Enhancing Partnerships for Head Start and Oral Health
Report for Region X Forum

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Prepared by:
Laura Sternesky, MPA
Health Systems Research, Inc.

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Executive Summary

To determine how organizations and agencies can work together at a regional level to improve the oral health of Head Start children and families, the Health Resources and Services Administration (HRSA) and the Administration for Children and Families (ACF) hosted the Region X Forum, “Enhancing Partnerships for Head Start and Oral Health,” on January 22-23, 2004 in Seattle, Washington. This was the seventh in a series of regional forums held as a follow-up to a national conference convened in 1999 by the Head Start Bureau (HSB), HRSA, the Health Care Financing Administration (now known as CMS, or the Centers for Medicare and Medicaid Services) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

Seventy-two participants attended the Forum representing all the states in the Region and a variety of organizations, agencies, and professional groups from the public, private, and non-profit sectors. During the Forum, they shared their unique experiences and perspectives of Head Start and oral health.

Plenary speakers represented the regional offices of ACF, CMS, and DHHS, as well as variety of local and regional Head Start and children’s oral health programs, and included Reginald Louie, Nancy Hutchins, Wendy Mouradian, John Toth, Lissa Ong, John Rossetti, Valerie Haynes, Mark Koday, Dale Ruemping, Jeanine Tucker, Julianne Crevatin, Colleen Huebner, Beverly Clarno, and Tracy Garland. The speakers noted the long history of oral health and early childhood activities and stressed the importance of partnerships to improve oral health outcomes in the Head Start program. They highlighted some of the regional barriers to oral health care, including a limited provider pool and a rural community base, and spoke to the growing concern around access to oral health services for both children and their families. The speakers also highlighted promising practices that address barriers to care, including expanding the use of non-dental professionals, pediatric dentistry residency programs, and education focusing on individual behavior change.

Guided by Head Start and Oral Health Partnership Project consultant, Jane Steffensen, the participants were then given time in small groups to assess and prioritize key issues and promising practices, strategies and action steps, and key roles and resource needs in three main areas—direct clinical services and service systems, prevention, and oral health promotion and education. The next section summarizes the discussions from the groups.

Direct Clinical Services and Service Systems

Issues and challenges related to direct clinical services and service systems fell into three categories—integration of services and service systems, workforce capacity, and services for mothers and families. Some of the promising practices identified by participants were use of expanded function and auxiliary practitioners and university pediatric dentistry residents working in high-need communities.
Participants decided that the priority issue to address was the need to increase the capacity of the oral health workforce in order to serve Head Start children and their families. Within this broad topic area, they highlighted several “subissues,” including the need to increase service learning opportunities for dental professionals, increase oral health training for medical providers, and make better use of extended function and auxiliary health professionals.

Among the strategies and action steps identified by participants were efforts to:

- Form a Region X Head Start Health Advisory Council;
- Develop a Region X website featuring oral health resources;
- Develop and sustain local oral health coalitions with significant Head Start involvement;
- Seek existing funding opportunities and work with foundations to create new grant opportunities that expand the application of programs that are working, and require collaboration with Head Start;
- Promote programs that effectively use mobile and portable equipment to provide dental care and reach Head Start children and families;
- Create opportunities for dental, dental hygiene, and public health students to get involved in Head Start; and
- Obtain consensus from Deans of Dental Schools and providers of continuing education around using a team approach to oral health care.

**Prevention**

Participants outlined a variety of issues that fell into the broad categories of training and education, regulations and laws, communications and systems development, and access to preventive services. Participants identified a number of promising approaches, including the *ABCD*, *Cavity Free Kids*, and *Kids Get Care* programs in Washington. It was decided that the priority issue to address was the development of a communications and resource system that maximizes information technology and existing networks and resources.

Among the strategies and action steps identified by participants were efforts to:

- Clarify current performance standards and issue guidance on oral health practices;
- Establish systematic communication linkages about Head Start and oral health between local, State, regional, and national offices;
Advocate for systematic development and dissemination of linguistically and culturally sensitive oral health materials, including Information Memoranda and educational materials, at a national level through ACF and HRSA; and

Follow-up on the outcomes of the Region X Forum.

**Oral Health Promotion and Education**

Participants identified two priority issues: to provide policymakers with the information (including cost-benefit data) to increase appreciation and funding for oral health services; and to promote a family-focused approach to oral health promotion and education that addresses language and cultural barriers and the oral health needs of the entire family. Participants identified a number of promising approaches including the *ABCDE, Cavity Free Kids,* and *Tooth Fairy Academy* programs in Washington.

Among the strategies and action steps identified by participants were efforts to:

- Identify and explore broader dissemination of oral health programs that are working in the Region;
- Facilitate communication and partnerships among all Head Start entities regarding oral health, including the development of a Region X website;
- Interpret data in a way that reflects the level of need and cost, and develop cost comparisons between early prevention and later treatment;
- Integrate oral health curriculum into Head Start education;
- Address cultural issues and other barriers to care by incorporating appropriate and healthy cultural foods into Head Start menus, identifying and collecting resources to assist with overcoming barriers to dental care, exploring translation and cultural adaptation of existing resources, and addressing the literacy level of families; and
- Identify and share effective strategies for follow-up and motivation of parents.

The Regional Forum accomplished its aim of bringing people together to build linkages and enhance partnerships to improve oral health in Early Head Start and Head Start. The groups identified specific strategies where the Regional Office can facilitate future collaborations. In the spirit of follow-up, the Regional Office stands committed to the development and implementation of a Regional Action Plan to improve oral health of pregnant women and children in Early Head Start and Head Start.
I. Background and Introduction: Region X Forum on Head Start and Oral Health

A. History of Regional Forums

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 of the 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 a series of regional forums to determine how organizations and agencies could work together at a regional level to improve the oral health of participants in Head Start (see Appendix A for a map of regions for the Head Start Bureau designated by the U.S. Department of Health and Human Services).

The Region X Head Start Oral Health Forum was held January 22-23, 2004 in Seattle, Washington and sponsored by the Regional Office of ACF and the MCHB. (An agenda for the Forum can be found in Appendix B.) The goals of the Region X Oral Health Forum were to:

- Assess access to care and other issues that may improve or detract from oral health education, prevention, and clinical services available to the Head Start and Early Head Start populations;
- Develop a strategic plan for the region that includes assessment of current regional oral health issues and identification of promising practices to address challenges throughout the region;
- Identify strategies and the key roles of regional agencies and other entities for future action; and
- Contribute to the development of a national strategic plan to improve the oral health of children and pregnant women in Early Head Start and Head Start.
Participants at the Forum included a broad range of representatives from the Regional Offices of ACF, CMS, HRSA, and USDA Food and Nutrition Service, Regional Primary Care, State Health and Social Services, State Oral Health, Tribal Health Programs, Medicaid, State Head Start Collaboration Office and State Head Start Associations, State Dental and Dental Hygienists' Associations, Community Health Centers, Local Health Departments, Head Start Grantees, academic institutions, dental professionals, community-based organizations, and private, non-profit philanthropies. A full list of attendees is available in Appendix C.

B. Introduction to Region X Forum

*Reginald Louie, DDS, MPH, Public Health Consultant,* extended his welcome and thanks on behalf of the Forum Core Planning Group, and emphasized that the Forum offers the opportunity to enhance partnerships to improve the oral health of children and families.

*Nancy Hutchins, Ph.D., Associate Regional Administrator, ACF, Region X* also thanked participants for their time and commitment to improving the oral health of Head Start children. Dr. Hutchins noted the high level of energy at the Forum and her hope that the energy translates into action items with which the Region can follow-up. Dr. Hutchins stressed that each participant’s experience related to ensuring the oral health of Head Start families will be critical to accomplishing the goals of the Forum: to assess the issues related to oral health and Head Start; to develop a regional plan to support states and programs; to identify partners; and to contribute to a national strategic plan.

*Wendy Mouradian, MD, MS, School of Dentistry, University of Washington* welcomed participants on behalf of the University of Washington, Department of Pediatric Dentistry. Dr. Mouradian again emphasized the importance of partnerships—one of the key recommendations of the Surgeon General’s Report on Oral Health. She highlighted the importance of eliminating barriers to care for populations that suffer disproportionately from oral health diseases through provision of services, training, and research. Dr. Mouradian is looking forward to the outcomes of the forum and encouraged participants to “be bold” in their recommendations.
Dr. Hutchins shared the comments of Stephen Henigson, Esq., Regional Administrator, ACF, Region X, who was unable to attend the Forum. The Regional Office is responsible for the funding and oversight of Head Start and Early Head Start in the four States in the region—Alaska, Idaho, Oregon, and Washington—and addressing the health of Head Start children including oral health, one of the performance standards of Head Start programs. Mr. Henigson acknowledged that there have been barriers in States within the Region, but this Forum offers an opportunity to do something in a “much bigger way with many more partners.” He is looking forward to working with participants to improve and provide needed services to Head Start families.

John Toth, RNC, MTS, Medicaid Branch Manager, Centers for Medicare & Medicaid Services (CMS), Region X provided an overview of oral health activities from a national and regional CMS perspective. In particular, he noted that Tom Scully, CMS Administrator, appointed Dr. A. Conan Davis as Chief Dental Officer for CMS, who has within his purview the development of oral health policies and the integration of oral health into the State Children’s Health Insurance (SCHIP) and Medicaid programs. Mr. Toth reviewed a number of national initiatives, including: the revision of the CMS dental guide for Medicaid populations; the creation of a Memorandum of Understanding between CMS and MCHB to support joint projects in the oral health arena; the reinstitution of the MCH technical advisory group (TAG) conference calls to discuss issues and action steps; and the creation of a CMS oral health web page, which will highlight oral health facts and covered services for Medicaid. In addition, CMS is working with the American Dental Association to identify best practices in oral health programs.

