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

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Prepared for:
Health Resources and Services Administration and Administration for Children and Families Dallas Field Offices

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I. Introduction

A. National Forum

In 1999 the national Head Start Partners Oral Health Forum was convened by Head Start, WIC, HRSA, HCFA 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. Several papers were presented that reviewed current evidence related to oral health and nutrition, dental caries risk assessment and prevention, and access to oral health services. Also, this National Forum outlined strategies to increase collaboration at the Federal, state, and local levels to improve oral health status and enhance access to oral health care services. Participants at the Early Childhood Oral Health Forum expressed support for replication of this type of activity at the regional, state, and local levels across the country.

One outcome of this Forum was the formulation of an Intra-Agency Agreement between the Administration for Children and Families (ACF), the Head Start Bureau (HSB), and the Maternal and Child Health Bureau (MCHB) in the Health Resources and Services Administration (HRSA) to develop linkages to support oral health in Head Start. As part of this agreement ACF, HSB, and MCHB/HRSA are sponsoring a series of the Regional Forums in 2001 and 2002.

B. Region VI Forum

The regional meetings being held across the country are intended to build on the hard work and accomplishments of Head Start and all those that serve infants, toddlers, and young children. Planning is informed by the successes of oral health services in states and communities. The overall aim is to determine how organizations and agencies can work together at a regional level to improve the oral health of participants in Head Start.
The Regional Forum goals are to:

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

- Develop strategic plans for regions that include assessment of current regional issues, priority gaps, promising practices, and problem areas;

- 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 oral health children in Head Start and Early Head Start.

The Region VI Forum, "Enhancing Partnerships for Head Start and Oral Health," was held on February 20-21, 2002 in Dallas, Texas. This Forum was the second in a series of regional forums hosted across the U.S. by HRSA and ACF. This Report summarizes the proceedings of this Regional Forum.

The Region VI Forum was held in conjunction with the HRSA and ACF Dallas Field Offices. Also, the two Region VI Head Start Quality Improvement Centers (HSQICs) provided support for the Region VI Forum. Participants assessed current issues, developed strategies, and identified resources needed by Region VI HRSA and ACF to enhance the oral health component in Head Start. (See the Regional Forum Agenda in Appendix A).

Forum participants included 39 individuals with a keen interest in oral health and Head Start and representing diverse organizations, agencies, and professional groups from the public, private, and nonprofit sectors. Attendees included participants from: Head Start and Early Head Start ACF Regional Office staff, HRSA Regional Office Dental Consultant and MCH Consultants, Regional CMS Dental Coordinator, Regional Training and Technical Assistance (T/TA) providers with the two Region VI Quality Improvement Centers (QICs), State Dental Directors and State Maternal and Child Health Program Managers, members of state dental and dental hygiene professional associations and academic institutions, Head Start and Early Head
Start Directors and Health Specialists, State Head Start Associations, Head Start State Collaboration Offices and participants from community-based oral health programs, local WIC, and child health organizations. (See Regional Forum Participant List in Appendix B).

The outcome of the Forum was a draft plan outlining recommended strategies and activities for regional action to support states and Head Start programs in increasing access to dental care, enhancing prevention, and expanding effective oral health education. The plan delineated ways that Region VI can combine efforts of ACF, the Centers for Medicare and Medicaid Services (CMS, formerly HCFA), HRSA, and other entities to improve oral health outcomes.

II. Opening Plenary Session and Background

Dr. Robert Sappington, Regional Dental Consultant and Clinical Coordinator, HRSA Dallas Field Office. Dr. Sappington opened the Forum by recognizing the collaboration regionally between HRSA and ACF in hosting the Forum. He noted the importance of collaborative work to improve oral health in the Head Start program. Dr. Sappington provided an overview of the HRSA Dallas Field Office roles in regional health programs. He described the four Bureaus within HRSA:

- The HIV/AIDS Bureau formed to consolidate all programs funded under the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act;
- The Maternal and Child Health Bureau that focuses on promoting the health of women, children, and their families;
- The Bureau of Primary Health Care which supports improvements in primary health care; and
- The Bureau of Health Professions which works to assure access to high quality health care professionals in all geographic areas and available to all segments of society.

Mr. Frank Cantu, Field Director, Dallas HRSA Field Office, Region VI. Mr. Cantu then provided welcoming remarks. He emphasized the complementary work that programs can
undertake together to eliminate health disparities and increase access to health care. Mr. Cantu noted that children are the nation’s most valuable resource and need our attention. He stressed the importance of collaboration through regional partnerships and coordination of activities to improve health outcomes among Head Start participants.

