

# Enhancing Partnerships for Head Start and Oral Health: Professional Dental Organizations Synthesis Report

Prepared for:

Maternal and Child Health Bureau  
Health Resources and Services Administration

Prepared by:

Health Systems Research, Inc.  
Washington, DC  
and  
Jane Steffensen, MPH, CHES,  
Department of Community Dentistry  
University of Texas Health Science  
Center at San Antonio



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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 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 access to oral health services.

One outcome of this National Forum was the formulation of an Intra-Agency Agreement between the Head Start Bureau, 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 forums with dental professional organizations to identify strategies to improve the oral health of participants in Head Start. This report summarizes the findings from the forums conducted with the American Academy of Pediatric Dentistry (AAPD) in 2002 and the American Dental Hygienists' Association (ADHA) in 2003. Each professional group met for a one-day meeting. Participants included individuals in clinical practice, faculty members from academic institutions as well as staff members of the respective organizations. In addition, individuals holding professional positions in State Oral Health and Medicaid Dental Programs participated in the ADHA Forum.

These forums were designed to obtain input from dental professional organizations regarding the following:

- Challenges to improving oral health status in Head Start and Early Head Start programs;
- Promising practices to enhance oral health education, prevention, and direct clinical services for participants in Head Start and Early Head Start;

- Opportunities to increase awareness of dental professionals about addressing the needs of Head Start programs and participants;
- Opportunities to enhance the roles of professional dental organizations working with Early Head Start and Head Start to improve oral health;
- Future collaboration efforts between these organizations and MCHB and the Head Start Bureau (HSB); and
- What resources can be brought to bear on improving the oral health component in Early Head Start and Head Start.

The issues and strategies discussed at the Forums are summarized in the next section.

## II. Issues and Strategies

The discussions of participants at these forums are categorized into five broad areas: data and surveillance, workforce issues, education, insurance and other access issues, and coalition building. These topics correspond to many of the priority areas identified by other Federal agencies working on oral health issues. Presented below are brief summaries of the needs and challenges occurring in each of these areas, as well as strategies that professional organizations, MCHB, and Head Start can take in the future to address them.

### A. Data and Surveillance

One of the most pressing concerns of the professional organizations was the need for a comprehensive picture of oral health status among children and families in Early Head Start and Head Start. Both pediatric dentists and dental hygienists expressed the need for more standardized and effective collection of data for this population in order to quantify oral health needs and determine who is currently receiving care, who is not, and how these break down by State and population characteristics. These forums clearly indicated that data currently being collected by Head Start is not being effectively disseminated to the oral health providers serving this population. Participants at the ADHA forum promoted the idea of a central repository for data accumulated by Early Head Start and Head Start programs. They felt that

MCHB and HSB could enlist many partners in this endeavor, including the professional organizations themselves, as well as the Association for State and Territorial Dental Directors and the American Dental Education Association.

*Strategies for Improving Data and Surveillance:*

- Encourage Early Head Start and Head Start programs to utilize the Basic Screening Survey that includes an oral health screening protocol and questionnaire developed by ASTDD. These data collection tools could be used to collect oral health information about children and pregnant women participating in these programs in order to give providers a clearer understanding of the oral health needs of the Head Start community.
- Encourage oral health professional organizations to work with State agencies to develop appropriate tools and methods to centralize data gathered from screenings and questionnaires to quantify the oral health status and needs of Head Start children and families.

## B. Workforce Issues

The AAPD and ADHA forums raised several issues related to the training of dental professionals and the geographic distribution of their practices, as current limitations in these areas seem to impede their ability to collaborate with Early Head Start and Head Start programs. The forum participants discussed in detail the following workforce issues:

***A diminishing supply and maldistribution of dentists.*** Participants noted that a decreasing number of students are selecting dentistry as a profession. In addition, of those dentists that are practicing, there is a lack of dentists who will provide oral health services to young children and/or accept Medicaid/SCHIP.