On a regional level, Mr. Toth noted that while all States cover dental care through the EPSDT program, it is unclear whether those services are being fully utilized. Mr. Toth’s staff will be contacting Medicaid Early, Periodic Screening, Diagnosis, and Treatment (EPSDT) programs in Region X’s four States to determine what education is needed to maximize utilization of services by beneficiaries. He also highlighted the opportunity to use unspent funds in SCHIP for oral health services. He concluded by stating that the “canvas is blank” right now and he looks forward to the recommendations resulting from the Forum.
Finally, Lissa Ong, RD, MPH, WIC, Food and Nutrition Service, US Department of Agriculture, Western Region stated that the WIC program could play an important role in preventing oral diseases through its education and referral program. She noted that the identification of oral health problems is part of the risk assessment conducted by WIC. Many local agencies have improved links between WIC participants and the local oral health community—some coordinate with local agencies that provide on-site staff at WIC sites. Because WIC is unable to pay directly for oral health services, Ms. Ong spoke to the importance of WIC developing strong linkages and partnerships. Ms. Ong noted WIC’s continuing interest in oral health, citing its support for the National Head Start Partners Oral Health Forum in 1999 and the Surgeon General’s Forum in 2000, which set the stage for ongoing collaboration. Ms. Ong welcomed the opportunity to work with participants, and concluded that WIC will do its best to support implementation of the strategic plans that result from this Forum.

II. National Perspective: History & Vision for Head Start Oral Health

John Rossetti, DDS, MPH, Dental Consultant for the MCH Bureau, HRSA shared background information on the relationship between Head Start and MCHB and how this Forum fits into the broader landscape of national initiatives focused on expanding access to dental care, enhancing prevention, and improving oral health. While Robin Brocato, M.H.A., Senior Health Program Specialist with the Head Start Bureau, was unable to attend the Forum, Dr. Rossetti included her thoughts in his presentation.

Dr. Rossetti affirmed the emphasis on partnerships, but also stressed follow-up as an equally important component. He stressed the importance of “not taking no for an answer” especially in the context of government programs, because with follow-up, “no’s can become yes’s.” Dr. Rossetti also asked participants to keep in mind that “it is people who make these programs work.”

Dr. Rossetti reviewed past oral health and early childhood collaborations and stressed the continuing importance of oral health to Head Start, MCHB, CMS, WIC, and other Federal agencies. He explained that the 1999 National Head Start Partners Oral Health Forum revived the formal relationship between HSB and MCHB and resulted in an Intra-Agency
Agreement to address oral health issues for pregnant women and children in Early Head Start and Head Start at the local, State, regional, and national levels.

As part of this Intra-Agency Agreement, oral health forums are being held at the State and regional levels, as well as with professional organizations such as the American Association of Pediatric Dentistry, the American Dental Hygienists’ Association, and the American Dental Association. These forums are designed to identify the issues, barriers and strategies needed to improve services and enhance prevention practices for Head Start children and families. Dr. Rossetti noted that the next challenge is to compile the results of these forums to formulate and begin the implementation of a national plan.

III. Panel Presentation and Discussion: Enhancing Oral Health in Region X—Opportunities and Challenges

Following the plenary speakers, a panel representing a variety of perspectives including local and regional Head Start, Head Start families, dental practitioners, State Oral Health, and a faculty member from a School of Public Health discussed oral health and Head Start from their viewpoints. Panel moderator Reginald Louie, DDS, MPH, Public Health Consultant, introduced the panel participants, commenting that each has a rich perspective and that in bringing them together there are many possibilities for synergies.

Valerie Haynes, RN, BSN, Health Manager, Lane County Head Start gave her perspective as a Head Start Health Coordinator and representative of the Oregon Head Start Association. She noted how common it is to see children in Head Start with “little black rotten teeth.” Ms. Haynes emphasized the need for universal outrage to prevent this serious condition from occurring among young children. She shared a videotaped interview with a Lane County Head Start mother describing the pain and process her family went through to obtain dental care for their son, which included extensive oral surgery and hospitalization. The mother explained that only through Head Start was she able to get her son the help he needed. Ms. Haynes pointed out that even after her son had surgery, the mother admitted she did not know whether their public water is fluoridated, emphasizing the need for continuing and improved education of families. Ms. Haynes also noted that the mother had been experiencing persistent dental pain herself, but like
the others in the family, because she is not a citizen she is not eligible for Medicaid to pay for
dental care. Ms. Haynes urged participants to focus on prevention and education.

Mark Koday, DDS, Dental Director, Yakima Valley Farm Workers Clinic offered his perspective as a
clinician who has worked with Head Start children for the past 25 years. He described how
most dentists are inexperienced in the best ways to treat young children. He asked
participants to consider the difficulties of publically supported community health centers like
the Yakima Valley Farm Workers Clinic have in securing hospital stays for children who
cannot be treated in the dental office, and also noted that "no-shows" are an issue for all
dentists. He offered advice in how to secure the support of community health centers. He
suggested scheduling an in-person visit with the Executive Director in order to highlight the
benefits of working with Head Start that include attracting a Medicaid client base; often, at
higher reimbursement rates for Federally Qualified Health Centers; satisfying community
service requirements; and the opportunity to emphasize prevention. Dr. Koday suggested
initiating an “adopt a Head Start” program for community health centers to make it a
positive experience for dentists as well as Head Start children and families.

Dale Ruemping, DDS, Private Practitioner, Spokane, WA shared his perspective as a pediatric
dentist in private practice. He noted the importance of sustainable programs, a challenge for
publically supported community health centers with high dentist turnover. He echoed Dr.
Koday’s statements, emphasizing that the focus should be on prevention and behavior
change, since children are “developing decay faster than it can be fixed.” He described a
program in Spokane, WA, “ABCD—Access to Baby and Child Dentistry,” which focuses on
stopping decay in young children before it begins. The program is credentialed so that
participating dentists are eligible for a higher fee for their services from Washington’s
Medicaid program. He noted the success of the program (which covers children up to age 6),
stating that they were able to help many of the 23,000 children who have participated in the
program.

Dr. Ruemping went on to state that “we as dentists cannot solve all the problems all the
time” and need to include others—a sentiment echoed in the Surgeon General’s conference.
The ABCDE (ABCD Expanded) Program was established to address this issue, utilizing
paraprofessionals, nurse practitioners, family practice physicians, and others involved in the oral health care of children. The program is being highlighted by the Kellogg Foundation, along with other model programs in Michigan and New York, as one of the best programs addressing children’s oral health in the country.

In conclusion, Dr. Ruemping offered advice for working with dentists, pointing out a lack of knowledge among most dentists regarding Head Start and its acronyms. He suggested getting dentists interested in Head Start while they are still in school, and making it cost effective for them to participate while in private practice. As an example of the former, Dr. Ruemping cited the Robert Wood Johnson Foundation’s Pipeline Profession & Practice: Community-Based Dental Education initiative at the University of Washington School of Dentistry.

Jeanine Tucker, DDS, MPH, Dental Consultant, Indian Health Service, Alaska Native Tribal Health Consortium gave her perspective regarding State infrastructure. Dr. Tucker stated that while Alaska Native children may have better access to dental care than their counterparts, they are more likely to have past or present caries, untreated caries, and severe early childhood caries. According to Dr. Tucker, FY 2001 Head Start Program Information Report (PIR) data indicated that a higher percentage of Alaska Head Start children needed dental treatment compared with regional and national averages, but only a quarter of those needing treatment actually received it.

Dr. Tucker highlighted some of the challenges in Alaska, including a high caries rate; small, remote communities served by itinerant dentists; high turnover rate and difficulty recruiting dentists in Tribal programs; an aging private practice dental workforce; and parent education needs. To meet these challenges, the State and Tribes are raising awareness (e.g., a “Stop the Pop” campaign focusing on diet), establishing partnerships, and increasing communication. Other initiatives include a pediatric dentistry residency developed by the Alaska Native Health Center, studies on xylitol gum use and caries control in pregnant women by the University of Washington, and a focus on the application of a dental caries risk model. In addition, a work group is being convened based on recommendations from the Alaska State Head Start Oral Health Forum held in November 2002.
Dr. Tucker also highlighted the Dental Health Aide Program, a promising approach in addressing Alaska’s dental health workforce needs. This educational program is being developed by the Alaska Native Tribal Health Consortium to establish an education program for different levels of providers including Primary Dental Health Aide I and II, Expanded Functions Dental Health Aide I and II, Dental Health Aide Hygienist, and Dental Health Aide Therapist. The program will offer a career ladder for Alaska Natives that will increase access to oral health services in villages and clinics. The program has begun with Dental Aides receiving training. Already, they are providing services in villages. In addition, a number of Dental Aides are in training at the Dental Nurse Education Program in New Zealand. The aim of the program is to maximize the efficiency of dentists, increase services, and expand access to care for Alaska Native patients in the State. In summary, Dr. Tucker emphasized the role of partnerships, best practices, and innovation in improving the oral health of communities.

Julianne Crevatin, MPH, Team Administrator, ACF, Region X, gave the perspective of the Region X Head Start program. Ms. Crevatin reviewed Head Start PIR data for the region, noting that for the last ten years, Region X has been at the bottom of the list in comparison to other regions in terms PIR of oral health data. In Region X, only 66% of children enrolled in Head Start receive a dental examination, and 20-25% of those children need follow-up treatment. Of those who require follow-up treatment, 70-75% actually get it. Rather than demonstrating a lack of regional commitment to oral health, Ms. Crevatin believes these statistics highlight the unique challenges for the Region, including a rural community base and a limited provider pool, and noted that the challenges are even greater for Early Head Start programs. While there are highs and lows across the States in the Region. Ms. Crevatin noted that a comparison with non-Head Start families may show the true impact of the Head Start program. Ms. Crevatin also noted that “no-show” rates can make providers reluctant to accept Head Start patients, and that programs should ensure as much as possible that families keep appointments. She emphasized that Head Start programs need to continually renew relationships with providers and think creatively about education, constantly asking whether we are doing enough and if what we are doing is effective.
Finally, Colleen Huebner, PhD, School of Public Health and Community Medicine, University of Washington, offered her perspective as a university faculty member working with maternal and child health programs. She reflected on how far Head Start has come in improving the oral health status of young children and remarked on the complexity of the issues before the participants—noting that while making this happen may be tough, we shouldn’t shy away from it. Dr. Huebner called for change at a systems level—national, regional, and State—to disseminate promising practices to communities and include non-dental professionals as partners.

