

Head Start and Maternal and Child Health – Sharing Expertise to Improve the Oral Health of Children and Families: A Meeting Summary

Washington, DC
March 31-April 1, 2004

Prepared for:

Health Resources and Services Administration
Administration for Children and Families
Maternal and Child Health Bureau

Prepared by:

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HEAD START BUREAU

May 2004

I. Introduction

In 2001, the Head Start Bureau (HSB) and the Maternal and Child Health Bureau (MCHB) entered into an Intra-Agency Agreement (IAA) in an effort to be responsive to the needs of Head Start and Early Head Start grantees in meeting the requirements of the Head Start Program Performance Standards in the areas of oral health prevention, early intervention, and treatment. On March 31 and April 1, 2004, key program administrators, managers and stakeholders representing both Bureaus convened in Washington, DC for a meeting entitled *Head Start and Maternal and Child Health: Working Together to Improve the Oral Health of Mothers and Children*. The meeting objectives included:

- Providing information on the background and history of the IAA;
- Sharing information about the program initiatives, priorities, and key activities for both the Head Start oral health effort (under the IAA) and the Head Start program;
- Discussing how MCHB can help HSB improve the oral health of Head Start children and families;
- Discussing how national, regional, and State Head Start oral health forums are developing and implementing action plans; and
- Identifying ways in which resources under the IAA and the new HSB technical assistance system can better work together to improve the oral health of children and families.

The recent initiation of a new Head Start Technical Assistance System provided an opportunity for the partners to proactively discuss ways to collaborate in order to improve oral health outcomes for Head Start (HS) and Early Head Start (EHS) children. In addition, partnership opportunities discussed during this meeting informed the development of the next IAA currently underway. A list of the participants at this meeting can be found in Appendix A.

II. Establishing the Context for Head Start Oral Health Partnerships

This joint meeting was the first opportunity for key stakeholders from the two Bureaus to focus on Head Start oral health issues in recent years. Anne Linehan, Director of Programs at HSB set a tone of renewed commitment to the partnership between the HSB and the MCHB in light of the expanding science base supporting the importance of oral health promotion and disease prevention and early intervention for HS and EHS children. She noted that HS currently serves 870,000 children with a budget of \$7 billion. She also indicated that the both the HSB and the MCHB understand interventions are needed to reduce the prevalence of dental caries among the children they serve and that a strong partnership will help address this health challenge. Dr. Mark Nehring, Chief Dental Officer for the MCHB, reiterated the MCHB's support for this collaboration. He also commended Dr. John Rossetti, whom he succeeded at the MCHB, and Robin Brocato, Senior Head Start Health Specialist, for their leadership in creating the original IAA that built a national network of stakeholders committed to the provision of oral health services and expertise to Head Start children and their families.

Due to the attendance of new HS staff and other consultants, a brief overview of oral health issues faced by HS/EHS children was provided to set the stage for the discussion. In addition, joint activities conducted under the IAA were reviewed. The following text summarizes the key points of these presentations.

The MCHB has a long history of investing in programs to enhance the oral health of children. Throughout the meeting, representatives of these programs made brief presentations outlining the goals of their oral health activities. One MCHB oral health initiative that collaborates frequently with HS is the Leadership Training Programs in Pediatric Dentistry held at the Universities of Washington, Iowa and North Carolina. These projects strive to identify and train future dental public health/pediatric dentists and frequently serve local HS programs. The first speaker, Dr. Mike Kanellis, Director of the Leadership Training Program at the University of Iowa presented statistics and research

findings that demonstrated the acute need of HS children for oral health services and prevention.