**Mr. Leon McCowan, Regional Hub Director, ACF.** Mr. McCowan also welcomed participants to the Regional Forum. He highlighted the roles of ACF in assisting vulnerable children and families through 22 legislative programs including TANF, Head Start, child care, child support enforcement, and programs for individuals with developmental disabilities. He spoke of Head Start as a model child development program that can play a leading role in early childhood health improvements. He stressed the importance of making programs work for young children by integrating best practices into annual work plans.

**Dr. John Rossetti, Chief Dental Officer, MCHB/HRSA.** Dr. Rossetti provided the next presentation, which gave a historical perspective to the current effort. He discussed the ways in which the Regional Forums are building on a foundation of oral health and early childhood development activities that have occurred over many years. He outlined the oral health issues affecting young children that cut across the many agencies and organizations represented at the forum.

Dr. Rossetti explained that oral health has been an important component of Head Start since its inception. He noted that, from the mid-1960s to the mid-1990s, MCHB, HRSA and its predecessor dental programs had a close working relationship with Head Start. MCHB dentists provided dental training and technical assistance (T/TA) to Head Start programs across the country, and also assisted Head Start in developing dental program policies and standards. When Head Start revised its T/TA system in the mid-1990s, the formal relationship between Head Start and MCHB was discontinued.

He also discussed the Head Start and Partners Forum on Oral Health held in 1999 funded by the Head Start Bureau, HRSA, CMS, and WIC. The national meeting emphasized the need for strategic planning to implement evidence-based practices that build on models that work. Dr.
Rossetti highlighted the importance of prevention as well as access to dental care in Head Start. He described the oral health component in Head Start that includes risk assessment, screening, early intervention, prevention, nutrition, oral health education, and clinical oral health services. An important outcome of the National Forum was the formulation of an Intra-Agency Agreement between ACF-HRSA to develop supportive linkages in oral health and Head Start. The Regional Forums are one of the activities being held under the auspices of the interagency agreement.

Dr. Rossetti noted that dental care access continues to be a challenge and Head Start programs often report difficulties accessing needed oral health care. He indicated that during the past few years, improving oral health status and expanding access to oral health services, especially for young children, has become a growing national concern. He stressed that collaborative activities at all levels have developed out of a growing understanding of the impact of oral health on a child’s general health and well-being.

Next he outlined some of the collaborations that have involved an array of Federal agencies, including HRSA, ACF, and CMS. In 1998, a joint Oral Health Initiative was developed and a national conference was held to focus attention on the oral health needs of children enrolled in Medicaid and the State Child Health Insurance Program (S-CHIP).

Dr. Rossetti underscored that several national reports including the Surgeon’s General Report on Oral Health have highlighted the oral health needs of young children. Recent Federal-level activities to improve early childhood oral health have included the U.S. Surgeon General’s Workshop and Conference on Children and Oral Health and Healthy People 2010, which includes targeted objectives to eliminate oral health disparities among young children and their families over the next decade. Dr. Rossetti noted that HRSA has also supported planning at the state and local level by supporting State Oral Health Summits and the National Governors Association State Oral Health Academies.

He stressed that it was important for the participants at the Regional Forum to identify issues to be addressed regionally and to develop strategies that assure improvements in oral health and
Head Start. Dr. Rossetti noted that people make programs work and that the regional forum provided an opportunity for people to share ideas about future regional strategies as a follow-up to the National Forum.

**Ms Diane Dillard, Head Start Health Program Specialist and Ms. Dorothy McRae, RN, Health Advisor, Office of Community Operations, ACF, Region VI.** During the plenary session, Ms. Dillard and Ms. McRae shared with the audience the current status of Head Start and Early Head Start nationally and in Region VI. They noted that Head Start is a comprehensive program designed to foster the healthy development of young children from low-income families. They outlined the history of Head Start as it grew from an eight-week summer program for preschoolers in 1965 to a year-round program in 2002, serving children from birth to age five and pregnant women. Beginning in 1995 Early Head Start programs were funded to serve pregnant women and families with children under age three.

The presenters explained that children in the region attend Head Start classrooms or receive Head Start services in their homes. Head Start participants include infants and toddlers, children of migrant farm workers, and American Indian families, as well as children with disabilities. They noted that Head Start programs are operated by community-based organizations and grantees include school districts, universities, community health centers, tribal governments, city and county governments, Community Action Agencies, and other profit and nonprofit organizations.

They described the three primary areas of Head Start that include (a) Education and Early Childhood Development, (b) Child Health and Development, and (c) Family and Community Partnerships. The presenters described the Head Start Program Performance Standards established to assess program design and operation as well as the use of on-site monitoring to evaluate the quality of services. The presenters described the Head Start Program Information Reports (PIR) for states in the region and summarized health related information collected through the PIR. They highlighted changes in regional enrollment statistics, use of medical and dental services, and health insurance status. The presenters discussed dental access issues.
that Head Start programs face to assure that children receive needed dental care. They noted special challenges in urban and rural areas and of working with limited funds.