Dr. Huebner emphasized that parents are the lynchpin to improving the health of young children. Citing enrollment and turnover statistics for children in Head Start, she stated that the reach of programs such as Head Start is not universal or continuous over time, so the most important component is individual behavior change. Some tactics that help include brief repeated messages, environmental supports and reminders, as well as tailoring messages to where individuals are within the “stages of change” model. The University of Washington has devised a brief instrument measuring parents’ willingness to implement behavior changes to improve their children’s oral health (Weinstein, P., and C. Reidy. The Reliability and Validity of the RAPIDD Scale: Readiness Assessment of Parents Concerning Infant Dental Decay. The Journal of Dentistry for Children. March/April 2001; 68(2): 129-142.) Reflecting on the video shared by Ms. Haynes, Dr. Huebner asked participants to remember that low-income parents often do not have access to oral health care themselves—and we are asking them to value something that has not been deemed important for them currently by our society.

After each panelist had spoken, discussion was opened up to the audience. Participants discussed a number of ideas sparked by the plenary and panel discussions, including expanding the idea of mentoring to include parents mentoring other parents on oral health, and training peer health educators, similar to the Washington Dental Service Foundation Head Start Kids Get Care “teach back” model on oral health.

Dr. Mouradian concluded the panel discussion by commenting on the power of leveraging resources and partnerships. She urged participants to build evaluation into programs, to
collect data, to maximize every opportunity, use policy, and build on the fact that all parents want the best for their children.

IV. Roadmap for the Forum: Goals and Process

Next Jane E. M. Steffensen, MPH, CHES, Associate Professor in the Department of Community Dentistry at the University of Texas Health Science Center at San Antonio provided an overview of the group discussions. Ms. Steffensen works with the Head Start and Oral Health Partnership Project. She highlighted past Regional Forums and discussed parallel State and Territorial Forums funded by MCHB through the Association of State and Territorial Dental Directors (ASTDD).

Ms. Steffensen reviewed the Region X Forum goals and described the instructions for the group discussions. She encouraged participants to learn from promising practices and model programs that are working in local communities in Region X. She noted that the Forum provided opportunities for participants to share their expertise, unique perspectives, and experiences from several disciplines and organizations. Ms. Steffensen urged participants to develop creative and innovative strategies with both long-term and short-term goals. Ms. Steffensen asked participants to consider practical collaborations and leadership opportunities among organizations and agencies at the regional level that will benefit pregnant women and children in Early Head Start and Head Start.

V. Session I - Group Discussions: Challenges & Promising Approaches

Following the plenary session, participants met in three groups to identify Region X challenges and obstacles, as well as promising practices and resources of value, related to three areas: direct clinical services and service systems, prevention, and oral health promotion and education. The group discussions are highlighted in the Summary beginning on page 14 and a detailed outline of the deliberations from the discussion groups are provided in Appendices D, E, and F.

VI. Plenary Session

The second day of the Forum featured two plenary speakers. Moderator Julianne Crevatin,
Team Administrator, Administration for Children and Families, Region X, introduced Beverly Clarno, Regional Director, DHHS, Region X and Tracy E. Garland, President and CEO, Washington Dental Service Foundation (WDSF). Ms. Clarno, a longtime supporter of children’s health, was a legislator in Oregon for ten years (prior to joining DHHS last summer). She presented an update on the activities of the Department of Health and Human Services. As president of the Washington Dental Service Foundation, Ms. Garland encouraged participants to seek out partnerships with foundations by sharing how foundations think about their work.

A. Update on Department of Health and Human Services Activities

On behalf of Department of Health and Human Services Secretary Tommy Thompson, Ms. Clarno welcomed participants and thanked everyone for taking the time to participate. She also thanked all of the DHHS Federal partners, including USDA and ACF, as well as CMS and HRSA, for their participation.

Ms. Clarno shared a few topics on DHHS’ agenda, particularly access to health care. The Administration has put forth an aggressive agenda to help as many people as quickly as possible. Since 2001, the Administration has taken bold steps to help those in need and DHHS will continue to show leadership by developing innovative initiatives. Since 2001, DHHS has funded 490 new or expanded community health center sites providing health services to an additional 2.2 million Americans. Eligibility for SCHIP has been expanded in some states. DHHS has given $32 million in grants to eight States to help run high-risk pools. The National Health Service Corps (NHSC) is expanding to include a broader range of health professionals, including dentists, and last year supported 3,200 health professionals in the field. As part of the Medicaid modernization act, health savings accounts are fully portable and tax-free to low-income Americans.

Ms. Clarno then outlined several proposals in the President’s State of the Union address, including refundable tax credits to help low-income workers buy health insurance, expansion of health savings accounts, and doubling the budget for health information technology, which Ms. Clarno pointed out would increase access for citizens, especially in rural areas like Alaska.
Ms. Clarno concluded by stating that the participants are important advocates for children and as such, need to develop partnerships at the community, State and national levels to improve health outcomes. Ms. Clarno looks forward to working toward the common goal of providing better services to Americans throughout the nation.

B. Regional Advocacy and How to Work More Effectively Together

In an effort to encourage partnerships between foundations and groups interested in promoting children’s oral health, Tracy E. Garland, President and CEO, Washington Dental Service Foundation (WDSF) shared the perspective of a foundation. Ms. Garland provided a background on philanthropy and foundations, how foundation money is essentially “free” money unconstrained by the "bottom line" or "ballot box." Since it is a small amount of money in the overall context it is best used as a “spark plug.” WDSF favors oral health projects in Washington that think big, take the long view, impact large numbers, offer sustainable solutions, and include disease prevention. Overall strategies supported by WDSF to prevent oral diseases include encouraging more dentists to provide dental care to young children, encouraging the primary care system to provide preventive services to children, promoting community water fluoridation, providing direct services, integrating a community orientation within dental schools, developing political will for policy change, utilizing targeted awareness campaigns, and addressing senior citizens’ oral health.

Ms. Garland shared two WDSF funded programs, Cavity Free Kids and Kids Get Care. Ms. Garland explained that “we can’t have oral health kiosks on every corner” so their work focuses on “infiltrating” other groups to multiply the number of people who are aware of oral health. The Cavity Free Kids curriculum focuses on partnering or “infiltrating” the child health and human service system and multiplying the number of people who are knowledgeable about oral health, by involving Head Start and other experts in early childhood development and oral health. The curriculum enables Head Start teachers to meet existing science and literacy requirements while teaching children about oral health; more than 80% of Head Start programs in Washington were trained in 2003 with the Cavity Free Kids curriculum. Kids Get Care, another WDSF initiative, is an example of collaborative partnerships to improve community health, with the goal of
increasing the delivery of preventive services. Their approach is to use community health centers as “hubs” to integrate dental and medical health, and train translators, day care workers, family advocates, and staff at WIC sites to “scan” for oral health problems using a standardized checklist. Ms. Garland states that WDSF has learned that the opportunity for prevention is inside the child health and human services system.

The question and answer period led to a discussion of risk assessment. Ms. Garland clarified that Kids Get Care utilizes two different checklists/risk assessments, the Oral Health Checklist and the Clinical Caries Risk Assessment Tool, tailored to specific users. She stated that they are now working on a risk assessment conducted by dentists that will alert them to medical red flags, (e.g., does the child have a medical home?) Ms. Garland stated that while there are no “perfect” risk assessment methods there are some tools available for use now. She is interested in supporting pilot projects related to risk assessment since research is limited on what is most effective.

VII. Session II - Group Discussions: Strategies and Action Steps

Following the second plenary session, participants met in their original groups again, this time to develop regional strategies to address the priority issues identified the previous day. In particular the groups were charged with identifying strategies to increase communication, deepen understanding, and improve collaboration and integration in Region X. The group discussions are highlighted in the Summary beginning on page 14 and a detailed outline of the deliberations from the discussion groups are provided in Appendices D, E, and F.

VIII. Looking Forward and a Call to Action - Next Steps

Nancy Hutchins, Associate Regional Administrator, ACF, Region X concluded the meeting by offering three observations: that there is a lot going on already—activities, services being provided, pilots that we can expand; there are lots of opportunities for networking and partnering and that these have just begun; and that we have a lot of basic common issues, commonality in action steps, and that in the end, it is all about the same thing—oral health improvements and enhancing services for children and families.
Before the conference adjourned, participants shared a few last comments, again highlighting the importance of prevention and early intervention in Early Head Start and WIC. Recent research indicates that untreated periodontal disease in pregnant women may be associated with adverse health outcomes such as low birth weight infants and preterm deliveries; however, it was noted that dentists are often uncomfortable treating pregnant women. A participant recommended that agencies and organizations within Region X play a leadership role regarding this issue and collaborate on a regional initiative that focuses on effective ways to address oral health needs of pregnant women. It was also suggested that the oral health and Head Start communities consider a few other potential collaborators in their endeavors—WIC State and national associations, breastfeeding coalitions, and family planning groups, which target Early Head Start populations and may assist in promoting early intervention.

In the spirit of follow-up, Dr. Hutchins stated that her commitment to participants is the development and implementation of a Regional action plan and reaffirmed the Regional Office’s commitment to improving the oral health of pregnant women and children in Early Head Start and Head Start.

IX. **Summary of Group Discussions to Identify Challenges, Promising Approaches, Strategies and Action Steps**

Participants met in groups to discuss three focus areas: (a) direct clinical services and service systems, (b) prevention, and (c) oral health promotion and education. During the first discussion session each group identified challenges and obstacles, as well as promising practices and valued resources in Region X. The groups met for a second time and focused on the priority issues identified during the first discussion session. The groups outlined strategies, action steps, resources needed, and collaborating agencies in Regions X. The next section summarizes the groups’ discussions. Detailed outlines of the deliberations from the discussion groups are provided in Appendices D, E, and F.


**Group A: Direct Clinical Services and Service Systems**

**Issues**

Challenges and obstacles related to direct clinical services and service systems included a number of issues. Participants were able to group these issues into three overarching categories:

- Integration of services and service systems;
- Capacity of workforce; and
- Services for mothers and families.

