Washington State
Early Head Start/Head Start/ECEAP
Oral Health Action Plan
2005

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Washington State Early Childhood Education & Assistance Program (ECEAP)
# Table of Contents

Executive Summary .............................................. p. 1
Current oral health scenario in Washington State .... p. 1
EHS, HS, and ECEAP in Washington State .......... p. 2
Development of the EHS/HS/ECEAP Oral Health Action Plan p. 2
Next steps and future activities ......................... p. 4
References ......................................................... p. 5
Acknowledgements .............................................. p. 5
Contact information ........................................... p. 5

Appendices (note: C-G and I are not included in the website version so page #s are not accurate)

A. Action Plan Matrix ....................................... p. 6
B. Abbreviations and glossary of selected terms used in the matrix p. 10
C. Healthy People 2010 Oral Health Objectives .......... p. 13
D. 2000 WA State Smile Survey - Low-income Children p. 14
E. 2002 State Oral Health Summit strategies (summary) p. 15
F. 2004 Regional Forum framework ......................... p. 16
G. Framework ideas developed during the 2004 Regional Forum p. 17
H. List of participants in the Head Start Forum Group (HSF) p. 22
I. HS-ECEAP oral health information added to 2005 Smile Survey p. 27
EXECUTIVE SUMMARY

This Oral Health Action Plan was developed specifically for Early Head Start/Head Start and the Early Childhood Education and Assistance Program (ECEAP) in Washington State. The plan consists of this narrative, a matrix (Appendix A), and a glossary of terms used in the matrix (Appendix B).

Dental caries (decay) are the single most common chronic childhood disease - five times more common than asthma and seven times more common than hay fever. And when children’s oral health suffers, so does their ability to learn. Compared to the nation as a whole and to the Oral Health Objectives of Healthy People 2010 (Appendix C), Washington’s children face significant dental decay and need for treatment. These facts have made oral health a great concern for EHS/HS and ECEAP.

In order to help address this difficult scenario, this action plan was created. This initiative was possible due to a grant award received from the Association of State and Territorial Dental Directors (ASTDD), and the collaboration between the Washington State Department of Health and a broad group of EHS/HS/ECEAP stakeholders (named the grant-related Head Start Forum or HSF Group). The HSF Group planning process included: a) participation in two state oral health-related events and b) a series of meetings among its multi-disciplinary stakeholders.

The proposed action plan contains eight recommendations related to “oral health promotion and education”, emphasizing “family focus with cultural considerations”. Partnerships at the regional, state, and local levels are encouraged as an effective way to use resources and accomplish the plan’s objectives. This is not intended to be a static plan, but rather a work in progress that will undergo additional iterations as more data is collected in response to changing oral health needs at the state and local levels. Continuing regional, state and local leadership support is needed to help implementing and evaluating the results of this action plan. The benefit of these coordinated and well-supported efforts will be the improvement of the oral health, and consequently of the readiness to learn, of children enrolled in EHS/HS/ECEAP.

CURRENT ORAL HEALTH SCENARIO IN WASHINGTON STATE

The 2000 Washington State Smile Survey found dental decay and need for dental treatment to be significant public health problems in our state. Some of the relevant findings of this survey are shown below, as well as two national measures for oral health:

<table>
<thead>
<tr>
<th>2000 WA State Smile Survey Results</th>
<th>1-2 year olds</th>
<th>2-4 year olds</th>
<th>3-5 year olds</th>
<th>Nt’l average for 2-4 year olds (1988-94)</th>
<th>HP 2010 Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>With dental decay</td>
<td>14.2 %</td>
<td>31.5 %</td>
<td>41.5 %</td>
<td>18%</td>
<td>11%</td>
</tr>
<tr>
<td>Needing dental treatment</td>
<td>11.9 %</td>
<td>24.8 %</td>
<td>28.9 %</td>
<td>16%</td>
<td>9%</td>
</tr>
</tbody>
</table>

Some of these numbers have increased since 1995, confirming the trend of increasing rates of decay and the worsening problem of your children needing and not receiving dental services. The situation becomes more troublesome for poor children and children of color. In addition, some of these rates are much higher than the national averages. Appendix D presents more survey results regarding young children.
Access barriers to oral health for these children and other groups have been known for a while as the following: lack of water fluoridation; shortage of dental providers; cultural and diversity issues; and inadequate coordination and collaboration between agencies and organizations responsible for early care, education, and health services. Barriers such as these have been identified in the 2000 Surgeon General’s Oral Health Report, the Washington State Smile Survey and locally-based surveys and forums. This action plan aims to address some of these barriers as well.