***State practice acts limit scope of practice.*** While use of expanded and auxiliary personnel could ease the access problems associated with the workforce shortage, participants cited specific problems associated with state practice acts that limit the scope of practice for dental assistants and dental hygienists. Several States have legislation that does not permit dental hygienists to practice in certain settings or without direct supervision from a dentist. These laws were considered problematic given how few dentists, especially pediatric dentists, there are in many areas of the country.

***Lack of training in the care of pediatric patients and the use of the most current oral health techniques.*** Lack of training and education of dental hygiene, dental students, and dental residents in these areas were of particular concern. Participants cited the decreasing number of programs in pediatric dentistry as well as a lack of family dentists who provide dental care to pregnant women and Head Start children. In addition, some participants suggested that some students may not be learning the most contemporary principles and current oral health practices to best serve children and pregnant women in Early Head Start and Head Start.

***Disconnect between oral health and general health.*** Participants also noted the general lack of emphasis given to oral health in general medicine. Many non-dental health professionals (e.g., nurses, pediatricians, physicians, etc.) do not realize the importance of oral health and its relationship to overall health. This disconnect means that a patient's oral health status and risk factors are often left unexamined in general physical examinations and counseling sessions with only minimal attention given to identifying oral health problems and making appropriate referrals for follow-up treatment by a dentist.

#### *Strategies Related to Workforce Development Issues:*

- Support the development of materials and implementation of programs that promote better education and training of dental students and practicing dental professionals in caring for pediatric patients.
- Support the development of educational materials and implementation of oral health programs to enhance the education of health providers including nurses, nurse practitioners, physicians, pediatricians, physician assistants, dietitians, and others.
- Encourage more students to pursue dental and dental hygiene careers (especially with a public health or pediatric emphasis) and support innovative programs that update curricula, integrate cultural competency training, and develop service learning opportunities with community-based organizations including Head Start programs in urban and rural areas.

## C. Education

The professional organizations agreed that three specific target audiences were in need of additional education relating to the oral health of young children:

***Dental and health professionals*** need to be educated about the oral health needs of Head Start children and families and effective oral health practices to address these needs.

***Head Start staff*** should be provided with professional development education regarding oral health as well as increased resources within Early Head Start and Head Start programs to integrate promising oral health practices into the classroom. Both professional organizations stressed the need for more educational programs that fit within the context of Head Start programs for both Head Start staff and health and dental professionals working with Head Start programs. They observed that Head Start staff could use information about the best approaches to meet oral health needs in Early Head Start and Head Start programs in ways that are efficient, effective, and financially viable. Participants were unable to identify a current comprehensive resource that provides an oral health guide or curriculum that meets the needs of the broad-based audiences and settings of Head Start.

***Parents and caregivers*** also require education about the oral health needs of their children and beneficial oral health practices. Practitioners noted that families need to become aware of the transmissible nature of dental caries, and that prevention is crucial to maintaining oral health. They noted that any educational materials around these issues must be culturally and linguistically appropriate to reflect the diversity of families participating in Head Start programs.

### *Strategies to Improve Oral Health Education Efforts:*

- Develop and support local health events that draw attention to oral health and frame it as a social and public health issue.
- Support dental professional organizations that offer educational opportunities related to oral health in Early Head Start and Head Start programs.
- Develop an oral health guide and curriculum 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 with continuing education credits for professional and non-professional staff members including Head Start Directors, Health Managers, Nutrition Specialists, Head Start Teachers, and Home Visitors.
- Develop an oral health guide and curriculum that is linguistically and culturally appropriate for pregnant women, children, and parents in Head Start.
- Disseminate “best practices” and promising models to practitioners and families that describe effective ways to improve oral health education, enhance prevention, and expand access to dental care in Head Start.