**Promising Practices and Resources**

Some of the promising practices offered to address these issues were: oral health community events; use of expanded function and auxiliary practitioners; placing university pediatric dentistry residents in high need communities; creating a medical “red flag” checklist for dentists; and the WWAMI program model based at the University of Washington, which provides community-based medical education for five States—Washington, Wyoming, Alaska, Montana, and Idaho (WWAMI).

**Priority Issue, Overall Strategy, and Action Steps**

Participants in the direct clinical services and service systems group decided that there was one main issue to address—the need to increase the capacity of the oral health workforce in order to serve Head Start children and their families. Within this broad topic area, they identified a number of “sub-issues,” such as increasing service learning opportunities for dental professionals, increasing oral health training for medical providers, and making better use of expanded function and auxiliary oral health professionals.

The overall strategy they agreed upon was to extend the application of programs that are working in the Region, such as the ABCDE and Kids Get Care programs in Washington. Action steps identified include the following:
- Form a Region X Head Start Health Advisory Council;
- Develop a Region X website featuring oral health resources;
- Develop and sustain local oral health coalitions with significant Head Start involvement;
- Seek existing funding opportunities, such as CATCH (through the American Academy of Pediatrics) and Healthy Tomorrows grants (through the MCHB), to expand and enhance the application of programs that are working (and include consideration for preventive and restorative care needs of parents);
- Work with foundations to create new grant opportunities that require collaboration with Head Start;
- Use mobile and portable dental care delivery systems more widely;
- Create a dialogue with Schools of Public Health and the Region X ACF Office around placement for MPH students and/or Head Start focused research projects; and, create Head Start fellowships within the MCH Pediatric Oral Health Leadership Center; and
- Obtain consensus from Deans of Dental Schools and providers of continuing education around using a team approach (e.g., the ABCDE model) with a common message across the dental education spectrum—fully utilizing dentists, dental hygienists and dental assistants.

**Group B: Prevention**

**Issues**

Participants in the prevention group identified a number of issues, which they grouped into four overarching categories:

- Training and education;
- Regulations and laws;
- Communications and systems development; and
- Access to preventive services.

**Promising Practices and Resources**
Promising approaches and strategies identified by participants included several measures targeted toward pregnant women, including xylitol gum studies and oral health care clinics for pregnant women, and other programs targeted toward the Early Head Start population, such as the *ABCDE Program, Bright Futures, Cavity Free Kids, Baby Days, and Kids Get Care.*

Participants named a number of resources of value, including universities, Departments of Health, the Medicaid program, local providers, foundations (e.g., the Washington Dental Service Foundation), oral health coalitions (local and State), State Head Start Associations, and State Head Start Collaboration Offices.

**Priority Issue, Overall Strategy, and Action Steps**

The prevention group agreed that communications and systems development should be the priority issue they address, and folded some access and education issues into this focus area. The overall strategy decided by the group was to develop a communication and resource system maximizing use of information technology and existing networks and resources. The group identified several action steps.

- Clarify contradictions in current Head Start Performance Standards and oral health practices by issuing guidance on prevention (e.g., assess prevention programs and practices, provide consistent oral health messages based on an evaluation of current evidence, recommend model programs and best oral health practices related to Performance Standards).

- Implement a systematic approach for the development and dissemination of Head Start oral health materials nationally through MCHB and ACF, coordinated through a national resource center, and disseminated by regional offices.

- Develop and distribute the following Head Start oral health materials in template format for adaptation to meet the needs of states and local communities: (a) Internal Materials – Head Start Bureau Information Memorandum (IM) about oral health with corresponding educational materials (e.g., tip sheets, talking points) to be used for Head Start program staff and other providers, (b) External Education Materials and Curricula – integrate consistent messages for dissemination by Head Start program staff to parents and children. Ensure that prevention-related materials and messages are sensitive and relevant to diverse cultures, languages, and literacy levels of Head Start families.

- Establish systematic communication linkages about Head Start and oral health between local, State, Region X (ACF, HRSA, CMS & WIC) and Federal central
offices by maximizing existing networks (e.g., Regional and State Head Start Association Meetings, Region X Training & Technical Assistance (T/TA) System, Regional Websites, Listservs, State Head Start Collaboration Offices, and State and Local Oral Health Coalitions, etc.).

- Establish follow-up, evaluation, and accountability activities to assure positive outcomes of the Region X Head Start Oral Health Forum (e.g., integrate updates of State and local Head Start and oral health activities into quarterly reports submitted by State Head Start Collaboration Offices to Region X ACF and systematically disseminate these updates throughout Region X).

Resources and Partners

Resources identified included both potential funding sources and partners, such as the MCH Title V Early Childhood Comprehensive Systems (ECCS) Grant to States (includes an oral health component), Good Start/Grow Smart (Federal initiative), private corporations (e.g., Ronald McDonald grants), associations (e.g., American Public Health Association (APHA), American Association of Public Health Dentistry (AAPHD), Association of State and Territorial Dental Directors (ASTDD), Universities and Colleges in Region X, the Indian Health Service (IHS), and the media.

**Group C: Oral Health Promotion & Education**

**Issues**

Participants in the oral health promotion and education group cited their top three priority issues as:

- Improve early intervention efforts (groups noted as being in particular need of early intervention include pregnant women, infants and toddlers, and teen parents);

- Provide policymakers with information (including cost benefit data) to increase appreciation and funding for oral health services; and

- Promote a family-focused approach that addresses language and cultural barriers and the oral health needs of the entire family.

**Promising Practices and Resources**
Participants identified a number of promising strategies in the area of prevention, including the *ABCDE Program* in Washington State, the Dental Health Education program in Alaska, *Cavity Free Kids*; oral health coalitions (e.g., Washington State and county level); the Tooth Fairy Academy (Washington State); and dental/managed care plans oral health training (e.g., Willamette Dental, ODS and Capitol).

**Priority Issues, Overall Strategies, and Action Steps**

Participants in the oral health promotion and education group identified action steps for two priorities. To address the issue of policymakers not being adequately educated about, valuing or adequately funding oral health services, the group decided that the strategy should be to develop an approach to educate policymakers regarding the importance of oral health. To achieve this, the group identified a number of action steps, including:

- Facilitate communication and partnerships among all Head Start entities within each State and in the Region regarding oral health;
- Share and build upon results of State oral health forums;
- Interpret and translate data in a standard way to reflect the level of need and the cost to respond in a way that triggers response;
- Research model oral health programs and support the replication of them throughout the Region (e.g., *ABCDE*) and use them as a source of cost benefit data; and
- Tailor approaches to specific target audiences.
- Develop comparative costs between early prevention and later treatment.

In order to address the second issue, the need for a family-focused, early intervention approach to oral health promotion and education, participants devised the strategy of training those who connect with families, (i.e., educators, dental providers, medical providers, child care providers, Head Start staff, and Head Start Health Service Advisory Committees (HSACs), about the importance of oral health. To achieve this goal, participants outlined a number of action steps:

- Explore broader dissemination of information and expansion of programs that are working in the Region, e.g., *Cavity Free Kids* and *ABCDE*;
- Develop or expand existing website to expand access and share information about available oral health resources in Region X;
- Address cultural issues and other barriers to care by incorporating appropriate and healthy cultural foods into Head Start menus, identifying and collecting resources to assist with overcoming barriers to dental care, exploring translation and cultural adaptation of existing resources, and addressing the literacy level of families;
- Integrate oral health curriculum into school and Head Start health education;
- Review current nutritional policies with respect to “teeth healthy” foods;
- Educate families about the relationship between the oral health of pregnant women and birth outcomes, and explore opportunities to pay for oral health services for pregnant women through Medicaid; and
- Identify and share effective strategies for follow-up and motivation of parents.

Partners

Participants identified a number of potential collaborators, including State Head Start Associations, State Head Start Collaboration Offices, Region X Head Start Oral Health Forum Core Planning Committee Members, professional organizations, universities, State Medicaid and SCHIP Programs, foundations, IHS, Tribal, and Migrant Programs, and Head Start HSACs, among others.
Appendix A: Regions Designated by the Head Start Bureau, Administration for Children and Families, DHHS
Administration for Children and Families, DHHS Regional Offices

Region I  Boston, MA
Region II  New York, NY
Region III  Philadelphia, PA
Region IV  Atlanta, GA
Region V  Chicago, IL
Region VI  Dallas, TX
Region VII  Kansas City, MO
Region VIII  Denver, CO
Region IX  San Francisco, CA
Region X  Seattle, WA

Head Start Bureau (Additional Regional Offices)

Region XI  American Indian-Alaska Native Head Start Program Branch
           Washington, DC
Region XII  Migrant Seasonal Head Start Program Branch
           Washington, DC
The goals of the Regional Forum are to:

- Assess access to care and other issues that may improve or detract from oral health education, prevention, and clinical services available to the Head Start and Early Head Start populations.

- Develop a strategic plan for the region that includes assessment of current regional oral health issues, and identification of promising practices to address challenges throughout the region.

- Identify strategies and the key roles of regional agencies and other entities for future action.