Dr. Kanellis began his remarks with a review of the 1995 report by Edelstein and Douglass that concluded that 80% of the tooth decay in childhood occurs in just 25% of the children, many of whom are in the low-income families served by HS/EHS. He also presented data from a 2001 Iowa Head Start Early Childhood Survey that indicated that the unmet dental health needs of young children were second only to unmet mental health needs in the State. According to the survey, the reasons children were unable to receive dental services in Iowa included: parental “refusal” (29.6%), missed appointments (21.4%), dentists not accepting new Title XIX patients (16.5%) or not accepting any Title XIX patients (14.3%), and financial concerns. The survey results suggest that education programs alone are insufficient for addressing the problem and the best methods for significantly reducing dental caries in HS children include brushing with a fluoride toothpaste, training staff in use of an oral health curriculum, and applying fluoride varnishes.

To address this critical need, he noted that Iowa’s Leadership Training Program works very closely with a number of HS programs, providing them with dental students and other staff trained to provide restorative care as well as preventive services such as the application of fluoride varnishes, chlorhexidine gels, and sealants.

Next, Jim Crall, Professor and Chair of the MCHB’s National Oral Health Policy Center at UCLA discussed the unique opportunity that exists within HS to establish a foundation for a lifetime of good oral health. He quoted studies from Maryland and California indicating high need for oral health prevention and treatment among HS children. He briefly reviewed model programs in Mississippi, Pennsylvania, and Connecticut that focused on increasing access to oral health care for HS children. He concluded that HS is a critical partner in beginning to address the crisis in children’s oral health. Dr. Crall identified the following HS program qualities that lend themselves particularly to partnering:

- Head Start works with low-income children who have greater treatment needs than most other US children;
- Head Start focuses on providing enabling services (e.g., case management services for the scheduling of and transportation to dental appointments and translation services);
- Head Start fosters growth and development (e.g., opportunities for the child’s self care); and
- Head Start supports and provides parental education and has the potential to demonstrate meaningful and sustainable improvements in a short time.

The presentations by Drs. Kanellis and Crall strongly supported continued collaborative activities to meet the oral health needs of this vulnerable population. Furthermore, due to the growing dental workforce shortage, they emphasized that prevention and early intervention are critical to these children’s long-term health outcomes.

III. The Head Start Bureau’s New Technical Assistance System

Craig Turner, the Director of Program Management for the HSB, energized participants by speaking passionately about the HSB’s commitment to addressing this preventable childhood disease. He indicated that current data may not fully capture the extent of the unmet oral health needs of young children and noted that this is a preventable health problem that Head Start is ideally positioned to address. Mr. Turner said that the HSB is dedicated to meeting all the health needs of Head Start children, especially oral health, in order to assure that Head Start children are healthy and ready to learn when they enter kindergarten. The HSB is eager to support the IAA and other partnerships committed to reducing health disparities among this population. In addition, Mr. Turner noted that the HSB is investing resources in a number of new T/TA mechanisms that will be able to “reach down” to the program level and offer support.

Jeff Fredericks, Program Specialist for the Training and Technical Assistance Branch of the HSB, followed Mr. Turner's remarks with an explanation of the new Head Start T/TA system. He noted that at a time when information is easily available on the Internet it is important to guard against information overload. The new T/TA system is designed to provide HS programs with accurate and timely information and assistance that stress uniform practices and enhanced compliance with HS Performance Standards.

The new system is organized into networks based on the 12 HS field offices. Each HS region will be staffed with health experts who will be available to provide information and services to local HS/ EHS program staff. Mr. Fredericks noted that children, their families, and the local programs will be the beneficiaries of the new system because its core components emphasize measurable goals, quality resources, timely support, and results. By providing timely response to specific requests, the system will empower TA providers by enabling them to access multiple information and data sources. They will have the necessary resources to identify program needs, and gather, review, and present information in a format accessible to the specific Head Start program.

Mr. Fredericks noted that the key to this new TA system is technology. Work has begun on a Head Start On-Line Learning Center that will create processes to support change by facilitating learning, managing knowledge, and ensuring continuous program improvement. When complete, the On-Line Learning Center will serve as a repository of resources including an on-line digital library and cinema, distance learning curricula, approved and standardized Head Start training materials, and a consultant database. All these customer service-driven resources will be geared towards improved outcomes for Head Start children. Mr. Fredericks expressed his appreciation for this opportunity to present this information and hear from other partners on ways to enhance this valuable resource.