#### D. Insurance and Other Access Issues

Increasing access to oral health preventive care—through the use of better reimbursement and streamlined paper work was deemed a critical concern if MCHB, HSB and others hope to strengthen the oral health component of Head Start. One primary challenge is the low reimbursement rates and allowances for direct services paid for by Medicaid and SCHIP. Many dental professionals find these rates well below the cost of delivering services and are therefore reluctant to provide dental care to patients enrolled in Medicaid and SCHIP, the same population that is likely to be participating in Head Start. Other problems arise when coverage for services is not aligned with current recommendations for dental care—for example, when dental sealants are only reimbursed after the child has reached a certain age, rather than being based on an assessment of risks and needs. Representatives of the professional organizations indicated that better education of legislators, policymakers, and providers around the oral health needs of low-income populations is needed. This approach could effect changes in reimbursement rates, legislation related to Medicaid and SCHIP programs, and the creation of other incentives to promote the provision of dental care for children, pregnant women, families in Early Head Start and Head Start.

In addition to these financing issues, participants discussed other barriers and challenges families face in accessing oral health services. Transportation was cited by many as a significant problem, especially for rural residents. Cultural and linguistic barriers also impede an understanding of the importance of oral health and may prevent children from seeing

dentists preventively rather than only when in need of treatment. Also, dental professionals may not be competent in understanding and providing oral health care to culturally diverse patients and their families.

#### *Strategies for Improving Access to Oral Health Care:*

- Encourage publicly financed insurance programs (Medicaid, SCHIP) to offer greater coverage of effective dental services, including preventive services.
- Pay higher reimbursement rates for oral health services under publicly financed insurance programs.
- Integrate oral health access strategies into Head Start case management to help parents and families locate and access a dental home.
- Support the integration of cultural competency training into educational programs for dental professionals that enhances the provision of oral health services for the diverse population groups participating in Head Start.

#### E. Coalition Building

The underlying theme that emerged from the professional organization forums was that implementing the strategies listed previously will only be possible through partnerships and coalition building. Persons at the AAPD forum noted that there is currently no national partnership between AAPD and MCHB and HSB to support promising practices and model programs for oral health. At the ADHA forum, participants acknowledged a need for more effective partnerships between the dental community and other stakeholders, such as public health, primary care, and WIC programs. Both professional organizations identified a number of strategies to build better relationships between these groups, as outlined in the next section.

#### *Strategies for Building Coalitions/Partnerships Between the Dental and Other Communities:*

- Assess what collaborations currently exist between the dental community and Head Start.

- Develop and support linkages between dental professional organizations working at the national and regional levels with the MCHB and Head Start related entities including the Head Start Bureau, National Head Start Association, Regional ACF Offices and the Regional Head Start Associations.
- Facilitate partnerships among professional dental organizations at the state and local levels and organizations and agencies associated with Head Start such as the State Head Start Collaboration Offices, State Head Start Associations, Early Head Start and Head Start Grantees and their delegate agencies. Provide incentives to promote collaborations that focus on oral health in Head Start.
- Designate an individual in each State to provide leadership and foster collaboration between dental schools and dental hygiene programs and Early Head Start and Head Start programs.
- Create a network of regional resource centers that serve as Centers of Excellence for Head Start and Oral Health.
- Collaborate in efforts to update data collection and upgrade training and technical assistance activities for Early Head Start and Head Start programs.

### III. Conclusion

This report provides a basis for ongoing discussions regarding the implementation of the strategies identified in the AAPD and ADHA professional organization forums. Both professional dental organizations identified similar lists of issues and challenges related to oral health and Head Start, as well as recommendations that can be enacted to address these issues. As outlined in this report, AAPD and ADHA have identified numerous strategies that can be used to address workforce issues; enhance oral health education, prevention, and services and increase awareness of oral health issues among a number of target audiences including dental, health, and Head Start professionals. They emphasized the need to work collaboratively with Head Start programs, children and families to ultimately improve the oral health of children, pregnant women, and families in Early Head Start and Head Start.