- Contribute to the development of a national strategic plan to improve the oral health of children and pregnant women in Early Head Start and Head Start.
9:00 am - 5:00 pm

6:30 - 8:30 am Continental Breakfast (for All Forum Participants) Silver Cloud Inn

9:00 - 10:00 am Registration CHDD Auditorium Foyer

10:00 - 10:30 am Opening Session and Welcome CHDD Auditorium

Moderator:

Nancy Hutchins, Associate Regional Administrator, ACF, Region X
Wendy Mouradian, MD, School of Dentistry, University of Washington
Stephen Henigson, Regional Administrator, ACF, Region X
John Toth, Medicaid Branch Manager, Centers for Medicare & Medicaid Services, Region X
Lissa Ong, RD, MPH, WIC, Food and Nutrition Service, US Department of Agriculture, Western Region

10:30 - 11:00 am National Perspective: History & Vision for Head Start Oral Health
John Rossetti, DDS, MPH, Dental Consultant for the MCH Bureau, HRSA

11:00 - 12:30 pm Panel Discussion: Enhancing Oral Health in Region X: Opportunities and Challenges
Reginald Louie, DDS, MPH, Panel Moderator
Valerie Haynes, RN, BSN, Health Manager Lane County Head Start
Videotape from Lane County Head Start
Mark Koday, DDS, Dental Director
Yakima Valley Farm Workers Clinic
Dale Ruemping, DDS, Private Practitioner
Spokane, WA
Jeanine Tucker, DMD, MPH, Indian Health Service, Alaska Area
Nancy Hutchins, Associate Regional Administrator, ACF, Region X
Colleen Hubeiner, PhD, School of Public Health and Community Medicine, University of Washington

12:30 - 12:45 pm Roadmap for the Forum: Goals and Process
Facilitator: Jane E.M. Steffensen, MPH, CHES, Consultant Head Start and Oral Health Partnership Project

12:45 - 1:00 pm Break and walk to SCC Building – select box lunch in room 354
1:00 - 2:00 pm  Working Lunch and Networking  
Break-Out Rooms Listed Below

2:00 - 4:00 pm  Session I - Small Group Discussions: Challenges & Promising Approaches

Group 1  Direct Clinical Services & Service Systems  SCC 354  
(The Crow’s Nest)
Group 2  Prevention  SCC 342
Group 3  Oral Health Promotion & Education  SCC 348

Note:  Refreshment Break 3:00 – 3:15 in room 354

Objectives

- To discuss the regional Head Start issues impacting access to oral health education, prevention or direct clinical services in urban and rural areas.
- To identify gaps in geographic areas to ensure the availability of oral health education, prevention or direct clinical services for Head Start.
- To list several strategies and best approaches that would help to decrease the barriers to oral health education, prevention and access to care for Head Start.
- List resources that are of value related to oral health education, prevention or direct clinical services in the Region.

4:00 - 4:15 pm  Break and return to auditorium

4:15 - 5:00 pm  Reports from Small Group Discussions and Wrap-up  
Facilitator Jane Steffensen

5:30 - 7:00 pm  Reception Hosted by Washington Dental Service Foundation  
University of Washington Faculty Club, Music Room

Day Two - Friday, January 23, 2004
8:00 am - 3:00 pm

6:30 - 8:00 am  Continental Breakfast  
(for All Forum Participants)  Silver Cloud Inn

8:00 - 8:30 am  Networking  CHDD Auditorium Foyer

8:30 - 9:45 am  Plenary Session  CHDD Auditorium  
Moderator

Julianne Crevatin, Team Administrator, Administration for Children and Families, Region X

8:30 - 8:45 am  Beverly Clarno  
Regional Director, DHHS, Region X  Welcome and Opening Remarks

8:45 - 9:15 am  Tracy E. Garland,  
President and CEO, Washington Dental Service Foundation  Regional Advocacy and How to Work More Effectively Together
9:15 - 9:45 am  
*Jane Steffensen and Reg Louie*  
Plenary Discussion: Revisit of Prioritized Issues / Challenges from Small Group Sessions

9:45 - 10:00 am  
Break and walk to SCC building

10:00 - 12:15 pm  
Session II - Small Group Discussions: Strategies, Action Steps, Leadership & Resources

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<thead>
<tr>
<th>Group</th>
<th>Topic</th>
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<tr>
<td>1</td>
<td>Direct Clinical Services &amp; Service Systems</td>
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<td>2</td>
<td>Prevention</td>
<td>SCC 342</td>
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<tr>
<td>3</td>
<td>Oral Health Promotion &amp; Education</td>
<td>SCC 348</td>
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Objectives

- To develop Regional strategies to increase communication, deepen understanding, and improve collaboration and integration among a number of disciplines and organizations that share a concern with the oral health of Head Start children and their families.
- To recommend strategies to increase collaboration at the Federal, State, and local levels to improve oral health status and enhance access to oral health related services for Head Start children and families.
- To identify specific action steps, resources needed and leadership and commitments required to implement strategies.

12:15-12:30 pm  
Break and select box lunches in 316

12:30 - 1:30 pm  
Working Lunch - Individual State Caucuses
- Alaska  
  SCC 342
- Idaho  
  SCC 348
- Oregon  
  SCC 246
- Washington  
  SCC 316R

1:30 - 1:45 pm  
Break and return to auditorium

1:45 - 2:45 pm  
Final Small Group Reports
Facilitators *Jane Steffensen and Reg Louie*

2:45 - 3:00 pm  
Looking Forward and a Call to Action - Next Steps
*Nancy Hutchins*, Associate Regional Administrator, ACF, Region X

3:00 pm  
Forum Evaluation and Adjournment
Appendix C: Participant List
Region X Oral Health Forum:
“Enhancing Partnerships for Head Start and Oral Health”

Center on Human Development and Disability (CHDD) Auditorium on South Campus of the University of Washington

Seattle, WA
January 22 – 23, 2004

Participant List

Carrie Albers, B.S.
Health and Nutrition Specialist
Idaho Migrant Council
317 Happy Day Blvd.
Suite 275
Caldwell, ID 83607
Tel: (208) 454-1652
Fax: (208) 459-0416
Email: calbers@imcmail.org

Kim Bergey
Program Operations Manager
Kids’ Corps, Inc.
3710 E. 20th Avenue
Suite 2
Anchorage, AK 99508
Tel: (907) 272-0133
Fax: (907) 272-0312
Email: kimbergey@hotmail.com

Elyse Baird, B.S.
Registered Dental Hygienist
Oral Health Program
District 7 Health Department
254 E Street
Idaho Falls, ID 83402
Tel: (208) 522-0310
Fax: (208) 525-7063
Email: ebaird@phd7.state.id.us

Claire Bishop
Program Consultant
Washington Dental Service Foundation
2253 Gilman Dr. West
Suite 406
Seattle, WA 98119
Tel: (206) 799-8563
Email: claireb96@comcast.net

Mary L. Becker, PA
Health Coordinator
Early Head Start
Friends of Children and Families
Early Childhood Head Start
1111 S. Orchard
Suite 180
Boise, ID 83705
Tel: (208) 424-0447
Fax: (208) 424-0445
Email: mbecker@focaf.org

Lyn Blackshaw, Ph.D.
Project Coordinator
Early Childhood Cavities Prevention
Department of Human Services
Office of Family Health, Oral Health Section
Oregon Department of Human Services
800 NE Oregon Street
Suite 825
Portland, OR 97232
Tel: (503) 731-4331
Fax: (503) 731-4091
Email: lyn.blackshaw@state.or.us
Dixie Blanchard  
Assistant Director of Program  
Early Childhood Development  
Enterprise for Progress in the Community  
2902 Castlevale Road  
Suite A  
Yakima, WA 98902  
Tel: (509) 469-3012  
Fax: (509) 457-0580  
Email: dixieb@epicnet.org

Howard F. Blessing, DMD, MPH  
Dentist Mobile Dental Unit/Special Projects  
Yakima Valley Farm Worker's Clinic  
1120 W. Rose Street  
P.O. Box 837  
Walla Walla, WA 99362  
Tel: (509) 525-9584  
Fax: (509) 522-2349  
Email: howardb@yvfwc.org

Jackie Brown  
Health Coordinator  
Mid-Columbia Children's Council, Inc.  
1100 E. Marina Way  
Suite 104  
Hood River, OR 97031  
Tel: (541) 386-2010  
Fax: (541) 386-4597  
Email: mcccjbrown@gorge.net

Karla Clark  
Human Relations Specialist  
Recruitment/Retention  
Northwest Regional Primary Care Association  
6512 23rd Avenue SW  
Suite 305  
Seattle, WA 98103  
Tel: (206) 783-3004  
Fax: (206) 783-4311  
Email: kclark@nwrpca.org

Beverly Clarno  
Regional Director  
Region X  
Department of Health & Human Services  
Blanchard Plaza  
2201 Sixth Avenue  
Suite 1208, MS-01  
Seattle, WA 98121  
Tel: (206) 615-2010  
Fax: (206) 615-2087  
Email: bev.clarno@hhs.gov

Marquita Corliss, B.S., RDH  
ODHA Representative, LAP Dental Hygienist  
Government Relations Council  
Oregon Dental Hygienist's Association  
28399 Royal Avenue  
Eugene, OR 97402  
Tel: (541) 689-3477  
Email: corlissms@yahoo.com

Julianne Crevatin, MPH  
Team Administrator  
Administration for Children and Families  
Region X Head Start Branch  
2201 Sixth Avenue  
Suite 600  
Seattle, WA 98121  
Tel: (206) 615-2615  
Fax: (206) 615-2575  
Email: jcrevatin@acf.hhs.gov

Gloree Davis  
Head Start Program Specialist  
ACF/Region X/Head Start Child Care Team  
Department of Health & Human Services, Region X  
2201 6th Avenue  
Suite 600  
Seattle, WA 98121  
Tel: (206) 615-3637  
Fax: (206) 615-2575  
Email: gdavis@acf.hhs.gov
Robbin Dunn, BA  
Executive Director  
Washington State Association Head Start  
P.O. Box 11924  
Olympia, WA 98502  
Tel: (360) 866-1342  
Fax: (360) 866-3528  
Email: robbindunnwsa@comcast.net

Douglas P. Fagerness, BA  
Director  
North Idaho College Head Start  
Harding Family Center  
411 N. 15th Street  
Suite 103  
Coeur d'Alene, ID 83814  
Tel: (208) 666-6755  
Fax: (208) 666-6757  
Email: dfagerness@nicheadstart.org

Jan Frank, RNC  
Nurse Consultant  
Community Colleges of Spokane  
3939 North Freya  
Spokane, WA 99217  
Tel: (509) 533-4846  
Fax: (509) 533-4850  
Email: jfrank@iel.spokane.edu

Sangree M. Froelicher  
Director  
Governor's Head Start-State Collaboration Office  
1009 College Street  
Lacey, WA 98504-5480  
Tel: (360) 413-3330  
Fax: (360) 413-3482  
Email: froelsm@dshs.wa.gov

Tracy Garland  
President & CEO  
Washington Dental Service Foundation  
9706 4th Avenue NE  
Seattle, WA 98115  
Tel: (206) 528-7388  
Fax: (206) 528-7373  
Email: tgarland@deltadentalwa.com