IV. Building and Sustaining Oral Health Infrastructure at the National, Regional, State, and Local Levels

The remainder of the discussion on the first day focused on ways to enhance the HSB's ability to capitalize on the oral health expertise available through the IAA and to strategize ways to enhance the renewal of the agreement this year. Due to the successful history of collaboration between the two agencies, many opportunities exist for enhanced partnerships on behalf of improved oral health of HS children.

Robin Brocato, representing HSB, and Dr. John Rossetti, representing the MCHB discussed the collaborative activities currently underway between the two Bureaus that will continue in the renewed agreement. These include: Regional, State and Professional Organization Forums, the MCH Oral Health Resource and Policy Centers, three Pediatric Dentistry Leadership programs, and the support of oral health consultants to assist with the delivery of TA. A schematic of these collaborations can be found in Appendix B.

Carmen Bovell-Chester outlined the capacity of the Head Start Collaboration Offices to assist in this effort. Starting in 1990, the Collaboration Offices were created to support multi-agency and public-private partnerships at the State and local levels. Currently, there are Head Start Collaboratives in all States, Puerto Rico and the District of Columbia. Many of these are housed in the Governors' Offices where the needs of Head Start children have higher visibility. The fundamental purpose of the Collaboration Offices is to facilitate the involvement of Head Start in State policies, plans, processes, and decisions affecting Head Start target populations and other low-income families.

Ms. Bovell-Chester noted that the Head Start Act mandates the following key priorities for the State Collaboration Offices: health care, child care, education, welfare, community services, family literacy, service to children with disabilities and to homeless children and families. Head Start Collaboration Offices in a number of States have undertaken activities to improve the oral health of children including: access to oral

health services for pregnant mothers, oral health screenings, position papers, and State level advocacy for oral health care benefits under Medicaid and SCHIP.

Kathy Geurink, Project Director for the State HS Oral Health Forum effort under the ASTDD noted that one result of the Regional forums has been increased interest in State forums. See Appendix C for a map indicating the Regions and States that have participated in this joint activity. She noted that interest and commitment to HS Oral Health Forums and their strategic planning process is growing across the country. She said that a new RFP to support State forums was scheduled to be released on May 1, 2004. She also said that a new ASTDD Advisory Committee has helped to design a process to help achieve results by systematically assessing the TA States need to implement State Action Plans. She noted that technology is key to disseminating information.

Dr. Reginald Louie reviewed the Regions that have participated in Forums funded through the IAA: Region VII (December 2001), Region VI (February 2002), Region VIII (May 2002), Region IX (June 2002), Region III (June 2003), and Region X (January 2004). Region IV is scheduled for May 2004 and Region I will hold a forum in June 2004. Participants in the regional forums included Head Start Association, Collaboration Offices, State Dental Directors, MCH Programs, WIC, Medicaid/SCHIP administrators, local health departments, academic institutions, and dental professionals, among others.

The American Academy of Pediatric Dentistry and the American Dental Hygienists' Association conducted forums in August 2002 and October 2003, respectively, with representatives from their leadership and members-at-large to explore ways to partner more productively with Head Start programs. All forums resulted in Action Plans to guide future activities at the Regional level. Once the forums have been completed in all the regions, a set of national recommendations will be synthesized from the regional recommendations to improve the oral health of Head Start and other low-income children and their families.

V. Opportunities for Future Collaboration

Meeting participants discussed a number of partnering activities that could support the new Head Start Technical Assistance System. Chief among them is MCHB's effort to hire an oral health expert consultant for each region whose expertise and knowledge of the oral health resources in the region will be available to HS Regional TA staff. As of the meeting date, Expert Oral Health Consultants had been hired in Regions VII and IX.