Ms. Jan Cox, Health Resource Manager, BHM International, Inc and Ms. Marilyn Smith, RN, Health Resource Manager, Texas Tech University. Next, Ms. Cox and Ms. Smith presented an overview presented on the Head Start Quality Improvement Centers (QICs) in Region VI. The presenters outlined the QICs’ roles in supporting a regional training network to guide local Head Start staff by engaging QIC staff and consultants with broad expertise. They described how the Regional network supports professional development to enhance the knowledge and skills of Head Start staff. They also noted that the network serves as an information channel. The presenters discussed the importance of optimizing opportunities in Head Start for oral health education that is based on current research. They stressed the concept of a dental home in concert with a medical home.

Dr. Robert Sappington, Regional Dental Consultant and Clinical Coordinator, HRSA Dallas Field Office. Dr. Sappington reviewed past roles and described potential future roles of HRSA for improving oral health in Head Start. He described the close working relationship between Head Start and MCHB, HRSA and its predecessor dental programs from the 1960s through the mid-1990s. Dr. Sappington spoke about the Regional MCHB Dental Consultants roles in coordinating dental training and technical assistance (T/TA) to Head Start programs throughout the U.S. These dental T/TA networks were developed using the infrastructure of established state-run dental programs, professional dental organizations, and training institutions representing dentists and dental hygienists. Dental consultant manuals were developed and annual workshops were conducted to train new consultants and to develop standardized interventions to address problems common to several grantees.

Dr. Sappington explained the roles that Regional Dental Consultants played in the past with Head Start. The roles included:

- Provision of ongoing oral health training and conducted regular workshops,
- Coordination of training and technical assistance visits with Head Start staff;
The conduct of oral health surveys of Head Start Children (several studies were published in journal articles in the 1980s);

Development of computer software to facilitate the efficient operation of training and technical assistance and data collection and analysis;

Assistance to dentists in local areas to serve Head Start programs through presentations and displays at meetings;

Response to numerous Head Start questions, especially for grantees, and generally serving as a resource;

Coordination of bulk purchasing of toothbrush and toothpaste kits provided to Head Start programs;

Provision of consultation to the Head Start Bureau on policies, standards, and performance measures; and

Development and dissemination of resource materials for Head Start, including videos, slides, administrative and consultant manuals.

Also he noted the goal of the Forum is to determine HRSA’s future role and posed key questions to the participants: (a) What services are worthwhile? (b) What services are needed today? (c) Is anyone else already providing these services? (d) What are the gaps? (e) How can HRSA help?

Dr. Sappington discussed potential new roles for HRSA dental consultants working regionally. He noted the importance of making current oral health resource centers easily accessible to Head Start grantees. Dr. Sappington described some of the latest prevention research including fluoride varnishes, sealants, and chlorhexidine gels. He stressed how oral health “Best Practices” should be identified as well as included in guidelines and promoted in Head Start Centers. He noted how personnel resources need to be maximized by linking both dental and dental hygienists with local programs. He highlighted how community-based education can engage dental and dental hygiene students in Head Start programs.
Jane Steffensen, Consultant for the Head Start and Oral Health Partnership Project made subsequent comments. She described the agenda of the first Regional Forum held in Kansas City, MO in December 2001 and provided a summary of key issues identified at the Forum. Ms. Steffensen summarized the gaps and problem areas under the themes of: Collaboration and Leadership, Oral Health Education, Prevention, and Access to Dental Care.

She stressed the importance of enhancing Regional partnerships by building on the past accomplishments of Head Start and oral health programs for young children in state and localities. She noted that all participants at the Forum had a keen interest in young children, and that the Forum provided an opportunity to share their expertise, perspectives, and experiences.

Next, Ms. Steffensen outlined the Dallas Forum goals and introduced the activities for the small group discussions. During the first session the participants were asked to discuss access to care and other issues that may improve or detract from oral health education and clinical services available to Head Start and Early Head Start programs. The group discussed specific regional issues, challenges, and promising practices related to improving oral health of children in Head Start and Early Head Start that should be addressed by Region VI. The participants identified gaps and problems that had been encountered and considered challenges to progress that continue to be a major concern. During the second session participants identified overall strategies to target and specific activities to be implemented in a recommended plan for Region VI HRSA and ACF. They outlined deliverables, resources needed regionally, and key roles of regional agencies and other agencies for future action.

III. Small Group Sessions

Each work group was assigned a key issue that was the focus of their deliberations. The key issues discussed at the Region VI Forum were: Access to Dental Care; Oral Health Education; and Prevention. Each participant was assigned to a group based their expertise as well as to assure balanced representation in groups. Each group met for two sessions and reported back to the whole group after each session. During the first session participants identified specific
regional issues and overall strategies. The three groups met for a second time and developed regional activities, outlined deliverables, and identified resource needs.

