

Medical Providers and Head Start

What You Should Know About Oral Health and How You Can Help

What Is Head Start?

Head Start was established in 1965 to improve the school readiness of children ages 3 to 5 from families with low incomes. In 1994, Early Head Start was established to serve low-income pregnant women, with a focus on positive birth outcomes, and to promote healthy physical and cognitive development in infants and young children from birth to age 3 from families with low incomes. Both Early Head Start and Head Start provide education and health services in the context of family and community.¹

Head Start^a is a federal program administered by the Office of Head Start, Administration for Children and Families, through grants to approximately 1,600 community-based organizations.²

Who Participates in Head Start?

Head Start programs serve approximately 900,000 pregnant women, infants, and children each year in all 50 states, the District of Columbia, and most U.S. territories.¹

At least 90 percent of children enrolled in each Head Start program must be from families with low incomes, and up

to 10 percent can be from families with incomes that exceed the low-income guidelines who would benefit from Head Start services.³ Up to 35 percent of each Head Start program's enrollment may also be children whose families' incomes are between 100 percent and 130 percent of the federal poverty level. Children are automatically eligible, regardless of family income, if they



Early Head Start and Head Start provide education and health services in the context of family and community.



are homeless or in foster care or if their families receive Temporary Assistance for Needy Families or Supplemental Security Income.⁴

Of the 94 percent of children enrolled in Head Start who have health insurance, 82 percent are enrolled in Medicaid or in the Children's Health Insurance Program (CHIP).²



The number one health issue affecting children enrolled in Head Start nationwide is lack of access to oral health services.



community (Academy of General Dentistry, American Academy of Pediatric Dentistry, and American Dental Association) as well as the medical community (American Academy of Pediatrics) that children should see a dentist by age 1.⁷⁻¹⁰

What Oral Health Services Does Head Start Offer?

Head Start health services are based on the premise that a child must be healthy to be ready to learn. Good oral health is essential to a child’s behavioral, speech, language, and overall growth and development.^{5,11}

Head Start program performance standards require that staff track the provision of oral health care and help parents obtain an oral examination and follow-up care for their child. Information about examination results, plans for follow-up care, treatment completed, and oral disease prevention activities (e.g., fluoride varnish, fluoride supplementation) are kept in a child’s health record.¹²



Head Start program activities also promote good oral hygiene in the classroom. Each day, staff wipe infants’ gums and assist children in brushing their teeth with fluoridated toothpaste.¹²

Head Start staff help parents understand the benefits of prevention and proper oral health care, along with the importance of establishing a dental home early in life.¹³

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

Head Start staff and parents report that the number one health issue affecting children enrolled in Head Start nationwide is lack of access to oral health services.⁵

Despite improvements in oral health status nationally, profound oral health disparities remain in certain population groups, including children enrolled in Head Start. These children, like other children from families with low incomes, experience more tooth decay (dental caries) and resultant pain and suffering than children from families with higher incomes.⁶

While oral health is emphasized in Head Start program performance standards, many infants and children enrolled in Head Start continue to encounter barriers to care. For example, there is a shortage of dentists serving the Medicaid/CHIP population. Furthermore, many dentists do not feel comfortable providing services to infants and young children, despite agreement within the oral health

What Can Medical Providers Do to Help?

Because medical providers (e.g., physicians, nurse practitioners, nurses, physician assistants) often see pregnant women, infants, and young children earlier and more frequently than do oral health providers, medical providers can be a valuable resource for improving the oral health of Head Start participants. Following are suggestions for activities:

- Learn more about oral health and its impact on overall health and well-being as well as about how to recognize oral disease and apply fluoride varnish. Many continuing education programs on oral health are offered throughout the country.
- Incorporate oral health screenings, risk assessment, fluoride varnish applications, anticipatory guidance, and referrals for treatment into well-child visits. Currently, 43 state Medicaid programs reimburse medical providers who meet established requirements for the provision of preventive oral health care to infants and children ages 3 and under.¹³

Good oral health is essential to a child's behavioral, speech, language, and overall growth and development.



- Help parents understand the importance of good oral health and early and regular oral health care as well as establishing a dental home early in life.
- Build relationships with oral health providers, dental and dental hygiene schools, state and local health department oral health programs, community health center oral health programs, and professional oral health societies in your community. Help Head Start staff recruit private dental practices or clinics to serve as dental homes for Head Start participants.
- Join a Head Start health services advisory committee composed of parents, Head Start staff, health and human service professionals, and other community members. Medical providers can support Head Start's oral health goals.
- Leverage your professional organization's or state association's resources to raise awareness among colleagues and to address the oral health care needs of Head Start participants.
- Partner with Medicaid and CHIP dental programs to determine effective strategies for improving families' use of dental benefits and increasing dentists' participation in the program.

Contact your state's Head Start collaboration office to learn more about how you can get involved in Head Start programs in your area.