**EHS, HS AND ECEAP IN WASHINGTON STATE**

Early Head Start and Head Start are federally-funded child development programs that together serve children from birth to age five. Early Head Start targets, specifically, infants and toddlers up to 36 months of age. Their overall goal is to increase the school readiness of young children in low-income families. ECEAP is a state-funded program that offers site-tailored, comprehensive preschool services based on the Head Start model primarily to low-income four-year-olds, as well as to some three-year-olds. In Washington State, these programs work in close collaboration with each other.

Below is the oral health information obtained for these programs in 2003-2004, as well as two national measures for oral health.

<table>
<thead>
<tr>
<th>Program</th>
<th>Enrollment</th>
<th>Received dental exams</th>
<th>Needed dental treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>EHS/HS</td>
<td>18,368</td>
<td>12,301 (66.9%)</td>
<td>3,590 (20%)</td>
</tr>
<tr>
<td>ECEAP</td>
<td>6,882</td>
<td>2,996 (43%)</td>
<td>Not available</td>
</tr>
</tbody>
</table>

National average (1988-94) 2-4 years old: 16%
Healthy People 2010 Objective: 9%

**DEVELOPMENT OF THE EHS/HS/ECEAP ACTION PLAN**

The development of this action plan began in 2002 when the Washington State Department of Health, Community and Family Health Division was awarded a grant from ASTDD to “solicit input from a multidisciplinary, multi-organizational group of stakeholders to develop an action plan to improve Head Start oral health components.” These oral health components were to include improvements in oral health promotion and education, prevention, and access to dental services.

Upon receipt of this grant award, a large group of stakeholders was gradually formed and named the Head Start Forum (HSF) Group. The HSF Group built its work on the results of two important events and a series of subsequent in-person and virtual meetings.

The first event was the 2002 State Oral Health Summit (or State Summit), for which state EHS/HS/ECEAP representatives were invited to participate. At this Summit, oral health strategies were suggested (Appendix E). This event allowed for the first opportunity for representatives of EHS/HS/ECEAP and the Department of Health to meet and work collaboratively towards this grant.

The second event was the 2004 Region 10 Head Start Oral Health Forum (or Regional Forum), which produced a framework and ideas relative to three areas for action in oral health: 1) promotion and
education, 2) prevention, and 3) direct clinical services and service systems. Each of these three areas was further subdivided, as shown below:

1. Oral health promotion and education
   - family focus with cultural considerations
   - early intervention
   - policymakers
2. Oral health prevention
   - training and education
   - regulations and laws
   - communications and systems development
   - access to preventive services
3. Direct clinical services and service systems
   - integration of services and service systems
   - capacity of work force
   - services for mothers and families

Appendices F and G present a schematic of this framework and a detailed description of the ideas discussed in each of these three areas, respectively.

The results of these two events provided the HSF Group not only important guidelines to develop its action plan, but also opportunities to bring together a large number of stakeholders (a total of 30 representatives). Many of these participants had attended one or both of the events mentioned above. This group composition enabled continuity in planning and ideas and will serve to secure support during the plan implementation. A list of the participants in this group is shown in Appendix H. The HSF Group met multiple times, either in person or via conference calls, and also discussed some issues via email. During these interactions, decisions were made in order to further tailor the action plan to EHS/HS/ECEAP needs and structure.

Based on the framework that resulted from the Regional Forum, the HSF Group determined that the target of this action plan would be the area of “oral health education and promotion,” with an emphasis on the subdivision of “family focus with cultural considerations.” It was determined by the group that the plan should promote activities related to: education of families and EHS/HS/ECEAP staff, school readiness, and health literacy.

The HSF Group then developed a format for the action plan, consisting of a matrix, and an accompanying list of abbreviations glossary of selected terms (Appendices A and B, respectively). The matrix contains four columns that refer to:

1. The eight final recommendations
2. Relevant data to be added to the action plan in 2005
3. Existing resources (programs/services) in each area
4. Partnerships to be strengthened and sought (at the local, state, and regional levels)

The HSF Group also decided to gather additional HS/ECEAP information during the 2005 Smile Survey (Appendix I). This information will be finalized by the end of 2005 and then added to the action plan.
NEXT STEPS AND FUTURE ACTIVITIES

This document describes a work in progress. Ongoing information will be gradually added to the plan, such as updates to curricula, and results of the 2005 Smile Survey.