The following tables summarize the recommended regional strategies, activities, deliverables, and resource needs to improve integration of oral health into Head Start programs.

### A. Access to Dental Care

<table>
<thead>
<tr>
<th>Specific Issues</th>
<th>Dental Workforce</th>
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</table>
| *The specific issues related to access to dental care that were identified by the work group and need to be targeted by Region VI HRSA and ACF.* | • There is a limited number of dental providers in some geographic areas  
• There is low participation of dentists in Medicaid  
• There is a lack of general dentists willing to treat pediatric patients |

<table>
<thead>
<tr>
<th>Funding Issues</th>
<th></th>
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</table>
| • Varied sources of reimbursement, e.g. Medicaid/SCHIP, dental insurance, self-pay  
• There are barriers to provider participation  
• Low reimbursement rates  
• “No show” rates can be a problem  
• There is administrative “red tape” associated with reimbursement |

<table>
<thead>
<tr>
<th>Public Education and Information</th>
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</table>
| • There is a lack of knowledge among the public about available services  
• There is a lack of outreach activities related to oral health |

<table>
<thead>
<tr>
<th>Overall Strategies</th>
<th></th>
</tr>
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</table>
| *The overall strategies that need to be the focus of attention by Region VI HRSA and ACF.* | • Increase communication between representatives from Head Start programs, dental professional organizations, dental schools and dental hygiene institutions and other stakeholders.  
• Map areas where the need is greatest – “get and organize the data”  
• Identify funding sources (e.g., Head Start, S-CHIP, Medicaid) for collaborative programs (private practitioners, dental professional organizations, dental/dental hygiene students from academic institutions and other stakeholders. |

"Streamline” the process of treating Head Start patients by means of case management and social service support.

<table>
<thead>
<tr>
<th>Specific Activities</th>
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</thead>
<tbody>
<tr>
<td><em>The activities to be implemented by Region VI HRSA and ACF, ranked by priority.</em></td>
<td>• Hold Oral Health Forums that involve dentists, dental hygienists, Head Start, WIC, Medicaid, etc.</td>
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</table>
### Specific Activities (cont'd)

<table>
<thead>
<tr>
<th>Activities</th>
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<tbody>
<tr>
<td>• Develop Memorandums of Understanding (MOU) at the state and regional level</td>
</tr>
<tr>
<td>• Identify and disseminate “best practices” for delivery of oral health care in Head Start programs.</td>
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<tr>
<td>• Emphasize and support community-based education in dental schools (e.g., rotations and participation at Head Start programs)</td>
</tr>
<tr>
<td>• Develop and support Continuing Education (CE) programs on Pediatric Dentistry and Head Start programs</td>
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<tr>
<td>• Reaffirm dental leadership in regional offices</td>
</tr>
<tr>
<td>• Establish a network with connections between dentists and dental hygienists and Head Start</td>
</tr>
<tr>
<td>• Develop and support the staffing of dental hygienists in Head Start through training and technical assistance (T/TA)</td>
</tr>
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</table>

### Deliverables

*Deliverables related to the implementation of strategies and activities identified by the work group.*

<table>
<thead>
<tr>
<th>Deliverables</th>
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<tbody>
<tr>
<td>• Hold Oral Health Forums at ACF Mid-Winter Conference that involves dentists and dental hygienists</td>
</tr>
<tr>
<td>• Support each state in development of a forum to increase awareness (facilitate through financial, physical support)</td>
</tr>
<tr>
<td>• HRSA and ACF facilitate the development of Memorandums of Understanding (MOU)</td>
</tr>
<tr>
<td>• HRSA maps needs for care and ACF becomes more involved in GIS</td>
</tr>
<tr>
<td>• HRSA and ACF disseminate “Best Practices”</td>
</tr>
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</table>

### Resources

*The resources needed by Region VI HRSA and ACF to implement the strategies and activities outlined by the work group.*

<table>
<thead>
<tr>
<th>Resources</th>
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</thead>
<tbody>
<tr>
<td>• Funding for educators on oral health</td>
</tr>
<tr>
<td>- Maternal and Child Health budgets funds targeting dentistry</td>
</tr>
<tr>
<td>- Continuing education grants</td>
</tr>
<tr>
<td>- Private Foundations support</td>
</tr>
<tr>
<td>• Collaboration</td>
</tr>
<tr>
<td>- Publicity and awareness</td>
</tr>
<tr>
<td>- Linkages between school and community</td>
</tr>
<tr>
<td>- ACF involving TANF</td>
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<tr>
<td>- Professional associations</td>
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<tr>
<td>- State Head Start associations</td>
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<tr>
<td>- Head Start collaboration office directors</td>
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### B. Oral Health Education

