



Strategies to Improve Collaboration Between State Oral Health Programs and Head Start State Collaboration Offices

Background

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

Head Start^a is a federal program administered by the Office of Head Start (OHS), Administration for Children and Families (ACF), through grants to approximately 1,600 community-based organizations located in all 50 states, the District of Columbia, and most U.S. territories. Head Start serves approximately 900,000 participants nationwide.²

Despite improvements in oral health status nationally, profound oral health disparities remain in certain population groups, including children enrolled in Head Start. Head Start staff and parents report that the number one

health issue affecting children enrolled in Head Start is lack of access to oral health services. A partnership between state oral health programs (SOHPs) and Head Start state collaboration offices (HSSCOs) could serve to improve communication and networking between local Head Start programs and others, resulting in enhanced oral health services for pregnant women, infants, and children enrolled in Head Start and their families.³

What Is the Role of the State Oral Health Program?

Dental public health programs administered by state and territorial health agencies are referred to as SOHPs. SOHPs serve to (1) improve oral health by increasing awareness of the relationship between oral health and systemic health; (2) prevent and reduce oral and craniofacial diseases, conditions, and injuries; and (3) improve access to oral health services. SOHPs are involved in the following activities:⁴

- Assessing and tracking oral disease rates.
- Promoting and supporting prevention services and access to affordable oral health care.
- Using evidence-based strategies to promote best oral health practices and policies.
- Ensuring that there is an adequate and competent oral health work force.
- Evaluating effectiveness, availability, and quality of oral health programs and services.



SOHPs with adequate infrastructure and capacity are integral to the mission of state health agencies and strive to accomplish their objectives through strong partnerships and input from stakeholders.



What Is the Role of the Head Start State Collaboration Office?

Since 1990, OHS has funded HSSCOs to promote the development of multi-agency and public and private partnerships at the state level to

- Help build early childhood systems and enhance access to comprehensive services and support for Head Start participants and their families.
- Encourage widespread collaboration between Head Start and other programs, services, and initiatives, augmenting Head Start's capacity to act as a partner in state initiatives on behalf of Head Start participants and their families.
- Facilitate the involvement of Head Start in state policies, plans, processes, and decisions affecting Head Start participants and their families and other families with low incomes.
- Coordinate federal, state, and local policy to help ensure a unified early care and education system.
- Work with governors' offices, state health agencies and early childhood agencies, associations, and advocacy groups.⁵

Collaboration

The Association of State and Territorial Dental Directors (ASTDD) represents state dental directors (SDDs) and staff of SOHPs and other individuals or groups that join as associate members. ASTDD's mission is to promote a governmental oral health presence in every state and territory and to promote sound oral health policy, increase awareness of oral health issues, and assist in the development of initiatives for the prevention and control of oral diseases.⁶ ASTDD supports collaboration between national, state, and local organizations to achieve this goal. For example, in 2001, an intra-agency agreement (IAA) between OHS and the Maternal and Child Health Bureau (MCHB) provided funding to ASTDD and other entities. With this funding, ASTDD conducted a Head Start oral health project from 2001 to 2007. One of the project's many accomplishments was convening Head Start oral health forums that resulted in action plans. The forums involved SOHPs, HSSCOs, Head Start programs, and many others in 50 states and four territories. Thirty-seven states and three territories received additional funding for Head Start oral health follow-up activities.

In 2002, at the beginning of the OHS/MCHB IAA, ASTDD conducted a survey of SOHPs and HSSCOs to determine the level of collaboration with each other. More than 50 percent of

the respondents (24 of 41) reported that no collaboration was occurring. The survey was repeated in 2008 after the Head Start oral health forums were held; at that time, all respondents indicated that collaboration was taking place at some level. Survey findings also indicated that 80 percent of both SOHPs and HSSCOs needed

assistance with further collaboration efforts.³ In 2011, by which time most of the Head Start oral health efforts supported through the OHS/MCHB IAA were no longer being funded, an ASTDD survey found that more than 90 percent of SOHP and HSSCO respondents still reported ongoing collaboration, demonstrating the strong relationship that had been established and the importance of this partnership.