The action plan will also be discussed in an interactive session at the IX Healthy Child Care Washington & Head Start/ECEAP Health Symposium in late March 2005. This session will include a panel discussion with state and local oral health EHS/HS/ECEAP representatives, whose additional feedback and input will be incorporated into the action plan. By doing so, the plan will have included the suggestions from all levels of management and staff from EHS/HS/ECEAP programs.

The action plan will also be taken into account during the development of the Washington State Oral Health Plan, which will begin in 2005. This will ensure that efforts made to create the EHS/HS/ECEAP action plan will be continued in the larger state context.

The establishment of partnerships among EHS/HS/ECEAP and other programs and services is seen as essential for the successful implementation of this plan. Members of the HSF Group showed a variety of formal and informal mechanisms for networking and the willingness to partner with others. These partnerships will allow for better use of resources and sharing of expertise. Given the large number of stakeholders involved, it is advised that a central staff person be designated in the future as a liaison to coordinate these interactions in an efficient manner. It will also be necessary to develop an evaluation tool to help the HSF Group determine whether its efforts are achieving the proposed objectives of the action plan and whether adjustments would be necessary.

HSF Group members have expressed a desire to pursue future work on the other areas of the Regional Forum framework (Appendix F). This will likely occur as this action plan is implemented and evaluated appropriately and shows successful achievement of its recommendations. Much effort and collaboration has been put forward during the development of the action plan, and more will be needed to achieve successful outcomes. Additional funds and continuing leadership are necessary to make this action plan succeed and consequently improve the oral health, school readiness, and quality of life of young children at EHS/HS and ECEAP.

INFORMATION SOURCES

3. Healthy People 2010 Oral Health Objectives
6. The ECEAP Management System (EMS), 2003-04

ACKNOWLEDGEMENTS
We would like to thank Kathleen O’Connor, MD, MPH for the coordination of the meetings and ideas that have contributed to this action plan. The dedication of the group members to this project has served as a source of inspiration for future activities with EHS/HS/ECEAP.

CONTACT INFORMATION

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Eight recommendations have been devised by the Head Start Forum for this action plan. They are interrelated in many aspects and should be pursued concomitantly. They include:

- Adopting a comprehensive oral health curriculum that includes families, children and staff, and promoting its effective implementation.
- Educating families about existing oral health educational resources on health literacy, cultural competence, and nutrition.
- Identifying and sharing effective strategies and techniques for motivation and follow-up of families and patients.
- Identifying and collecting oral health resources related to overcoming access barriers to oral health such as insurance, transportation, childcare, and others.
- Exploring the translation and cultural adaptation of existing oral health resources.
- Creating a method to disseminate internet evidence-based oral health information in a way that is tailored to: staff, communities, and families.
- Ensure the consistency and dissemination of oral health messages that are used for staff training and child/family education.
- Providing opportunities for education and training on oral health resources and best practices to families and early childhood education providers (including childcare).