**Specific Issues**

*The specific issues related to access to dental care that were identified by the work group and need to be targeted by Region VI HRSA and ACF.*

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<thead>
<tr>
<th>Issues</th>
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<tbody>
<tr>
<td>• Begin oral health education in Head Start before birth with pregnant women, all parents, families, and her providers.</td>
</tr>
<tr>
<td>• There is a need for oral health education that involves Early Head Start and Head Start. Integrate oral health into daily lesson plans, written Health Services plan, etc.</td>
</tr>
</tbody>
</table>
### Specific Issues (cont'd)

- Professional development about oral health classroom education is needed for the teachers and provided children.
- Culturally appropriate education is needed regarding preventive care (e.g., community water fluoridation, other preventive measures, etc.)
- Oral health needs to be included in community assessment.
- Food and Nutrition education is needed to promote the development of healthy eating habits and oral health.
- Culturally appropriate curriculum for high-risk populations needs to be developed in Head Start.
- Oral health education materials that are appropriate for the literacy level of targeted groups need to be developed and can incorporate written material and videos.
- Oral health materials and models need to be identified and shared. This information should be shared with the non-Head Start community (e.g., child care and non-dental providers).
- Develop and promote models that work to change the oral health habits of the populations served. Oral health education methods should integrate new effective models such as peer education (e.g., lay health educators or promotoras) and faith–based programs
- Utilize a team approach for training and program implementation for oral health education. Include teams from Head Start grantees and community dental professionals learning and working together
- Integrate oral health into "Put Prevention into Practice" resource materials.

### Overall Strategies

**The overall strategies that need to be the focus of attention by Region VI HRSA and ACF.**

- Professional development across all disciplines.
- Family education starting prenatally
- Public awareness and community leaders.
- Community assessment and community involvement.
- Identify and share oral health materials, models and best practices (assure that they are culturally appropriate, literacy levels of the targeted populations)

### Specific Activities

**The activities to be implemented by Region VI HRSA and ACF.**

Identify and share oral health materials, models and best practices (assure that they are culturally appropriate, literacy levels of the targeted populations). HRSA needs to identify what’s available in Region and outside the Region.

- Form a Regional Committee composed of Dental and Head Start representatives.
- Survey
  1. Quick response survey (3-6 months)
  2. Long term survey (on-going and comprehensive)
### Specific Activities (cont’d)

- Collect and Assess
- Summarize Findings
- Disseminate Findings

### Deliverables

*Deliverables related to the implementation of strategies and activities identified by the work group.*

- Identify and share oral health materials, models and best practices.
  - Regional Committee – individual identified, formed, meetings organized and held, work tasks outlined and implemented.
  - Survey
    1. Quick response survey - assess resources available, “Materials and Best Practices”
    2. Long-term – broader survey developed and implemented collecting materials, establish reviews, assessment (e.g., effectiveness)
  - Summarize findings
  - Review and Dissemination - planned by committee
  - Quick response – coordinate dissemination via dental and Head Start Network of findings about existing materials
  - Long-term – develop and broaden communication network between Head Start and oral health

### Resources

*The resources needed by Region VI HRSA and ACF to implement the strategies and activities were outlined by the work group.*

Identify and share oral health materials, models and best practices.

Personnel, Space, Equipment and Supplies needed:

- Staff to lead, manage, and carryout activities such as surveys and queries (HRSA and ACF)
- Mail, E-mail, fax, phone, checks of web sites
- Student interns
- Web master support
- Computer
- Office space and supplies
- Staff support for the committee
- Travel for committee
  1. 1st wave meeting (quick response)
  2. 2nd wave meeting (long-term survey)
- Support for clearinghouse

Nominal cost for materials – purchase samples of materials

Duplication cost
### Specific Activities

*The activities to be implemented by Region VI HRSA and ACF.*

**Develop and implement professional development across all disciplines and family education starting prenatally.** **Professional development – all disciplines and educators (including parents/families caregivers)**

- Revisit PIR data and questions. Consider expansion surveillance measures to better assess oral health status in more meaningful way.
- Develop and implement pre-training assessment of key groups
- Develop, organize, coordinate, and update a Calendar of Events
- Develop Training Package for presenters
- Develop and Implement Evaluations of training events.
- Evaluate impact on oral health outcomes in Head Start
- Head Start Oral Health workshops at National Conferences bring all components to train together Include targeting special populations (e.g., Native American, Migrant populations, children with disabilities). Develop a vehicle to accomplish this initiative that can be facilitated by ACF and HRSA.
- Link importance of health and oral health to early learning and school readiness.
- Integrate training about oral health and early learning into existing training opportunities at the Regional level as a short-term goal. Include oral health and early learning Mid Winter Regional 6 and 8 Hub Conference.
  - Include in oral health workshops and exhibits (resource table) at the following:
    - Southwest Primary Care Association
    - Region VI Head Start Association Annual Training Conference
  - Through development of Regional Communication Network develop training and conference calendar and link oral health and Head Start into these regional and state events: Start into these regional and state events:
    - State Head Start annual training events
    - State Primary Care Annual Meetings
    - State Health Professional Conferences (e.g. nursing, PAs, physicians, NPs, OB/GYN and family providers – pediatrics, family practice, community medicine, preventive medicine)
    - Annual State Dental Association Meetings (need to invite Head Start Representatives to these meetings)
    - Annual State Dental Hygienists’ Association Meetings
    - Annual State Pediatric Dentistry Meetings
### Specific Activities (cont.)

