

Enhancing Partnerships for Head Start and Oral Health: Regional Forums Synthesis Report

Prepared for:

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I. Background

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 prevention and access to oral health care 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 designated for the HSB by ACF, U.S. Department of Health and Human Services).

Participants have included a broad range of representatives from the Regional Offices of ACF, CMS, HRSA, and USDA Food and Nutrition Service. Attendees at the Forums have also represented Regional Networks for Head Start Training and Technical Assistance, Regional Head Start Associations, and Regional Primary Care Associations. In addition, participants represented State level agencies and organizations including Departments of Health and Social Services, State Oral Health, Maternal and Child Health (MCH) programs, WIC, Medicaid and State Children's Health Insurance Program (SCIHIP), State Head Start Collaboration Offices, State Head Start Associations, State Dental and Dental Hygienists' Associations. Community-based organizations also participated in the Forums and represented Community Health Centers, Local Health Departments, Early Head Start and Head Start Grantees, Tribal Health Programs, academic institutions, dental and health professionals, private, non-profit philanthropies, and others. Also, American Indian / Alaska Native Head Start grantees and Migrant and Seasonal Head Start grantees participated in the Regional Forums.

This report synthesizes the overarching issues identified and common strategies recommended to the Regional and National Offices by the participants of five regional forums held between 2001-2004 in: Dallas, Texas (Region VI), Kansas City, Missouri (Region VII), Denver, Colorado (Region VIII), San Francisco, California (Region IX), and Seattle, Washington (Region X). Comprehensive reports have been published for each Regional Forum and posted on the Maternal and Child Oral Health Resource Center Web site at:
<www.mchoralhealth.org/HeadStart/hsforums.htm>

The goals of the regional forums 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.

Each forum convened for one and a half days and included plenary presentations on regional issues as well as facilitated group discussion to identify key issues, promising practices, strategies, and action steps.

II. Issues and Strategies

This synthesis report highlights the issues and strategies that emerged from these forums in the areas of oral health best practices, education, workforce, insurance and access, leadership and funding.

A. Best Practices

Participants in each forum stressed the need for the identification and adoption of best practices with respect to prevention and early intervention and related educational materials to support these programs and practices. Participants stressed the importance of standardized content and the use of Information Memorandums to guide Head Start policies and programs. In addition, participants expressed concern that Head Start performance standards do not always reflect best practices, and suggested that a system be established to communicate guidance on contemporary oral health practices to providers, educators and the Head Start community.

Strategies Related to Best Practices:

- Obtain consensus on oral health best practices for young children, pregnant women, and families in Early Head Start and Head Start;
- Ensure that Head Start oral health performance standards and guidance reflect current oral health best practices;
- Standardize oral health screening, risk assessment, triage, and referral to a dental home to reflect best practices and program performance standards; and
- Develop and disseminate (through communication networks, training sessions, and technical assistance networks) a toolkit of oral health best practices and models that work.

B. Education

The theme of education was repeated continuously throughout each forum. Education comprises a number of target audiences, including children, pregnant women, parents, Head Start staff, dental and health providers, policymakers, and the public at large. At each forum, participants stressed the need for consistent oral health messages that rely on evidence-based prevention and early intervention practices. Participants again noted the need for best practices, especially in the areas of effective oral health education programs and successful public awareness campaigns. A number of “core” messages were identified, including the importance of prevention (e.g., fluorides, nutrition and early dental care) for young children and pregnant women. In light of the urgency of the Surgeon General’s Report: *Oral Health in America* and the *National Call to*

Action to Promote Oral Health, participants emphasized the need to educate people about the connection between oral health and general health.

Strategies to Address Educational Issues:

- Evaluate oral health materials available to Early Head Start and Head Start grantees, children, parents, and families;
- Develop an oral health guide, curriculum, and training program that integrates best oral health practices for Head Start staff working in center-based and home-based Head Start programs;
- Promote oral health education opportunities for professional and non-professional staff members including Head Start Directors, Health Managers, Nutrition Specialists, Head Start Teachers, and Home Visitors;
- Develop materials and support the replication of effective programs that are linguistically and culturally appropriate for the culturally diverse populations served by Head Start;
- Support family-focused oral health education that begins prenatally and addresses the oral health needs of the entire family;
- Increase awareness of Head Start among dental professional students and practicing dental professionals;
- Increase awareness of oral health issues among health providers including nurse practitioners, family physicians, pediatricians, physician assistants, dieticians, and others;
- Create a “how-to” manual for successful public awareness and oral health promotion campaigns, utilizing television and other media; and
- Provide oral health needs assessment and cost benefit data to policymakers to focus attention on oral health issues and justify changes in oral health practices and programs.