Resources

- Academy of General Dentistry
<http://www.agd.org>
- American Academy of Pediatric Dentistry
<http://www.aapd.org>
- American Dental Association
<http://www.ada.org>
- Association of State and Territorial Dental Programs
<http://www.astdd.org>
- Head Start State Collaboration Offices
<http://eclkc.ohs.acf.hhs.gov/hslc/hsd/SCO>
- Medicaid/SCHIP Dental Association
<http://www.medicaddental.org>
- National Maternal and Child Oral Health Resource Center
<http://www.mchoralhealth.org>
- Office of Head Start
<http://www.acf.hhs.gov/programs/ohs>

References

1. Office of Head Start. 2010. *About the Office of Head Start*. <http://www.acf.hhs.gov/programs/ohs/about/index.html>.
2. Office of Head Start. 2010. *Head Start Program Fact Sheet: Fiscal Year 2010*. <http://www.acf.hhs.gov/programs/ohs/about/fy2010.html>.
3. U.S. Department of Health and Human Services, Office of Human Development Services. 1998. Title 45—Public Welfare, Chapter XIII, Part 1305—Eligibility, Recruitment, Selection, Enrollment, and Attendance in Head Start. 1305.4: Age of children and family income eligibility. *Code of Federal Regulations*. http://www.access.gpo.gov/nara/cfr/waisidx_08/45cfr1305_08.html.
4. Office of Head Start. 2008. *Head Start Reauthorization P.L. 110-134 (ACF-IM-HS-08_01) Information Memorandum*. http://www.acf.hhs.gov/programs/ohs/policy/im2008/acfims_08_01.html.
5. Brocato R. 2001. Head Start and Partners Forum on Oral Health. *Head Start Bulletin* 71:1-43. Washington, DC: Head Start Bureau. http://eclkc.ohs.acf.hhs.gov/hslc/resources/ECLKC_Bookstore/PDFs/421CEF928C56391D1041DFCE1F0119AC.pdf.
6. Edelstein BL. 2000. Access to dental care for Head Start enrollees. *Journal of Public Health Dentistry* 60(3):221-229.
7. Academy of General Dentistry. 2010. *Advocacy Policies 2009-2010*. Chicago, IL: Academy of General Dentistry. <http://www.agd.org/files/advocacy/9937advocacypolicies.doc>.
8. American Academy of Pediatric Dentistry, Clinical Affairs Committee, Infant Oral Health Subcommittee. 2010. Guideline on infant oral health care. *Pediatric Dentistry* 32(6):114-118. http://www.aapd.org/media/Policies_Guidelines/G_InfantOralHealthCare.pdf.
9. American Dental Association. 2010. *Current Policies: Adopted 1954-2009*. Chicago, IL: American Dental Association. http://www.ada.org/sections/about/pdfs/doc_policies.pdf.
10. Hale, KJ; American Academy of Pediatrics, Section on Pediatric Dentistry. 2003. Oral health risk assessment timing and establishment of the dental home. *Pediatrics* 111 (5 Pt 1):113-116.
11. Office of Head Start. 2007. *Child Health Services*. http://eclkc.ohs.acf.hhs.gov/hslc/resources/ECLKC_Bookstore/Weaving%20Connections%20%28Multimedia%20Kit%29.htm.
12. Office of Head Start. 2006. *Oral Health—Revision: ACF-PI-HS-06-03* [program instruction]. Washington, DC: Office of Head Start. http://eclkc.ohs.acf.hhs.gov/hslc/Program%20Design%20and%20Management/Head%20Start%20Requirements/Pis/2006/resour_pri_001109_122006.html.
13. American Academy of Pediatrics. Oral Health Initiative [website]. 2010. *States with and Without Medicaid Reimbursement for Primary Care Medical Providers to Perform Caries Prevention Services*. <http://www.aap.org/oralhealth/fluoride.cfm>.



End Note

^a Head Start refers to Early Head Start and Head Start throughout the document.

Cite as

Holt K, Lowe E. 2011. *Medical Providers and Head Start: What You Should Know About Oral Health and How You Can Help*. Washington, DC: National Maternal and Child Oral Health Resource Center.

Medical Providers and Head Start: What You Should Know About Oral Health and How You Can Help © 2011 by National Maternal and Child Oral Health Resource Center, Georgetown University.

This publication was made possible by grant number H47MC00048 from the Maternal and Child Health Bureau (MCHB), Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services. This funding is part of an intraagency agreement between the Office of Head Start; Administration for Children and Families; and MCHB, HRSA.

Permission is given to photocopy this publication. Requests for permission to use all or part of the information contained in this publication in other ways should be sent to

National Maternal and Child Oral Health Resource Center
Georgetown University
Box 571272

Washington, DC 20057-1272

Phone: (202) 784-9771

Fax: (202) 784-9777

E-mail: OHRCinfo@georgetown.edu

Web site: <http://www.mchoralhealth.org>