- State Oral Health Summits
- State Health Summits (e.g. Robert W. Johnson Turning Point Initiatives)
- Annual State Legislator Health Conference
- National Meeting of the National Association for the Education of Young Children (NAEYC)
- Annual State Meetings of State Affiliates of National Association for the Education of Young Children (NAEYC) and State Affiliates.
- Annual StateLegislator Health Conference

- In the long-term develop and implement a team training approach for Head Start local programs staff together with community dental and health providers and community leaders.

### Deliverables

**Deliverables related to the implementation of strategies and activities were identified by the work group.**

**Develop and implement professional development across all disciplines and family education starting prenatally. Professional development – all disciplines and educators (including parents/families caregivers)**

- Assessment of PIR data and questions considered for expansion surveillance measures to better assess oral health status.
- Pre-training assessment of key groups
- Development, ongoing organization, and coordination of Calendar of Events
- Training package for presenters at conferences and meetings
- Evaluations from training events
- Evaluation of impact on oral health outcomes in Head Start

### Resources

**The resources needed by Region VI HRSA and ACF to implement the strategies and activities were outlined by the work group.**

**Develop and implement professional development across all disciplines and family education starting prenatally. Professional development – all disciplines and educators (including parents/families caregivers)**

- Personnel, Space, Equipment and Supplies needed:
- ACF and HRSA Regional Offices identify coordinator.
- Designate existing staff person to take on this role or new staff support.
- Develop network of presenters and trainers and organize participation in events.
- Support through collaboration with State Liaisons in State Collaborative Office and State Head Start Association, and State Dental Directors
- Travel for presenters and exhibitor staff at conferences and meetings
### Resources (cont’d)

<table>
<thead>
<tr>
<th>Resource</th>
<th>Description</th>
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<tbody>
<tr>
<td>Materials and Supplies</td>
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<tr>
<td>Knowledge and expertise on health training (in-kind/contract) e.g., QIC’s</td>
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### Specific Activities

*The activities to be implemented by Region VI HRSA and ACF.*

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
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| Public awareness, community leaders, and community involvement (target public, community leaders, and public policy makers) | - Identify public awareness models into the 1st strategy (e.g., Watch Your Mouth Delta Dental Foundation – WA, CA; Immunization Project - Walmart Foundation, Rotary International and other Community Service Organization, etc.)
- Include interested community service organizations to serve on Regional Committee and identify potential resources.
- Develop, prepare, disseminate resource packet about successful public awareness campaigns and creative effective strategies and ideas (bill stuffer, grocery bags, tray liners, etc.) and sources of funding.
- Utilize and involve Public Television in Regional Committee and public awareness initiative. |

### Deliverables

*Deliverables related to the implementation of strategies and activities were identified by the work group.*

<table>
<thead>
<tr>
<th>Deliverable</th>
<th>Description</th>
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| Public awareness, community leaders, and community involvement (target public, community leaders, and public policy makers) | - Develop a How to Manual - packets on successful public awareness campaigns and potential funding sources
- Deliver packets through appropriate networks. |

### Resources

*The resources needed by Region VI HRSA and ACF to implement the strategies and activities were outlined by the work group.*

<table>
<thead>
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<th>Resource</th>
<th>Description</th>
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<td>Regional Committee</td>
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<tr>
<td>Staff Person</td>
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</tr>
<tr>
<td>Space, Equipment and Supplies</td>
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</tbody>
</table>

### C. Prevention

### Specific Issues

*The specific issues related to access to dental care were identified by the work group and need to be targeted by Region VI HRSA and ACF.*

<table>
<thead>
<tr>
<th>Issue</th>
<th>Description</th>
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<tbody>
<tr>
<td>Education</td>
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<tr>
<td>Fluoride</td>
<td></td>
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<tr>
<td>Parent Involvement</td>
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<tr>
<td>Risk Assessment</td>
<td></td>
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<tr>
<td>Latest Scientific Updates</td>
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<tr>
<td>Nutrition</td>
<td></td>
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<tr>
<td>Oral Hygiene with emphasis for children with special health care needs</td>
<td></td>
</tr>
</tbody>
</table>
### Overall Strategies

*The overall strategies that need to be the focus of attention by Region VI HRSA and ACF.*

- Develop oral health risk assessment tool through a partnership with Head Start, WIC, and Dental Professionals.
- Develop oral health education and prevention (e.g., fluoride) tool kit and cookbook for Head Start.
- Work with WIC, Head Start, and Dental at regional and federal level as well as state and local levels to facilitate consistent messages and healthy eating behaviors (e.g., look into policies regarding juice in WIC and early childhood caries and other health considerations).
- Disseminate information on bottled water about levels of fluoride. Examine the TOT project in Texas WIC.
- Work to facilitate securing donations of toothpaste, toothbrushes for local Head Start programs.