Katrina Holt of the Maternal and Child Oral Health Resource Center reviewed some of the materials already collected on the Center's Web site and the possibilities of linking to or providing other support to the new Head Start On-Line Learning Center. In addition, the ASTDD Web site includes information and materials directly related to HS program activities and goals.

Dr. Rossetti indicated that the MCHB is dedicated to providing oral health expertise to the new HS TA System. The goal is that every HS field office will have access to an expert in public health and oral health. These experts will enhance the ability of the HS Regional staff to meet the oral health needs of the children they serve.

VI. Next Steps for Head Start Oral Health Partnerships

The second day of this joint meeting was devoted to brainstorming on ways to enhance the current activities and future collaborations between HS and MCHB-funded oral health programs. Special consideration was given to improving PIR data collection and analysis, piloting sealant and other preventative programs, and continuing joint planning activities. Beth Zimmerman of HSR staff, using materials provided by the HSB, facilitated discussion of an initial logic model to guide these activities. Strategically aligning joint oral health activities with the ongoing planning at the HSB will assure greater consistency and continuity and enhance the likelihood of success for these endeavors. A beginning draft of an HS MCHB oral health partnership logic model on establishing a dental home developed by attendees can be found in Appendix D.

At the conclusion of this joint meeting the following outcomes were achieved:

- Participants were informed of the nature and relative success of current joint oral health activities;
- The HSB described the new HS TA System including the resources that will be available to programs (e.g. the new On-line Learning system);
- The relationship between the new Regional MCHB oral health consultants and the HS field office TA staff was defined;
- The MCHB and the HSB received feedback on the proposed content of the IAA that is up for renewal; and,
- Initial discussion on a logic model established a foundation for future collaboration between the two Bureaus.

Once the administrative tasks related to the IAA are complete, a follow-up meeting will be scheduled to finalize the logic model and further define how collaboration between the HSB and the MCHB can improve the oral health outcomes for HS/EHS children.

Appendix A: Participant List



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Administration for Children and Families
Head Start Bureau
Health Resources and Services Administration
Maternal and Child Health Bureau

Head Start and Maternal and Child Health: Working Together to Improve the Oral Health of Mothers and Children

