of General Dentistry) that children should see a dentist by age 1.

What Oral Health Services Does Head Start Offer?

Head Start health services are based on the premise that a child must be healthy to be ready to learn. Good oral health is essential to a child's behavioral, speech, language, and overall growth and development.^{8,11}

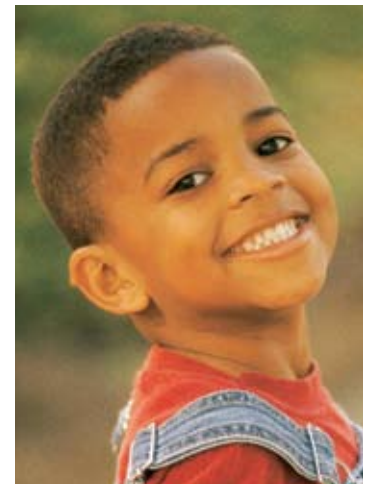
Parent involvement is a key component of Head Start. Parents, as their children's primary caregivers, play the most important role in ensuring that their children's health and development needs are met. Head Start staff provide health-promotion messages to help parents understand the benefits of good oral health care and the importance of establishing a dental home early in life.⁷

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Head Start program performance standards require that staff track the provision of oral health care and assist parents in obtaining oral health examinations and necessary care for their children. Copies of examination results, plans for follow-up care, and information about fluoride supplementation and participation in other oral health preventive care activities are kept in a child's health record.⁷

Head Start's collaborative approach provides an opportunity to develop a model for providing oral health care services to pregnant women, infants, and children. Ideally, community partnerships enable Head Start staff to refer parents to local resources, and Head Start staff reinforce messages that health professionals provide to parents and children.



How Is the Dental Hygienist's Role Unique?

Dental hygienists can be a valuable resource for Head Start programs by providing oral health screenings and preventive services; educating staff, families, and children; making referrals for restorative treatment; and assisting Head Start staff in finding dental homes for Head Start children and coordinating follow-up care.



Currently, 22 states have laws enabling dental hygienists who meet established requirements to practice in public health settings to serve at-risk populations, including Head Start.¹² In Minnesota, Michigan, and New

Mexico, for example, dental hygienists can enter into written collaborative agreements with dentists, allowing them to assess and provide services to patients in community settings outside the dental office. Twelve states offer direct Medicaid reimbursement to dental hygienists for providing services such as prophylaxis, fluoride treatments, dental sealants, and oral hygiene instruction.¹³

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What Can Dental Hygienists Do to Help?

Join a Head Start health services advisory committee composed of parents, Head Start staff, health and human service professionals, and other community members. As participants in this committee, dental hygienists can assist in the development of oral health policies and procedures and can support Head Start's objective to increase access and identify continuous sources of oral health care for program participants.

"Adopt" a Head Start Center in your community. Contact the program's health coordinator, and offer to provide services such as fluoride varnish application, education, and other preventive services.

Leverage the resources of your professional association at state and national levels to raise awareness among colleagues and to address the oral health care needs of Head Start

participants. Following are suggestions, as well as examples of ongoing activities:

- Use electronic communication tools such as the organization's Web sites, newsletters, and discussion lists to highlight the oral health needs of Head Start participants and to facilitate member involvement with Head Start

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programs. The American Dental Hygienists' Association's public health Web page provides links to Head Start-related resources (see <http://adha.org/publichealth/index.html>).

- Designate foundation or other charitable funds for Head Start-related activities. The Texas Dental Hygienists' Association offers annual Healthy Start for Texas Teeth community service grants to foster collaborative efforts between members and their area Head Start programs. These \$1,000 grants are intended to support the delivery of fluoride varnish to children enrolled in Head Start.
- Partner with your Head Start state collaboration office to create opportunities for continuing education and information exchanges. In 2007, the Tennessee Head Start Oral Health Forum was co-located with the Tennessee Dental Association's annual session. Continuing education credits were offered to dentists who attended the forum.
- Educate legislators about the oral health needs of children from families with low incomes, and suggest approaches for overcoming barriers to access.



- Advocate for increased training in public health in the curricula of dental hygiene programs. The opportunity for students to work with Head Start as part of their education increases cultural sensitivity, exposes students to oral disease they may not see elsewhere, and instills a sense of community responsibility.

If you work in a private dental practice, encourage the dentist to participate in oral health activities that would benefit Head Start children, such as the American Dental Association's Give Kids a Smile day.



Resources

- American Dental Hygienists' Association
<http://www.adha.org>
- Become a Medicaid Provider
<http://www.mchoralhealth.org/providerenrollment.html>
- Give Kids a Smile
<http://www.ada.org/prof/events/featured/gkas/index.asp>
- Head Start State Collaboration Offices
<http://eclkc.ohs.acf.hhs.gov/hslc/hsd/SCO>
- National Maternal and Child Oral Health Resource Center
<http://www.mchoralhealth.org>
- Office of Head Start
<http://www.acf.hhs.gov/programs/hsb>
- Search for a Head Start Program
<http://www.acf.hhs.gov/programs/hsb/hsweb/index.jsp>

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End Notes

- ^a Head Start refers to Early Head Start and Head Start throughout the document.
- ^b Income limits are slightly higher in Alaska and Hawaii.

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