### Specific Activities

*The activities to be implemented by Region VI HRSA and ACF.*

- Establish a national and regional collaboration between WIC, Head Start, Child Care, and Dental
- Develop, produce, and distributes a manual for Head Start Prevention that targets all levels of Head Start (ACF and HSB, QICs, program administrators, directors, teachers, children, parents, etc.)
  - Develop, test, and disseminate an oral health risk assessment tool. Risk Assessment tool needs to encompass special needs.
  - Oral health education and prevention (e.g., fluoride) tool kit and cookbook for Head Start.

  Include information about:
  - Fluoride varnish
  - Information about fluoride testing
  - Information about corporate resources to finance fluoride testing for local Head Start programs
  - Suppliers of toothpaste and toothbrushes for local Head Start programs.
  - Ways to secure donations of toothpaste and toothbrushes for local Head Start program
  - Fluoride levels in bottled water about levels of fluoride.

- Identify, map, and disseminate information about fluoridated communities to assess risk for Head Start children and programs. Support and encourage state capacity for GIS mapping fluoride levels

- Identify and disseminate information about dentist network that will provide dental care HS children

- Develop model for training by looking at existing programs (LEND, DECOD, New Mexico)
### Specific Issues (cont’d)

- Facilitate the development and establishment Memorandums of Understanding MOU for state level to support risk assessment activities at the local level. Clarify and enhance dental as a part of medical home.

### Deliverables

*Deliverables related to the implementation of strategies and activities were identified by the work group.*

- Established national and regional collaboration between WIC, Head Start, Child Care, and Dental
- Development, production, and distribution of a manual for Head Start Prevention that targets all levels of Head Start (ACF and HSB, QICs, program administrators, directors, teachers, children, parents, etc.)
- Cross-mapping data on communities/programs with fluoride
- Model training programs in place

### Resources

*The resources needed by Region VI HRSA and ACF to implement the strategies and activities that were outlined by the work group.*

- Personnel, Space, Equipment and Supplies needed:
  - Staff to lead, manage, and carry out activities (HRSA and ACF)
  - ACF and HRSA Regional Offices identify coordinator.
  - Designate existing staff person to take on this role or new staff support.
  - Travel for collaborators to meet for manual development process
- Materials and Supplies
  - Mail, E-mail, fax, phone
  - Web master support – use internet technologies
  - Computer
  - Office space and supplies
  - Staff support
  - Support for clearinghouse
  - Duplication cost
- Knowledge and expertise on training (in-kind/contract) e.g., QIC’s. Utilize Regional Disability Service Quality Improvement Center (DSQIC)
- Source of payment/resources for testing fluoride levels in water

### IV. Closing Plenary Session and Next Steps

The regional Forum ended with a Plenary Session where each group provided a report summarizing the discussions from the last small group session. Drs. John Rossetti and Robert Sappington provided closing remarks.
Dr. Rossetti noted that the Regional Forum accomplished its aim of bringing people together and building linkages to make Head Start stronger and more effective. The groups identified specific areas that need improvement by the regional offices and outlined future directions of ways they can move forward together to address these issues. Dr. Rossetti indicated his hope that Region VI HRSA, ACF, and CMS will integrate recommendations from the Region VI Forum into their work plans for the coming year. Also, he noted that dramatic changes were not expected to come quickly. He anticipated that changes would occur over time both regionally, nationally, and within states as numerous activities get underway and focus attention on oral health and Head Start.

Dr. Sappington pointed out that the Region VI Forum was the second in a series of regional forums across the U.S. He noted that the recommendations would be reviewed and shared, as they can contribute to strategy plans regionally, and that immediate follow-up steps would be taken to implement recommendations to improve regional collaboration in oral health and Head Start among HRSA and ACF.
Appendix A: Regional Forum Goals and Agenda
Health Resources and Services Administration (HRSA) and Administration for Children and Families (ACF) Dallas Field Offices

Enhancing Partnerships for Head Start and Oral Health Region VI Forum

Adolphus Hotel
1321 Commerce Street
Dallas, Texas
February 20-21, 2002

Forum Goals and Agenda

The goals of the Regional Forum are to:

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

- Develop strategic plans for regions that include assessment of current regional issues, priority gaps, promising practices and problem areas.