An Ad Hoc Committee Meeting of Head Start and Oral Health Experts

Health Systems Research, Inc.
March 31 – April 1, 2004

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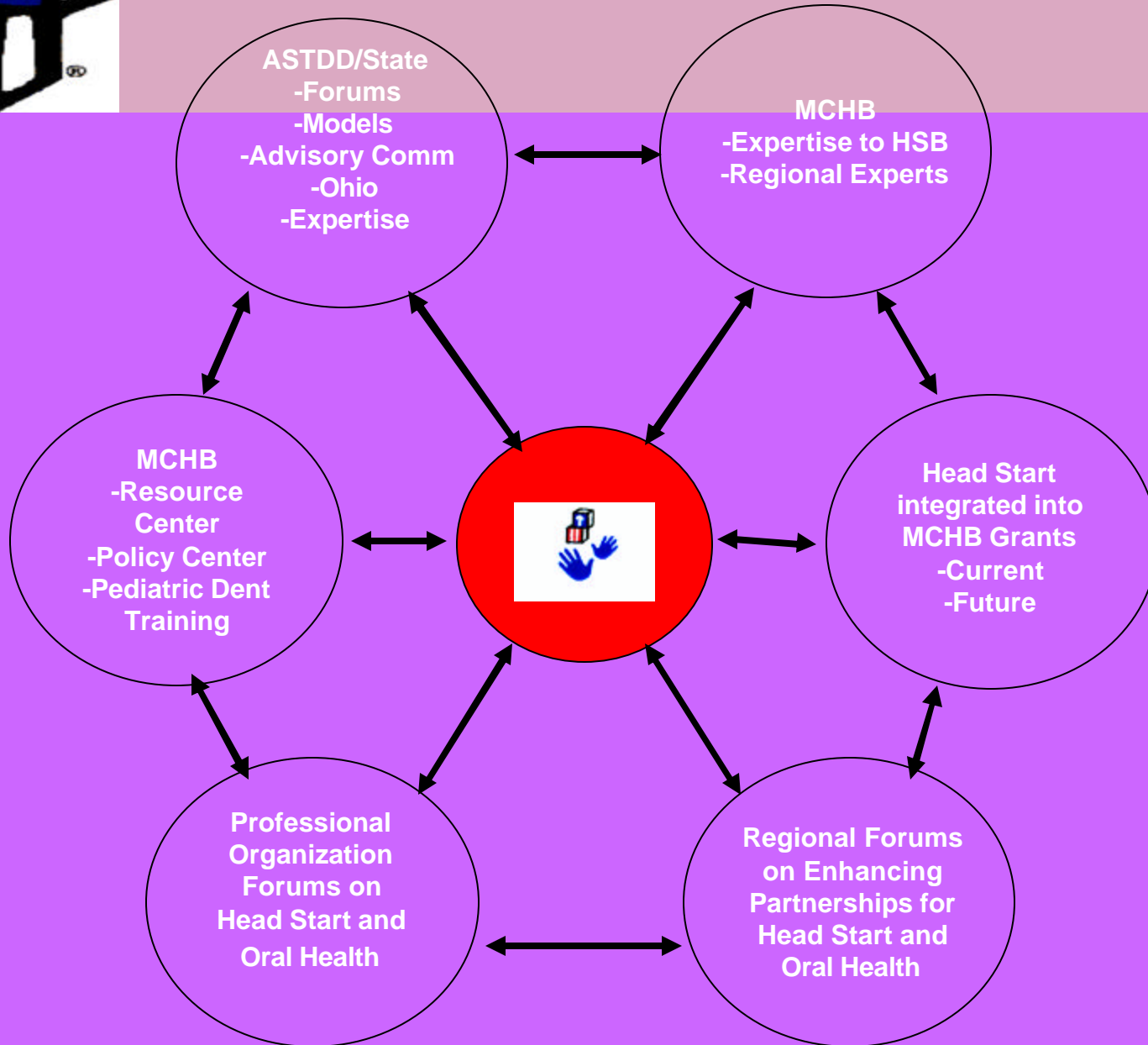
E-mail: jking@hsrnet.com