Joel Gilbertson  
Commissioner  
Health & Social Services  
Alaska Department of Health and Social Services  
350 Main Street  
Suite 204  
Juneau, AK 99801  
Tel: (907) 465-3030  
Fax: (907) 465-3068  
Email: joel_gilbertson@health.state.ak.us

Jeannie W. Granberg, MN  
Health Specialist  
Region X  
Tacoma Public Schools Head Start  
3102 S. 43rd Street  
Tacoma, WA 98409  
Tel: (253) 571-1876  
Fax: (253) 571-3296  
Email: jgranbe@tacoma.k12.wa.us

Lorrie Grevstad, RN, MN  
Program Manager, Early Childhood MCH, Community & Family Health  
Washington State Department of Health  
New Market Industrial Campus  
7171 Cleanwater Lane, Buildding 7  
P.O. Box 7880  
Olympia, WA 98504  
Tel: (360) 236-3560  
Fax: (360) 586-7868  
Email: lorrie.grevstad@doh.wa.gov

Janet Hall, MSPH  
Head Start Health Coordinator  
Child Development Division  
Rural CAP  
731 E. 8th Avenue  
Anchorage, AK 99520  
Tel: (907) 279-2511  
Fax: (907) 279-6343  
Email: jhall@ruralcap.com
Valerie Haynes, RN, BSN
Health Consultant
Head Start of Lane County
221 B Street
Springfield, OR 97477
Tel:  (541) 747-2425
Fax:  (541) 747-6648
Email: vhaynes@head-start.lane.or.us

Stephen Henigson, Esq.
Regional Administrator
Administration for Children and Families
Region X
Blanchard Plaza
2201 Sixth Avenue, MS 70
Suite 600
Seattle, WA 98121
Tel:  (206) 615-3660
Fax:  (206) 615-2574
Email: shenigson@acf.hhs.gov

Patricia M. Hennessy, MPA
Oral Health Program Coordinator
Kids Get Care and Access to Baby and Child Dentistry
999 3rd Avenue, Suite 1200
Seattle, WA 98104-4039
Tel:  (206) 205-4017
Fax:  (206) 296-0166
Email: patricia.hennessy@metrokc.gov

Weston W. Heringer, DMD
Pediatric Dentist and Vice President
Oregon Dental Association
2020 Commercial Street SE
Salem, OR 97302
Tel:  (503) 364-7545
Fax:  (503) 540-7911
Email: heringerwestonw@qwest.net

Alison Hertel
Health Specialist for Training and Technical Assistance
Contractor - Booz Allen Hamilton
Administration for Children and Families
Region X
Blanchard Plaza,
2201 Sixth Avenue, Suite 600
Seattle, WA 98121-1827
Tel:  (206) 615-3672
Fax:  (206) 615-3899
Email: ahertel@acf.hhs.gov

Katrina Holt, MPH, MS, RD
Director
National Maternal and Child Oral Health Resource Center
Georgetown University
Box 571272
Washington, DC 20057-1272
Tel:  (202) 784-9551
Fax:  (202) 784-9777
Email: kholt@georgetown.edu

Colleen Huebner, Ph.D., MPH
Director, MCH Public Health Training School of Public Health & Community Medicine
University of Washington
Box 357230
Seattle, WA 98195
Tel:  (206) 685-9852
Fax:  (206) 616-8370
Email: colleenh@u.washington.edu

Nancy G. Hutchins, Ph.D.
Associate Regional Administrator for Head Start
Administration for Children and Families
Region X
Blanchard Plaza
2201 Sixth Avenue, MS 70
Suite 600
Seattle, WA 98121
Tel:  (206) 615-3661
Fax:  (206) 615-2574
Email: nhutchins@acf.hhs.gov
Joseph Kelly, DDS  
Pediatric Dental Resident  
Pediatric Dentistry  
University of Washington  
1959 NE Pacific, B242  
Seattle, WA 98105  
Tel:  (206) 543-4855  
Email: jpkdds93@hotmail.com

Carolyn Kiefer, M.S.  
Head Start Collaboration Director  
Family and Community Services  
Idaho Department of Health and Welfare  
450 W. State  
5th Floor  
Boise, ID 83720-0036  
Tel:  (208) 334-4919  
Fax:  (208) 334-6664  
Email: hurstj@idhw.state.id.us

Janice King-Dunbar, MSW  
Program Specialist  
Department of Health & Human Services  
ACF Region X  
2201 Sixth Avenue  
Suite 600  
Seattle, WA 98121  
Tel:  (206) 615-2716  
Fax:  (206) 615-2575  
Email: jking-dunbar@acf.hhs.gov

Mark Koday, DDS  
Dental Director  
Yakima Valley Farm Worker’s Clinic  
P.O. Box 190  
Toppenish, WA 98948  
Tel:  (509) 865-3886  
Fax:  (509) 865-3598  
Email: markk@yvfwc.org

Bob Labbe  
Deputy Commissioner  
Commissioner's Office  
Alaska Department of Health and Social Services  
P.O. Box 110601  
350 Main St., Suite 229  
Juneau, AK 99811-0601  
Tel:  (907) 465-3030  
Fax:  (907) 465-3068  
Email: bob_labbe@health.state.ak.us

Penelope Leggott, DDS, MS  
Professor  
Pediatric Dentistry  
University of Washington  
School of Dentistry  
B242 Health Services Center  
Box 357136  
Seattle, WA 98195-7136  
Tel:  (206) 543-4855  
Fax:  (206) 616-7470  
Email: leggot@u.washington.edu

Thomas Lockhart, M.S.  
State Oral Health Program Coordinator  
Community & Family Health  
Office of Maternal & Child Health  
Washington State Department of Health  
P.O. Box 47880  
7171 Cleanwater Lane, Building 7  
Olympia, WA 98504-7880  
Tel:  (360) 236-3507  
Fax:  (360) 586-7868  
Email: thomas.lockhart@doh.wa.gov

Reginald Louie, DDS, MPH  
Public Health Consultant  
2760 Pineridge Road  
Castro Valley, CA 94546  
Tel:  (510) 583-8120  
Fax:  (510) 583-8120  
Email: reglouie@sbcglobal.net
Lisa Penny, RDH, BS
Oral Health Program Manager
Idaho Department of Health and Welfare
P.O. Box 83720
450 W. State St., 6th Fl.
Boise, ID 83720-0036
Tel:  (208) 334-5966
Fax:  (208) 334-6573
Email: pennyl@idhw.state.id.us

Crystal Rae Rabago
Health and Safety Specialist
Nez Perce Tribe Early Childhood Development
Nez Perce Tribes Head Start
P.O. Box 365
240 A Street/Parade Avenue
Lapwai, ID 83540
Tel:  (208) 843-7330
Fax:  (208) 843-7383
Email: crystalr@nezperce.org

Lalani Ratnayake
Oral Health Program Coordinator
Health Education Specialist
Community Health Promotion & Education
Central District Health Department
707 N. Armstrong Place
Boise, ID 83704
Tel:  (208) 327-8591
Fax:  (208) 327-3610
Email: lratnaya@phd4.state.id.us

Alejandra Rebolledo Rea, BA/ECE
Migrant and Seasonal Head Start Director
Idaho Migrant Council, Inc.
317 Happy Day Blvd., Suite 275
Caldwell, ID 83607
Tel:  (208) 454-1652
Fax:  (208) 459-0416
Email: arebolledo@imcmail.org

Sharon L. Reddick, MA
EPSDT Program Manager
Medical Assistance Administration
Department of Social & Health Services
649 Woodland Square Loop SE
Lacey, WA 98503
Tel:  (360) 725-1656
Fax:  (360) 664-4371
Email: reddisl@dshs.wa.gov

John Rossetti, DDS, MPH
Consultant to the Maternal and Child Health Bureau, HRSA
14669 Mustang Path
Glenwood, MD 21738
Tel:  (301) 443-3177
Fax:  (301) 443-1296
Email: jrossetti@hrsa.gov

Dale R. Ruemping, DDS
Pediatric Dentist
12615 E. Mission Avenue, Suite 312
Spokane, WA 99216
Tel:  (509) 926-1234
Fax:  (509) 926-1701
Email: daler@ieway.com

Susan M. Sanzi-Schaedel, RDH, MPH
Director, School/Community Dental Health Programs
Integrated Clinical Services
Multnomah County Health Department
10317 E. Burnside, 2nd Floor
Portland, OR 97233-1532
Tel:  (503) 988-3905
Fax:  (503) 988-6240
Email: susan.m.sanzi-schaedel@co.multnomah.or.us

Omair Shamim, MD, MHS
Health and Nutrition Services Manager
Friends of Children and Families, Head Start
4709 W. Camas Street
Boise, ID 83705
Tel:  (208) 344-9187
Fax:  (208) 344-9592
Email: oshamim@focaf.org
Claudia Shanley, MSW  
Region X/XI - Alaska T/TA State Specialist  
Contractor, Booz Allen Hamilton  
218 E. 10th Avenue  
Anchorage, Alaska 99501  
Tel: (907) 278-4049  
Email: chanley@acf.hhs.gov

Dorothy Shields  
HS/EHS Program Specialist  
Head Start, ACF Region X  
2201 Sixth Avenue, RX-70  
Seattle, WA 98121  
Tel: (206) 615-2619  
Fax: (206) 615-2575  
Email: dshields@acf.hhs.gov

Kathleen Shivitz, BSN  
Health/Nutrition Manager  
Puget Sound Educational Service District  
400 SW 152nd St.  
Burien, WA 98166  
Tel: (206) 439-6910  
Fax: (206) 439-6942  
Email: kshivitz@pseasd.org

Betty Shuler, MPH, RD  
Head Start Director  
Central Oregon Community Action Agency Network  
2303 SW First Street  
Redmond, OR 97756  
Tel: (541) 548-2380  
Fax: (541) 504-5725  
Email: bettys@cocaan.org