- 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 in Head Start and Early Head Start
Agenda

Wednesday
February 20, 2002

1:00 – 1:15  Registration  Foyer Near Sam Rayburn Room

1:15 – 1:35  Welcome to Dallas and the Forum  Sam Rayburn A Room

Moderator
Robert A. Sappington, DMD, MPH
Regional Dental Clinical Coordinator
HRSA Dallas Field Office

Frank Cantu
Field Director
HRSA Dallas Field Office
Region VI

Leon McCowan
Regional Hub Director
Administration for Children and Families
Region VI

John Rossetti, DDS, MPH
Chief Dental Officer
Maternal and Child Health Bureau, HRSA

1:35 – 3:15  Overview and Opening Plenary:
Session
Enhancing Partnerships to Improve
Oral Health of Children in Head Start

Sam Rayburn A Room

Moderator
John Rossetti, DDS, MPH
Chief Dental Officer
Maternal and Child Health Bureau, HRSA

Current Status of Head Start and Early
Head Start: Region VI Update
Diane Dillard, Head Start Health/Program Specialist
and
Dorothy McRae, RN, Health Advisor
Office of Community Operations
Administration for Children and Families
Region VI
Overview and Update: Head Start
Quality Improvement Centers (QICs) in Region VI
Jan Cox, Health Resource Manager
BHM International, Inc and
Marilyn Smith, RN, Health Resource Manager
Texas Tech University

Past and Potential Future Roles of
HRSA for Improving Oral Health in
Head Start
Robert A. Sappington, DMD, MPH
Regional Dental Clinical Coordinator
HRSA Dallas Field Office

Summary of Key Issues Identified at
the Kansas City Regional Forum
Jane E. M. Steffensen, BS, MPH, CHES
Consultant, Head Start and Oral Health Partnership
Project

Forum Goals and Instructions for
Small Group Discussions
Jane E. M. Steffensen, BS, MPH, CHES
Consultant, Head Start and Oral Health Partnership
Project

3:15 – 3:30 Break and Display of Resource Materials Sam Rayburn A Room

3:30 – 5:15 1st Small Group Discussions
Defining Specific Issues to Target and
Identifying Overall Strategies for
Region VI HRSA & ACF

See Group Listing in Registration Folder
Group 1 John Neely Bryan Room
Group 2 Sam Rayburn B Room
Group 3 Sam Rayburn A Room

5:15 – 6:00 Plenary Session Sam Rayburn A Room

Moderator
Scott Harper, MPA, Dental Coordinator
Division of Medicare & State Operations
Centers for Medicare & Medicaid Services (CMS)
Region VI

Group Reports

Evening Dinner on Your Own
Thursday
February 21, 2002

<table>
<thead>
<tr>
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<th>Event</th>
<th>Location</th>
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<tr>
<td>8:00 – 9:00</td>
<td>Continental Breakfast</td>
<td>Foyer Near Sam Rayburn Room</td>
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<tr>
<td>9:00 – 11:15</td>
<td>2\textsuperscript{nd} Small Group Discussions</td>
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<tr>
<td></td>
<td>For Each Strategy Answer the Following Questions:</td>
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<tr>
<td></td>
<td>a. How Does Region VI HRSA and ACF Implement each Strategy? (Identify Specific Activities)</td>
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<tr>
<td></td>
<td>Group 1 John Neely Bryan Room</td>
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<td>Group 2 Sam Rayburn B Room</td>
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<tr>
<td></td>
<td>Group 3 Sam Rayburn A Room</td>
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<tr>
<td>11:15 – 12:30</td>
<td>Lunch On Your Own</td>
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<tr>
<td>12:30 – 1:45</td>
<td>2\textsuperscript{nd} Small Group Discussions (Continued)</td>
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<tr>
<td>2:00 – 3:00</td>
<td>Closing Plenary Session</td>
<td>Sam Rayburn A Room</td>
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<td></td>
<td>Moderator</td>
<td>john steffensen, bs, mph, ches</td>
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<tr>
<td></td>
<td>Consultant, Head Start and Oral Health Partnership Project</td>
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<tr>
<td></td>
<td>Forum Wrap Up and a Look to the Future</td>
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<tr>
<td></td>
<td>John Rossetti, DDS, MPH</td>
<td></td>
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<tr>
<td></td>
<td>Chief Dental Officer, Maternal and Child Health Bureau, HRSA</td>
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<tr>
<td></td>
<td>Robert A. Sappington, DMD, MPH</td>
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<tr>
<td></td>
<td>Regional Dental Clinical Coordinator, HRSA Dallas Field Office</td>
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</tbody>
</table>
Appendix B: Regional Forum Participants List
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