Outcomes of Collaboration to Date

SOHP and HSSCO directors report that collaborative partnerships in states have resulted in the following outcomes:

- Increased the number of oral health professionals who provide care for Head Start participants enrolled in Medicaid.
- Leveraged funds to support needs assessment and early intervention using evidence-based preventive practices.
- Increased SOHPs' awareness of the oral health issues facing Head Start participants and their families.
- Increased networking between oral health professionals and medical professionals to coordinate care.
- Integrated Head Start oral health issues into state oral health plans.
- Increased the number of Head Start participants with a dental home (a source of comprehensive, continuously accessible, coordinated, and family-centered oral health care).
- Improved joint activities and communication between Head Start and oral health programs at the state and local levels.
- Increased SOHP-provided or SOHP-supported preventive and educational services at Head Start programs.
- Developed education and training resources and webinars to share information, including best practices and promising models.
- Participated in coalitions to (1) develop policy statements to introduce legislation promoting oral health services for Head Start and (2) collect and analyze data using *ASTDD's Basic Screening Survey for Children*⁷ to track progress in improving oral health and reducing disparities.

Recommended Strategies for Further Collaboration

- SOHP staff join the state Head Start Health Services Advisory Committee.
- HSSCO director joins the statewide oral health coalition.
- SOHPs and HSSCOs collaborate with other groups to provide or arrange for oral health training for Head Start health managers, staff, and parents.
- SOHPs or HSSCOs take the lead to establish a system of communication between stakeholders, such as state Medicaid and Children's Health Insurance Programs, state Head Start associations, professional organizations, schools of higher education, and others, to support oral health needs assessments and surveillance; increase access to, financing for, and use of community-based and private preventive services and care; and advocate for policies that improve the oral health of Head Start participants.
- SOHPs and HSSCOs share promising models and best practice approaches for replication in local communities.
- SOHPs and HSSCOs base funding policies on evidenced-based prevention and early intervention practices that have proven successful in reducing dental caries.
- SOHPs and HSSCOs review Head Start oral health action plans created during the past decade, document outcomes and lessons learned, and update the current plan. (To access action plans, see either <http://www.astdd.org/head-start-oral-health-project> or <http://www.mchoralhealth.org/HeadStart/hsforums.html>.)



- SOHPs include issues specific to Head Start and oral health in state and local coalitions and in the state oral health plan or Head Start state plan.
- SOHPs work with Head Start health managers and HSSCOs and help locate dental homes for Head Start participants.
- SOHPs and HSSCOs develop a public health approach to the dental home concept (e.g., oral health services provided in a community-based program such as a community health center) and integrate oral health into the health home concept (e.g., comprehensive medical care, mental health care, and oral health care).⁸



Resources

Association of State and Territorial Dental Directors
<http://www.astdd.org>

Head Start State Collaboration Offices
<http://eclkc.ohs.acf.hhs.gov/hslc/Head%20Start%20Program/State%20collaboration>

National Maternal and Child Oral Health Resource Center
<http://www.mchoralhealth.org>

State Oral Health Programs
<http://www.astdd.org/state-programs>

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8. VanLandeghem K. 2011. *Children's Oral Health in the Health Home*. Washington, DC: National Maternal and Child Oral Health Policy Center. http://nmcohpc.net/resources/TrendNotes_May_2011.pdf.

Endnote

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

Cite as

Association of State and Territorial Dental Directors, National Maternal and Child Oral Health Resource Center. 2011. *Strategies to Improve Collaboration Between State Oral Health Programs and Head Start State Collaboration Offices*. Sparks, NV: Association of State and Territorial Dental Directors; Washington, DC: National Maternal and Child Oral Health Resource Center.

This publication is made possible by cooperative agreement number U44MC00177 to the Association of State and Territorial Dental Directors and grant number H47MC00048 to the National Maternal and Child Oral Health Resource Center from the Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services.

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