Appendix B: Head Start/ Oral Health Collaborative
Projects Chart



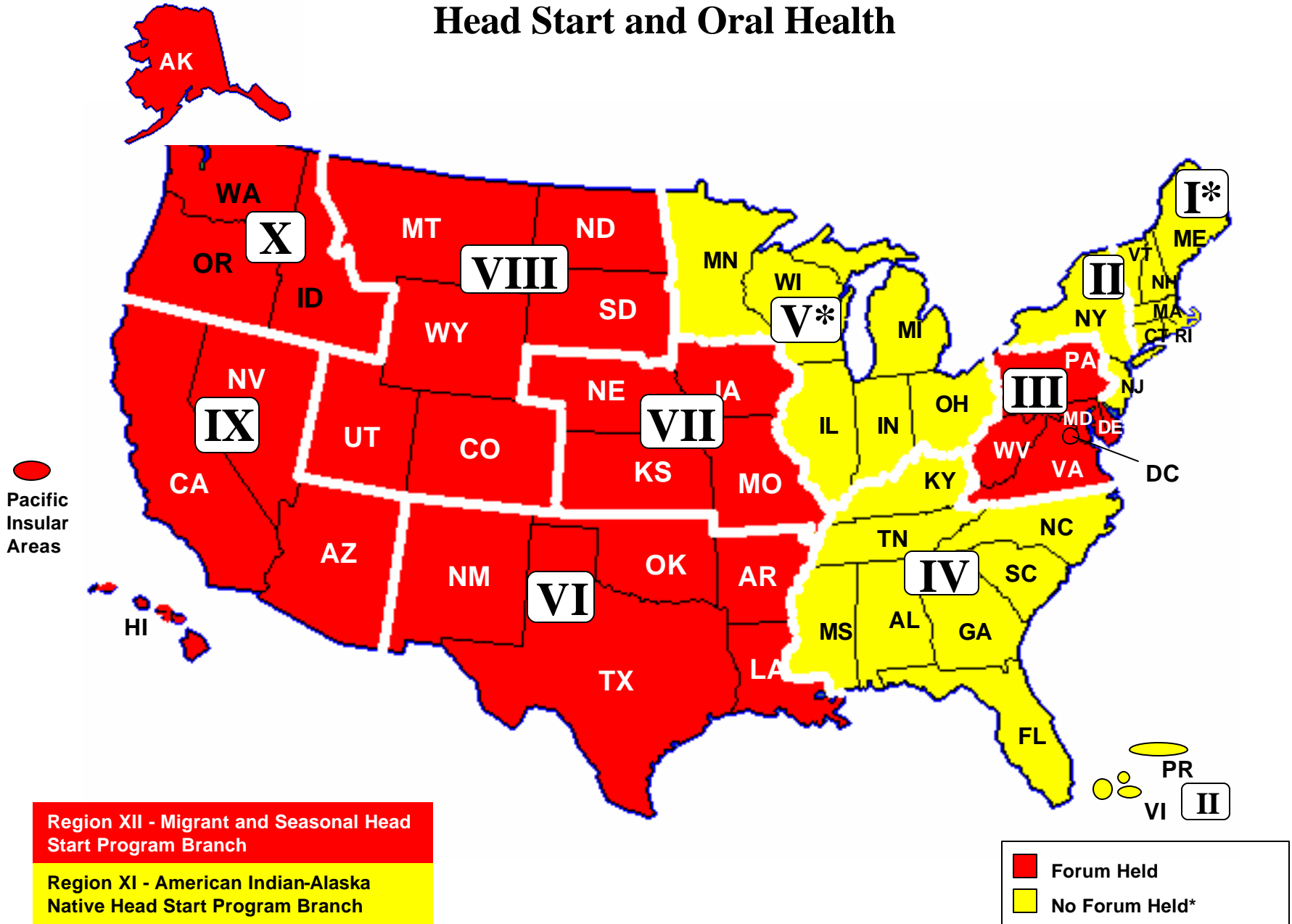
Head Start / Oral Health Collaborative Projects