Dick Shumaker, B.S.  
Program Design and Planning Manager  
Kids' Corps, Inc.  
3710 E. 20th Avenue, Suite 2  
Anchorage, AK 99508  
Tel: (907) 272-0133  
Fax: (907) 272-0312  
Email: shumakerdick@hotmail.com

Rebecca Slayton, DDS, Ph.D.  
Associate Professor  
Pediatric Dentistry  
OHSU School of Dentistry  
611 SW Campus Drive, SD182  
Portland, OR 97239-3097  
Tel: (503) 494-8489  
Fax: (503) 494-4666  
Email: slaytonr@ohsu.edu

Jim Sledge, DDS  
Chair Board of Trustees  
Washington Dental Service Foundation  
1424 S. Bernard  
Spokane, WA 99203  
Tel: (509) 624-5590  
Fax: (509) 747-0483  
Email: slegatesj@cet.com

Jane Steffensen, B.S., MPH, CHES  
Associate Professor  
Department of Community Dentistry  
University of Texas Health Science Center at San Antonio  
Dental School, MC 7917  
7703 Floyd Curl Drive  
San Antonio, TX 78229-3900  
Tel: (210) 567-5567  
Fax: (210) 567-4587  
Email: steffensen@uthscsa.edu

Katherine Tekolste, MD  
Developmental Pediatrician  
Clinical Associate Professor  
Department of Pediatrics  
Center on Human Development & Disability  
P.O. Box 357920  
University of Washington  
Seattle, WA 98195-7920  
Tel: (206) 685-7820  
E-mail: kat423@U.Washington.edu
John Toth, RNC, MTS
Medicaid Branch Manager
Centers for Medicare and Medicaid Services
Region X
2201 Sixth Avenue, MS RX-43
Seattle, WA 98121
Tel: (206) 615-2306

Jeanine Tucker, DDS, MPH
Dental Consultant
Office of Community Health Services
Alaska Native Tribal Health Consortium
4201 Tudor Center Drive, Suite 120
Anchorage, AK 99508
Tel: (907) 729-3641
Fax: (907) 729-3652
Email: jtucker@anmc.org

Norma Wells, RDH, MPH
Associate Professor, Director
Dental Hygiene, Dental Public Health Sciences,
School of Dentistry
University of Washington
1959 NE Pacific Street
B509H Health Sciences Center
Seattle, WA 98195-73475
Tel: (206) 616-1675
Fax: (206) 685-4258
Email: nwells@u.washington.edu

Roxanne Wheeler
Health Manager
Health Services Department
Southern Oregon Head Start
1001 Beall Lane
Central Point, OR 97502
Tel: (541) 734-5150
Fax: (541) 734-2279
Email: rwheeler@socfc.org

James C. Wilson, MA
Executive Director
Idaho Head Start Association
200 N. 4th Street, Suite 20
Boise, ID 83702
Tel: (208) 345-1182
Fax: (208) 345-1163
Email: jwilson@idahoheadstartassoc.net

Margaret Wilson, ARNP
ABCD Program Manager
Program Support
DSHS, Medical Assistance Administration
P.O. Box 45530
Olympia, WA 98504-5530
Tel: (360) 725-1664
Fax: (360) 664-4371
Email: wilsonma@dshs.wa.gov

Health Systems Research, Inc.

Beth Zimmerman
Director, Health Promotion Practice Area
Health Systems Research, Inc.
1200 18th Street, N.W., Suite 700
Washington, DC 20036
Tel: (202) 828-5100
Fax: (202) 728-9469
Email: bzimmerman@hsrnet.com

Laura A. Sternesky
Policy Associate
Health Systems Research, Inc.
1200 18th Street, N.W., Suite 700
Washington, DC 20036
Tel: (202) 828-5100
Fax: (202) 728-9469
Email: lsternesky@hsrnet.com
Appendix D: Small Group Discussions
## Appendix D: Small Group Discussions

### Direct Clinical Services and Service Systems

<table>
<thead>
<tr>
<th>Issues</th>
<th>Capacity of Workforce</th>
</tr>
</thead>
<tbody>
<tr>
<td>§ There is a diminishing supply of dentists. Dentists are retiring</td>
<td>§ There is a diminishing supply of dentists. Dentists are retiring at a faster rate</td>
</tr>
<tr>
<td>§ Lack of pediatric dentists with background/training to address</td>
<td>§ Lack of pediatric dentists with background/training to address the special needs</td>
</tr>
<tr>
<td>§ Many dentists are unwilling/or will not embrace expanding use of</td>
<td>§ Many dentists are unwilling/or will not embrace expanding use of auxiliary</td>
</tr>
<tr>
<td>§ There is a disconnect between the public sector and the mission</td>
<td>§ There is a disconnect between the public sector and the mission driven “culture”</td>
</tr>
<tr>
<td>§ Integration of Services and Service Systems</td>
<td>§ Integration of Services and Service Systems</td>
</tr>
<tr>
<td>§ Lack of medical provider training in oral health.</td>
<td>§ Lack of medical provider training in oral health.</td>
</tr>
<tr>
<td>§ Some current “screening” practices interfere with establishing</td>
<td>§ Some current “screening” practices interfere with establishing medical/dental</td>
</tr>
<tr>
<td>§ Lack of resources for follow-up care after screening.</td>
<td>§ Lack of resources for follow-up care after screening.</td>
</tr>
<tr>
<td>§ Lack of coordination of health services and systems.</td>
<td>§ Lack of coordination of health services and systems.</td>
</tr>
<tr>
<td>§ Lack of systematic and standardized prioritization of need for care</td>
<td>§ Lack of systematic and standardized prioritization of need for care and scope of</td>
</tr>
<tr>
<td>§ Services for Mothers and Families</td>
<td>§ Services for Mothers and Families</td>
</tr>
<tr>
<td>§ Lack of community clinics.</td>
<td>§ Lack of community clinics.</td>
</tr>
<tr>
<td>§ Lack of services for undocumented children—need is growing faster</td>
<td>§ Lack of services for undocumented children—need is growing faster than the</td>
</tr>
<tr>
<td>§ Parents do not have access to dental care (a family service issue).</td>
<td>§ Parents do not have access to dental care (a family service issue).</td>
</tr>
</tbody>
</table>

### Priority Issues to Target

<table>
<thead>
<tr>
<th>Capacity of dental/medical workforce</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Increase service learning opportunities for dental professionals.</td>
</tr>
<tr>
<td>b) Provide oral health training for medical providers.</td>
</tr>
<tr>
<td>c) Make “better” and “wider” use of expanded function and auxiliary</td>
</tr>
</tbody>
</table>

### Overall Strategy

<p>| Extend the application of programs that are working in the region,  |
| such as ABCDE and Kids Get Care.                                   |</p>
<table>
<thead>
<tr>
<th>Action Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Form a Region X Head Start Health Advisory Council.</td>
</tr>
<tr>
<td>- Develop a Region X website featuring oral health resources.</td>
</tr>
<tr>
<td>- Develop and sustain local oral health coalitions with significant Head Start involvement.</td>
</tr>
<tr>
<td>- Apply for CATCH and Healthy Tomorrows Grants (include consideration for preventive and restorative care needs of parent).</td>
</tr>
<tr>
<td>- Work with foundations to create new grant opportunities that require collaboration with Head Start.</td>
</tr>
<tr>
<td>- Use mobile and portable dental care delivery systems more widely.</td>
</tr>
<tr>
<td>- Create a dialogue with Schools of Public Health and the Region X ACF Office around placement for MPH students and/or Head Start focused research projects; and, create Head Start fellowships within the MCH Pediatric Oral Health Leadership Center.</td>
</tr>
<tr>
<td>- Obtain consensus from Deans of Dental Schools and providers of continuing education around using a team approach (e.g., the <em>ABCDE</em> model) with a common message across the dental education spectrum—fully utilizing dentists, dental hygienists and dental assistants.</td>
</tr>
<tr>
<td>Prevention Issues</td>
</tr>
<tr>
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</tbody>
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<table>
<thead>
<tr>
<th>Regulations/Laws</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change laws (e.g., State Practice Acts) that limit provision of preventive oral health services by auxiliary personnel. Rethink the practice of dental hygiene, dentistry, etc.</td>
</tr>
<tr>
<td>Foster relationships between dentists and dental hygienists—facilitate breaking down of barriers (e.g., the Oregon Head Start Coalition is requesting membership and involvement of both the dental and dental hygienists’ association).</td>
</tr>
<tr>
<td>At the appropriate level, i.e., nationally or regionally, look at clarifying and issuing guidance regarding performance standards (depends on state laws/EPSTD regulations or standards) to allow initial oral exams/screenings/triage by providers other than dentists (e.g., dental hygienists).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Communications and Systems Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of a system (more than a network) in place that supports communication, learning about what people are doing, and what resources are available at all levels.</td>
</tr>
<tr>
<td>Lack of a statewide/systemwide approach to fluoride varnishes, water fluoridation, caries prevention (xylitol, etc), sealants, etc.</td>
</tr>
<tr>
<td>Need to expand pilot projects that are working.</td>
</tr>
<tr>
<td>To encourage early prevention, Head Start should look at joining other coalitions to ensure prevention happens before kids reach Head Start.</td>
</tr>
<tr>
<td>Access to Preventive Services</td>
</tr>
<tr>
<td>-------------------------------</td>
</tr>
<tr>
<td>▪ Increase access to providers who will accept the Head Start population for prevention/treatment.</td>
</tr>
<tr>
<td>▪ Develop strategies for serving families who are uninsured (e.g., non-citizens or working poor without dental insurance).</td>
</tr>
<tr>
<td>▪ Address other barriers to access, such as transportation issues, economic pressures, cultural issues, and community-specific issues (e.g., water fluoridation that varies by town).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Overall Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop a communication and resource system maximizing use of information technology and existing networks and resources.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Action Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ <strong>Establish follow-up, evaluation, and accountability for the outcomes of the Region X Forum.</strong></td>
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</tbody>
</table>

| ▪ **Set up a relationship between the Regional Office and States** (but do not dilute state coalitions). Use existing network of Head Start Association meetings, Head Start structure and state networks. |

| ▪ **Maximize existing communication networks between local, State, regional and Federal offices** through communication and conferences. |
|   | a) Utilize the T/TA Regional representative and system (at the regional level) as it develops to integrate oral health. |
|   | b) Utilize state-level oral health coalitions and associations. |
|   | c) Utilize state collaboration offices—these exist to facilitate partnership with other entities at state level. |
|   | d) Emphasize importance of how HRSA and ACF communicate together with state partners. |

| ▪ **Clarify contradictions in current performance standards and oral health practices and issue guidance on implementing standards.** |
|   | a) Share best practices and models around issues such as fluoride varnishes, water fluoridation, caries prevention (e.g., xylitol gum), and sealants. |
|   | b) Provide consistent messages regarding the science of oral health. Practices differ according to state, and sometimes within a state as well (e.g., fluoride varnishes). Scientific evidence does not exist in a centralized location for dissemination and it is difficult to remain current. |
|   | c) Assess what preventive methods work for what populations and make recommendations and clarify performance standards based on these findings. |
Advocate for systematic development of materials at a national level through MCHB and ACF, perhaps coordinated through a national resource center and disseminated by regional offices. Developed materials should be in template form so that they can be adapted to meet the needs of state and local communities. Two types of materials are needed:

a) “Internal” information, such as Information Memoranda (they drive Head Start program practices), Tip Sheets and talking points, that can be used by Head Start program staff and other providers.
b) “External” educational materials that can be disseminated by program staff to parents, children, etc.