Below is a matrix containing detailed information for each of these recommendations, including: upcoming data to be incorporated into each recommendation, existing resources (programs/services) to build on in the area recommended, and local/state/regional partnerships to be strengthened and sought for consultation and successful implementation of the action plan.
<table>
<thead>
<tr>
<th>Action Plan Recommendation</th>
<th>Relevant data to be added in 2005 (timeframe, if available)</th>
<th>Existing resources in this area</th>
<th>Partnerships to be strengthened and sought</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adopt a comprehensive oral health curriculum that includes families, children and staff, and promote its effective implementation.</td>
<td>▪ 2005 Smile Survey results (Dec 2005)</td>
<td>▪ Preschool OH programs (Bright Futures, KGC, CFK, ABCD(E), PSESDE PHP, Tooth Tutor)</td>
<td>▪ Local health jurisdictions’ OH programs</td>
</tr>
<tr>
<td></td>
<td>▪ Baseline assessment through</td>
<td>▪ DOH (Child Profile, WIC, OH Program)</td>
<td>▪ DOH (OH Program, Child Profile, and WIC)</td>
</tr>
<tr>
<td></td>
<td>HS/ECEAP Collaboration Office or WSA</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Annual HS PIR Oral Health Data</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ ECEAP Annual Report Data on Oral Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Annual evaluation of CFK implementation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Annual PRISM areas of non-compliance relating to oral health</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Healthy Child Care WA &amp; HS/ECEAP Health Symposium conclusions (March 2005)</td>
<td>▪ DOH OH Program</td>
<td>▪ State and local OH coalitions</td>
</tr>
<tr>
<td>Educate families about existing oral health education resources on: a) Health literacy b) Cultural competence c) Nutrition</td>
<td>▪ Annual PRISM areas of non-compliance relating to oral health</td>
<td>▪ Preschool OH programs (Bright Futures, KGC, CFK, ABCD(E), PSESDE PHP, Tooth Tutor)</td>
<td>▪ HS Region 10 OH Consultant</td>
</tr>
<tr>
<td></td>
<td>▪ Annual HS PIR Oral Health Data</td>
<td>▪ Children’s Hospital and CCHCP</td>
<td>▪ State and local providers and societies (dental and medical)</td>
</tr>
<tr>
<td></td>
<td>▪ ECEAP Annual Report Data on Oral Health</td>
<td>▪ Region 10 Website</td>
<td>▪ Region 10 HS/ACF website</td>
</tr>
<tr>
<td></td>
<td>▪ CDC/UW grant on education and health literacy</td>
<td>▪ MCH OH Nat’l Resource Center</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Potential degree-related projects from UW HS fellow or MPH student</td>
<td>▪ Online Learning Center through HSNRC</td>
<td>▪ University of Washington Dental School</td>
</tr>
<tr>
<td>Identify and share effective strategies and techniques for motivation and follow-up of families and patients.</td>
<td>▪ 2005 Smile Survey results (Dec 2005)</td>
<td>▪ Pack Forest training and educational opportunities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Interviews with local EHS/HS programs</td>
<td>▪ HS/ECEAP programs with successful follow-up and motivational strategies</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Region 10 Website</td>
<td></td>
</tr>
</tbody>
</table>
| Identify and collect oral health resources related to overcoming access barriers to oral health such as insurance, transportation, childcare, and others. | • Interviews with local EHS/HS programs | • LHJs’ OH programs | and MPH Program
  ▪ DOH
  ▪ State and local OH coalitions
  ▪ MCH OH Nat’l Resource Center
| Explore translation and cultural adaptation of existing oral health resources. | • CDC/UW grant on education and health literacy
  ▪ Potential degree-related projects from UW HS fellow or MPH student | • Preschool OH programs (KGC, CFK, ABCD(E))
  ▪ LHJs’ OH programs
  ▪ Children’s Hospital and CCHCP
  ▪ CDC/UW grant on education and health literacy
  ▪ MCH OH Nat’l Resource Center | ▪ Healthy Mothers Healthy Babies
| Create a method to disseminate internet evidence-based oral health information that is tailored to: a) Staff b) Communities c) Families | • HS Online Learning Centers (Spring 2005)
  ▪ Addition of state and local links to HS Online Learning Centers (July 2005)
  ▪ Information on number of hits at related websites
  ▪ HS T/TA ad-hoc focus group information (TBD) | • WA State OH Coalition
  ▪ Region 10 HS/ACF Website
  ▪ MCH OH Nat’l Resource Center
  ▪ American Academy Pediatric Dentistry
  ▪ HS Online Learning Centers with State and local links | ▪ WA State HS/ECEAP Association
  ▪ HS/ECEAP State Collaboration Office
  ▪ WA Child Care Resources and Referral Network
  ▪ WA Dental Services Foundation
  ▪ WA Association for the Education of Young Children
| Ensure consistency and dissemination of oral health messages that are used for staff training and child/family education. | ▪ Dissemination schedule with short, medium, and long term components (to clarify HS performance standards)  
▪ HS T/TA and Region 10 ACF annual information  
▪ ECCS (through DOH) with statewide and local applications | ▪ DOH  
▪ OH preschool programs (Bright Futures, KGC, CFK, ABCD(E), PSESD PHP, Tooth Tutor)  
▪ STARS  
▪ HS/ECEAP training  
▪ CCR  
▪ Childcare Health Nurse Consultants Training Modules  
▪ HS Bureau Information Memorandum  
▪ Mississippi State HS Oral Health Manual | ▪ OH HS T/TA Network  
▪ EHS/HS Grantees  
▪ ECEAP Contractors  
▪ UW HS fellow or MPH student |
| Provide opportunities for education and training on oral health resources and best practices to families and early childhood education providers (including childcare). | ▪ Healthy Child Care WA & HS/ECEAP Health Symposium conclusions (March 2005)  
▪ WSA (March 2005)  
▪ 2005 Smile Survey results (Dec 2005)  
▪ Annual HS PIR Oral Health Data  
▪ STARS training attendance data | ▪ OH preschool programs (Bright Futures, KGC, Cavity-Free Kids, ABCD(E), PSESD PHP, Tooth Tutor)  
▪ Healthy Child Care WA & HS/ECEAP Health Symposium  
▪ STARS program  
▪ Annual HS meeting  
▪ Website links |
### Appendix B