Maternal and Child Health/ Head Start Bureaus



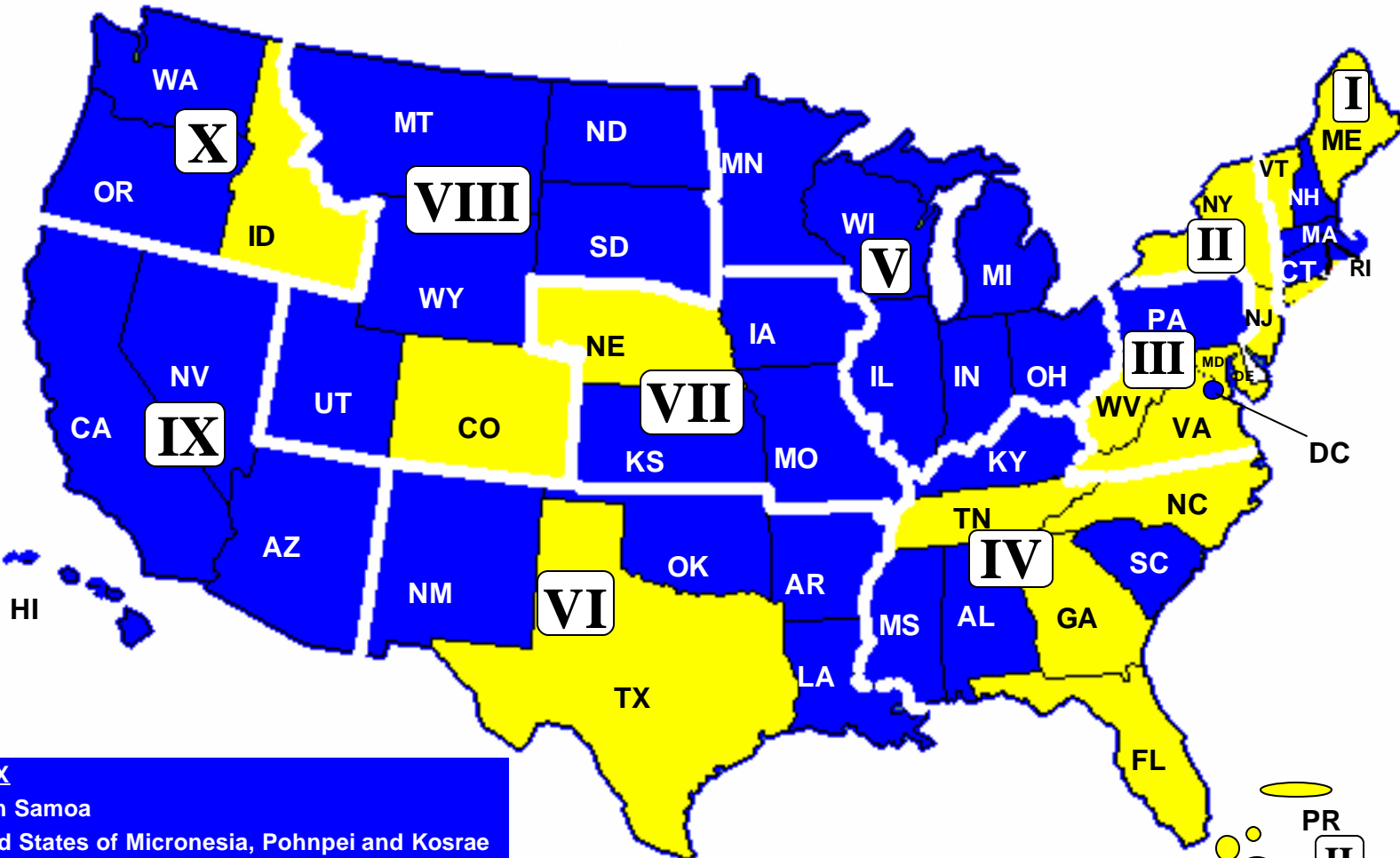
Appendix C: Head Start and Oral Health
State and Region Maps

Regional Forums on Enhancing Partnerships for Head Start and Oral Health



March 2004

State and Territorial Head Start Oral Health Forums



Region IX
 American Samoa
 Federated States of Micronesia, Pohnpei and Kosrae
 Republic of Palau
 Republic of Marshall Islands
Commonwealth of the Northern Mariana Islands
Federated States of Micronesia, Yap and Chuuk
Guam

Forum Funded (Cycles 1-4)
 No Forum Planned*

March 2004

*Cycle 5 Proposals Due June 30, 2004

Appendix D: Logic Model

Beginnings of a Logic Model for Establishing a Dental Home

Resources/Inputs	Activity	Output	Outcome (short/long term)	Impact
	Recruit providers	Adequate provider base	Every child has a dental home (LT)	Optimal oral health for every child in Head Start
	Educate local DDS in HS/care of children		Every child has dental insurance (LT)	
	Identify incentives for dentists to serve children in HS			
	Address oral health financing barriers			
	Define and share definition of dental home	Common definition of dental home		
	Identify models for dental home	Demonstration programs		
	Train HS staff in dental home			
	Establish linkages/partnerships <ul style="list-style-type: none"> • HSAC/others identify resources in community 	Materials, tools, resources that support linkages <ul style="list-style-type: none"> • communication systems • community resource guide 		
	Identify and address access barriers			
	Refine PIR, PRISM (monitoring systems)	Performance measurement system for HS oral health	Accurate oral health data on HS children (ST)	
	Provide TA to programs	TA system		