C. Workforce

Another overarching theme of all forums was the issue of workforce capacity. As defined by participants, workforce capacity encompasses a number of issues including a lack of dental

providers, especially those who accept Medicaid or SCHIP or provide oral health services to young children and pregnant women, and a lack of provider training in working with Head Start programs. Many participants noted that dentists are retiring at a faster rate than new dentists are graduating, and that the current provider pool does not mirror the diversity of the U.S. population. While participants often lauded the use of expanded function and auxiliary providers to address workforce shortages, they also noted that State Practice Acts often limit the scope of practice for dental assistants and dental hygienists.

Strategies to Address Workforce Development Issues:

- Collect information to define issues related to the dental provider shortage for policymakers and the general public;
- Create a network of dental providers willing to serve the Head Start community;
- Establish and/or expand effective loan repayment and other incentive programs to recruit dentists and dental hygienists, especially for rural and underserved areas, and create a resource manual outlining these opportunities for interested students and practitioners;
- Support innovative programs in dental and dental hygiene education that integrate cultural competency training and develop service learning opportunities with community-based organizations including Early Head Start and Head Start programs in urban and rural areas;
- Establish Head Start oral health fellowship programs in dental schools, dental hygiene programs, and public health schools;
- Obtain consensus on the use of a team approach to oral health care, review policies, and promote changes in regulations that may inhibit the use of auxiliary personnel in expanding access to oral health services;
- Support the development of materials and the implementation of continuing education programs for practicing dental professionals that emphasize cultural competency and the provision of oral health services for pregnant women, pediatric patients and low-income populations; and
- Increase the adoption of strategies and support collaborative efforts to expand service delivery; including the use of portable equipment and mobile units, to address oral health needs in underserved areas.

D. Insurance and Access

Insurance was cited as a key barrier to accessing dental care, as well as other access issues including transportation, geographic gaps (e.g., access to community water fluoridation), and cultural, language and literacy barriers. Participants observed that the Head Start community is challenged to meet the needs of diverse groups, assure linguistic and cultural competence, and reach undocumented populations.

Strategies to Improve Insurance and Access to Oral Health Care:

- Support the replication of effective practices and collaborative programs to expand access to dental care for children and families in Early Head Start and Head Start by eliminating transportation barriers, geographic gaps, cultural, language and literacy barriers;
- Support the implementation of innovative strategies and partnerships to reduce no-show rates, including outreach to Head Start programs, dental care coordination and case management in Head Start, encourage the use of alternative dental practices and office hours, and develop incentive programs for families to keep appointments;
- Assess the findings from focus groups with dental providers to determine the reasons for their reluctance to work with populations enrolled in Medicaid/SCHIP as well as Head Start programs in order to reduce these barriers;
- Promote the recognition of dental providers and community-based programs who collaborate successfully with Head Start, provide oral health services to children and families in Early Head Start and Head Start, and work with individuals enrolled in Medicaid and SCHIP;
- Explore programs that offer incentives to dental providers to accept patients enrolled in Medicaid and SCHIP including increased reimbursement rates, streamlined paperwork, or Federal or State income tax incentives; and
- Promote policies that assure Medicaid and SCHIP are user friendly for families and Early Head Start and Head Start programs (e.g., streamlined enrollment processes).

E. Coordination, Collaboration, and Leadership

Participants at each forum expressed the need for continuous State, regional, and national leadership in the area of oral health and Head Start. Going beyond an individual leader, many participants also suggested the creation of regional groups of representatives from organizations and agencies to meet regularly and collaborate on oral health issues and Head Start.

A variety of groups should be involved in these oral health regional groups, including representatives from Regional ACF, HRSA, WIC, CMS, and the Regional Head Start Training and Technical Assistance Network. In addition, participants should include State dental directors and oral health program staff, MCH Title V Early Childhood Comprehensive Systems (ECCS) Grantees, State Head Start Collaboration Offices, faculty members from dental and dental hygiene schools, representatives from State/local dental and dental hygienists' associations, State and Regional Head Start Associations, Early Head Start and Head Start staff, interested community-based organizations, the health community, and other key partners. Participants repeatedly cited the need for the dental and health communities to work together in addressing oral health issues.

Strategies to Improve Oral Health Leadership:

- Identify lead individuals willing to serve as point persons at the State, regional, and national levels to focus on oral health and Head Start;
- Support regional groups of partners to collaborate on oral health and Head Start issues;
- Create regional Centers of Excellence on prevention, early intervention, and oral health promotion in Head Start;
- Incorporate oral health content into national, regional, State and local Early Head Start and Head Start meetings; and
- Promote the concept of a dental home that works in concert with the medical home model, thereby coordinating health care and dental care and increasing the focus on prevention and expansion of the concept of well-child dental visits for all children.