**Abbreviations and Glossary of Selected Terms used in the Matrix**

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full name/item</th>
<th>Brief Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABCD (E)</td>
<td>Access to Baby and Child Dentistry (Expanded)</td>
<td>Program that promotes access to oral health prevention and treatment for Medicaid children under 6 years of age.</td>
</tr>
<tr>
<td>ASTDD</td>
<td>Association of State and Territorial Dental Directors</td>
<td>National non-profit organization representing the dental directors and staff of state dental public health programs. It formulates and promotes the establishment of sound national dental public health policy and assists state dental programs in the development and implementation of programs and policies for the prevention of oral diseases.</td>
</tr>
<tr>
<td>BSBF</td>
<td>Bright Smiles, Bright Futures</td>
<td>Multi-tiered program to promote oral health through education and prevention.</td>
</tr>
<tr>
<td>BSiP</td>
<td>Bright Smiles in Practice</td>
<td>MCHB program w/comprehensive health supervision guidelines, including oral health.</td>
</tr>
<tr>
<td>CCHCP</td>
<td>Cross Cultural HealthCare Program</td>
<td>Serves as a bridge between communities and health care institutions to ensure full access to quality health care that is culturally and linguistically appropriate.</td>
</tr>
<tr>
<td>CCR &amp; RN</td>
<td>Washington State Child Care Resource and Referral Network</td>
<td>Private non-profit agency that provides information for parents on licensed child care; professional training, and resources for child care providers; programs for employees, business leaders, educators and other local partners in support of high-quality child care.</td>
</tr>
<tr>
<td>CFK</td>
<td>Cavity Free Kids</td>
<td>WDSF program, launched in 1998, that focus on the oral health needs of infants and children.</td>
</tr>
<tr>
<td>DOH</td>
<td>Department of Health (Washington State)</td>
<td>The DOH works to protect and improve the health of people in Washington State. Its Oral Health Program works to promote access to dental preventive services, supports oral health education to health and non-health professionals, collects information about community oral health needs, and develops partnerships and statewide policies to fulfill those needs.</td>
</tr>
<tr>
<td>ECCS</td>
<td>Early Childhood Comprehensive Systems</td>
<td>Federally funded program within the DOH. It facilitates planning, development and implementation of collaborations and partnerships to support families and communities in their development of children who are healthy and ready to learn at school entry.</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Full name/item</td>
<td>Brief Definition</td>
</tr>
<tr>
<td>--------------</td>
<td>----------------</td>
<td>------------------</td>
</tr>
<tr>
<td>ECEAP</td>
<td>Early Childhood Education Assistance Program</td>
<td>Funded by the state, it offers site-tailored, comprehensive preschool services based on the Head Start model to low-income four-year-olds, as well as to some three-year-olds.</td>
</tr>
<tr>
<td>EHS</td>
<td>Early Head Start</td>
<td>EHS specifically targets 0-36 month-old children.</td>
</tr>
<tr>
<td>First Steps (MSS)</td>
<td>First Steps Maternal Support Services</td>
<td>Preventive health services to supplement medical visits for women who have Medicaid coverage and are pregnant or within 60 days post-pregnancy.</td>
</tr>
<tr>
<td>HSF</td>
<td>Head Start Forum</td>
<td>Multidisciplinary, multi-organizational group formed in response to a grant received by DOH. It contains several oral health stakeholders who together developed the EHS/HS/ECEAO oral health action plan.</td>
</tr>
<tr>
<td>HCCW Conference</td>
<td>IX Health Child Care Washington Conference</td>
<td>Annual Child Care and Health Partnerships Symposium to be held in March 29-31, 2005 in Wenatchee, WA</td>
</tr>
<tr>
<td>HMHB (WA)</td>
<td>Healthy Mothers, Healthy Babies, Washington</td>
<td>A private non-profit organization whose mission is to serve as the foremost catalyst for improvements in maternal, child and family health.</td>
</tr>
<tr>
<td>HS</td>
<td>Head Start</td>
<td>Head Start (and Early Head Start – EHS) are comprehensive child development programs which serve children from birth to age 5, pregnant women, and their families.</td>
</tr>
<tr>
<td>HSNRC</td>
<td>Head Start National Resource Center</td>