Develop materials and messages so that they can be disseminated across all cultures and in multiple languages. Audience should include dental professionals and other providers, staff, parents, pregnant women, and children. Initial messages should help people understand why prevention is important and that it works. Messages should focus on why baby teeth are important; that dental caries is 100% preventable and every child can and should have beautiful, caries-free teeth. Use the media (such as a public service announcement) as an avenue for getting message across.

Identify curricula that meet guidelines for Head Start. If targeted for Head Start it needs to reflect/integrate performance standards and meet Head Start guidelines.

Integrate updates on all activities related to oral health at the local level into regional collaborative reports. Regional office can put them on their web site. Timeline: 1st one in six months, then quarterly thereafter.

Pursue having Robin Brocato, Senior Health Specialist, Head Start Bureau, on the agenda for the National Head Start Collaboration Offices Meeting in DC in March.

Issues

Policymakers (elected officials and administrators at the national, regional, State and local levels) are not adequately educated about, nor do they value or adequately fund oral health services.

a) Need cost-benefit data
b) Need to recognize link of oral health and overall health literacy.

Need a family focused, early intervention approach to oral health promotion and education. Populations in particular need of early intervention include:

a) Pregnant women
b) Infants/Toddlers
c) Teen parents
**Oral Health Promotion and Education**

<table>
<thead>
<tr>
<th>Overall Strategy #1</th>
<th>Develop an approach to educate policy makers regarding the importance of oral health.</th>
</tr>
</thead>
</table>
| **Action Steps**    | • Facilitate communication and partnerships among all Head Start entities (i.e., Migrant, Tribal, etc) within each state and in the Region regarding oral health.  
• Share and build upon results of state oral health forums.  
• Interpret and translate data in a standard way to reflect the level of need and the cost to respond in a way that triggers response.  
• Research model oral health programs and support the distribution of them throughout the Region (i.e., ABCDE) and use them as a source of cost benefit data.  
• Identify specific target audiences (committees, individuals)  
• Develop comparative costs between early prevention and later treatment. |

<table>
<thead>
<tr>
<th>Overall Strategy #2</th>
<th>Train those who connect with families about the importance of oral health (i.e., educators, dental providers, medical providers, child care providers, Head Start staff, HSACs).</th>
</tr>
</thead>
</table>
| **Action Steps**    | • Explore broader dissemination of *Cavity Free Kids* curriculum in the Region.  
• Explore integrating oral health curriculum into Head Start and school health education and supporting its effective implementation (perhaps by expanding tobacco prevention education).  
• Review current nutritional policies with respect to “teeth healthy” foods.  
• Incorporate appropriate and healthy cultural foods into Head Start menus.  
• Explore expansion of *ABCDE* program to other states in Region.  
• Teach people about existing oral health resources.  
• Educate individuals about the relationship between the oral health of pregnant women and birth outcomes.  
• Explore opportunities to pay for oral health services for pregnant women through Medicaid.  
• Identify and share effective strategies for follow-up and motivation of parents.  
• Identify and collect resources in the Region and elsewhere to assist with overcoming barriers to dental care.  
• Explore translation and cultural adaptation of existing resources.  
• Develop/expand existing website to provide access to available resources.  
• Address literacy level of families. |
Appendix E: Promising Approaches and Strategies
Appendix E: Promising Approaches and Strategies

During the small group discussions, participants identified a number of promising approaches and strategies to address oral health in Head Start. This chart summarizes those discussions.

<table>
<thead>
<tr>
<th>Name</th>
<th>Description/Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Baby and Child Dentistry (ABCDE)</td>
<td>Washington State</td>
</tr>
<tr>
<td>Access to Baby and Child Dentistry Expanded (ABCDE)</td>
<td></td>
</tr>
<tr>
<td>Bright Futures</td>
<td>Has anticipatory guidance and integrates medical, dental, and nutrition information.</td>
</tr>
<tr>
<td>Cavity Free Kids</td>
<td>Oral health education curriculum for Head Start developed by Washington Dental Service Foundation</td>
</tr>
<tr>
<td>Baby Days</td>
<td>9-21 month-old children enrolled in Medicaid are brought in for risk assessment, fluoride varnish, and recall at specific intervals based on risk level (through MultiCare Dental in Oregon).</td>
</tr>
<tr>
<td>Kids Get Care</td>
<td>Involves collaboration between community health centers, health providers, and the public health department (King County, Washington).</td>
</tr>
<tr>
<td>Tooth Fairy Academy</td>
<td>Washington State</td>
</tr>
<tr>
<td>Education and varnishes provided on a walk-in basis</td>
<td>Central Oregon WIC sites</td>
</tr>
<tr>
<td>University pediatric dentistry residents</td>
<td></td>
</tr>
<tr>
<td>University pediatric dentistry residents</td>
<td>Outstationed in high need communities</td>
</tr>
<tr>
<td>Oral Health Community events that are culturally relevant and family centered</td>
<td></td>
</tr>
<tr>
<td>Use of expanded function and auxiliary personnel</td>
<td></td>
</tr>
<tr>
<td>Fluoride varnish program that includes examinations, education, and family support</td>
<td>Lane County (Oregon) has program</td>
</tr>
<tr>
<td>The WWAMI Program (Washington, Wyoming, Alaska, Montana, and Idaho)</td>
<td>A community-based medical education program sponsored by the University of Washington</td>
</tr>
<tr>
<td>“Adopt a Dentist” programs in Head Start classrooms</td>
<td></td>
</tr>
<tr>
<td>Medical “red flag” checklists for dentists</td>
<td></td>
</tr>
<tr>
<td>Use of service-learning model in dental schools</td>
<td>Robert Wood Johnson Foundation Pipeline Profession and Practice Community Based Dental Education, University of Washington, School of Dentistry</td>
</tr>
<tr>
<td>Oral health care clinics for pregnant women</td>
<td>Kitsap County in Washington has a program in development.</td>
</tr>
<tr>
<td>Xylitol gum studies in pregnant women</td>
<td>University of Washington</td>
</tr>
<tr>
<td>“Limited access permit” dental hygienists</td>
<td></td>
</tr>
<tr>
<td>Idaho early childhood caries prevention project</td>
<td></td>
</tr>
<tr>
<td>Dental Health Education program</td>
<td>Alaska</td>
</tr>
<tr>
<td>Dental/managed care plans offering oral health training</td>
<td></td>
</tr>
<tr>
<td>Mobile Services that target young populations, e.g., Early Head Start</td>
<td>Willamette Dental, ODS and Capitol</td>
</tr>
</tbody>
</table>
Appendix F: Resources and Collaborators
Appendix F: Resources and Collaborators

A wide variety of resources and partners were identified as critical to implemented identified strategies. This chart summarizes those discussions.

<table>
<thead>
<tr>
<th>Universities</th>
<th>Head Start Health Services Advisory Committees (HSACs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Departments of Health</td>
<td>Head Start Training/Technical Assistance Providers</td>
</tr>
<tr>
<td>Medicaid</td>
<td>Foundations (to fund pilot projects, e.g., March of Dimes, Washington Dental Service Foundation)</td>
</tr>
<tr>
<td>State Child Health Insurance Programs (SCHIP)</td>
<td>The MCH Title V Early Childhood Comprehensive Systems (ECCS) Grant (includes an oral health and education component)</td>
</tr>
<tr>
<td>Oral Health Coalitions (local and state)</td>
<td>Good Start/Grow Smart (Federal initiative)</td>
</tr>
<tr>
<td>Early Childhood Caries Prevention Coalition (Oregon)</td>
<td>Private corporations (e.g., to fund pilot projects, e.g., a Ronald McDonald grant)</td>
</tr>
<tr>
<td>State Head Start Associations</td>
<td>Oral Health Section, American Public Health Association</td>
</tr>
<tr>
<td>Association of State and Territorial Dental Directors</td>
<td>The media</td>
</tr>
<tr>
<td>Local providers</td>
<td>Region X Head Start Oral Health Forum Core Planning Committee Members</td>
</tr>
<tr>
<td>Medical community</td>
<td>American Dental Association</td>
</tr>
<tr>
<td>American Association of Pediatric Dentists</td>
<td>American Medical Association</td>
</tr>
<tr>
<td>American Academy of Pediatrics</td>
<td>American Association of Family Physicians</td>
</tr>
<tr>
<td>State oral health program managers</td>
<td>Indian Health Service, Tribal and Migrant Programs</td>
</tr>
<tr>
<td>Oral Health Collaborative (WA)</td>
<td>Multicultural Center for Health (Seattle)</td>
</tr>
<tr>
<td>PATH (Seattle)</td>
<td>WIC</td>
</tr>
<tr>
<td>American Association of Public Health Dentistry</td>
<td>First Steps (WA)</td>
</tr>
</tbody>
</table>