F. Funding

Forum participants also highlighted the need to identify new and existing funding sources for collaborative programs. During the group discussions at the Regional Forums participants identified several approaches that have showed great promise in improving oral health in Early Head Start and Head Start Programs. Participants identified innovative programs that enhance prevention, expand access to oral health services, and improve oral health promotion and education. Collaborations seem to be a common trait among many successful initiatives including public, private, and non-profit partnerships between Early Head Start and Head Start Grantees and the following individuals, organizations, and agencies:

- Local Dental Office Team Members (including general dentists, pediatric dentists, dental hygienists, and dental assistants)
- State Oral Health Programs, State Health Departments
- State Medicaid / SCHIP
- Local Oral Health Program, Local County or City Health Departments
- Oral Health Programs, Community Health Centers
- Local Community-Based Non-Profit Oral Health Programs
- State and Local Dental and Dental Hygienists' Associations
- Dental Schools, Dental Residency, and Dental Hygiene Programs (including community-based oral health outreach programs as well as fixed dental clinics, mobile vans, and portable dental programs)

Participants at all Forums identified a number of promising approaches and recommended that they be expanded in Early Head Start and Head Start. Many participants expressed the desire to expand programs that are already successful, such as the *ABCDE* program in Washington State, and cited the need to find funding to support such expansions.

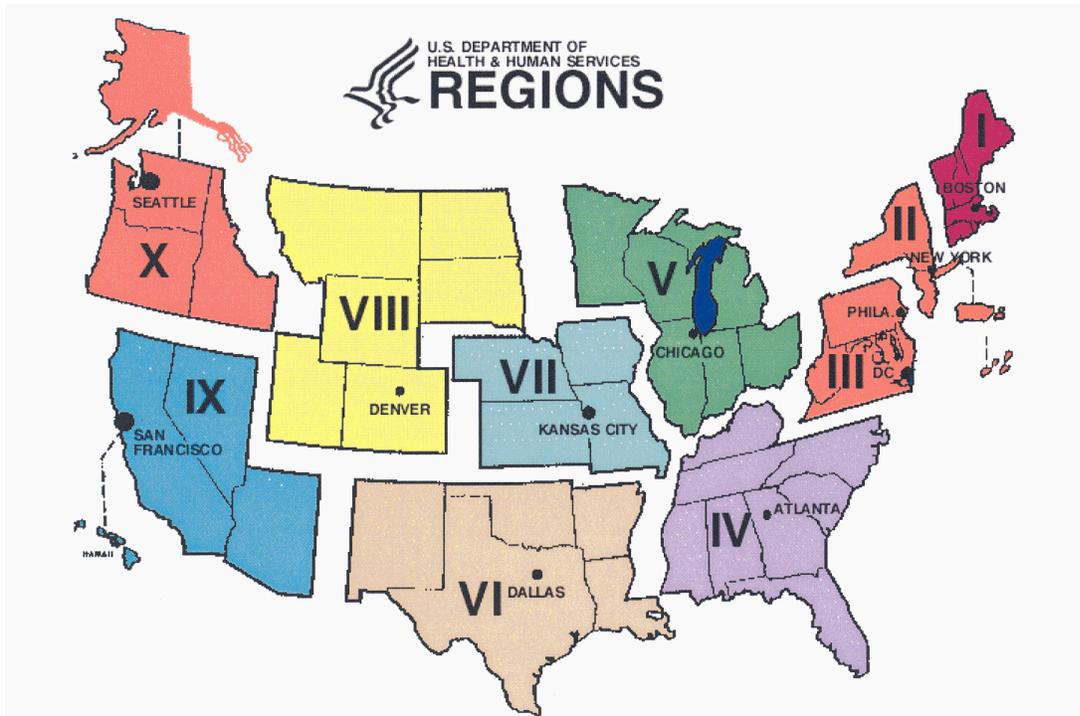
Strategies to Address Funding Needs:

- Identify successful partnerships and collaborative oral health efforts that involve Early Head Start and Head Start Grantees partnering with individuals, organizations, and agencies from the public, private, and non-profit sectors;
- Support the expansion of promising approaches and the replication of models that work to enhance prevention, expand access to oral health services, and improve oral health promotion and education in Early Head Start and Head Start;
- Identify and communicate potential funding sources and opportunities for oral health initiatives targeting populations served by Early Head Start and Head Start; and
- Provide policymakers with data and information (including cost-benefit analyses) to increase appreciation and funding for prevention, early intervention, and dental care for pregnant women and young children.

III. Conclusion

This synthesis of the five Regional Head Start forums held to date identifies numerous areas of shared concern among stakeholders in the oral health and Head Start communities. In addition, a number of common recommendations were generated that urged ACF and HRSA Offices at the national and regional levels to support expansions of collaborative oral health and Head Start efforts. Upon completion of the remaining regional Head Start forums scheduled through early 2005, a more complete assessment of regional issues and strategies to improve the oral health of children, pregnant women, and families in Early Head Start and Head Start will be made available.

Appendix A: Map of Regions Designated for the Head Start Bureau by the Administration for Children and Families (ACF), U.S. Department of Health and Human Services



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