<td>Info &amp; resources related to HSB initiatives, priorities and national training events.</td>
</tr>
<tr>
<td>Kids Get Care</td>
<td>Kids Get Care</td>
<td>Integrated, preventive health care for children in King County, regardless of insurance status.</td>
</tr>
<tr>
<td>LHJs</td>
<td>Local Health Jurisdictions</td>
<td>Correspond to 35 county-level health departments that share with DOH the responsibility of promoting public health services to the Washington’s 39 counties. In some cases, two counties share the same health department.</td>
</tr>
<tr>
<td>MCH</td>
<td>Maternal Child Health</td>
<td>Program that focus on the comprehensive physical, psychological and social needs of the maternal and child health population.</td>
</tr>
<tr>
<td>MPH</td>
<td>Masters in Public Health</td>
<td>Advanced degree in Public Health, sometimes in association with the UW School of Dentistry.</td>
</tr>
<tr>
<td>OB/GYN</td>
<td>Obstetrician/gynecologist(s)</td>
<td>Branch of medicine dealing with obstetrics and health care for women, especially the diagnosis and treatment of disorders affecting the female reproductive organs.</td>
</tr>
<tr>
<td>OH</td>
<td>Oral Health</td>
<td>Important component of general health, quality of life, and social development.</td>
</tr>
<tr>
<td>PRISM</td>
<td>Program Review Instrument for ACF system</td>
<td>ACF system used to conduct comprehensive...</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Full name/item</td>
<td>Brief Definition</td>
</tr>
<tr>
<td>--------------</td>
<td>----------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Systems Monitoring</td>
<td>grantees review once every three years.</td>
<td></td>
</tr>
<tr>
<td>PSESD PHP</td>
<td>Puget Sound Educational Service District Peer Health Program</td>
<td>Program with peer health educators teaching families about OH &amp; resources.</td>
</tr>
<tr>
<td>Region 10</td>
<td>Region 10 Administration for Children and Families</td>
<td>A part of the U.S. Department of Health and Human Services, ACF is responsible for programs that promote the economic and social well-being of families, children, individuals, and communities. The Region 10 team provides executive leadership to state, county, city, and tribal governments, as well as public and private local grantees to ensure effective, efficient, results-oriented program and financial management.</td>
</tr>
<tr>
<td>ACF</td>
<td>Region 10 Administration for Children and Families</td>
<td>Career development system, administered by DSHS Division of Child Care and Early Learning, designed to improve child care through on-going training for child care providers.</td>
</tr>
<tr>
<td>STARS</td>
<td>Washington State Training and Registry System</td>
<td>Professional organization for those working with children ages birth through eight years old.</td>
</tr>
<tr>
<td>T/TA</td>
<td>Training/Technical Assistance</td>
<td>Founded in 1861, the University of Washington is one of the oldest state-supported institutions of higher education on the Pacific coast. Its primary mission is the preservation, advancement, and dissemination of knowledge.</td>
</tr>
<tr>
<td>TBD</td>
<td>To Be Determined</td>
<td>Through caring partnerships with families and strong community linkages, this association creates opportunities to support individual growth, self-sufficiency and family health, and wholeness.</td>
</tr>
<tr>
<td>UW</td>
<td>University of Washington, School of Dentistry and College of Public Health</td>
<td>A private, non-profit organization that is supported by the Delta Dental Plans Association, and is dedicated to the prevention and early treatment of oral diseases.</td>
</tr>
<tr>
<td>WAEYC</td>
<td>Washington Association for the Education of Young Children</td>
<td>A federally-sponsored program that serves to safeguard the health of low-income women, infants, and children up to age 5 who are at nutritional risk. WIC provides nutritious foods to supplement diets, information on healthy eating, and referrals to health care.</td>
</tr>
<tr>
<td>WDSF</td>
<td>Washington Dental Service Foundation</td>
<td>Through caring partnerships with families and strong community linkages, this association creates opportunities to support individual growth, self-sufficiency and family health, and wholeness.</td>
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</tbody>
</table>

Notes: Appendices C-G and I are not included in the website version of this report.
Appendix H

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