



D.C. Head Start Association Oral Health Forum Grant Review

In fiscal year 2004 the District of Columbia Head Start Association was awarded an ASTDD (Association of State and Territorial Dental Directors) grant to conduct an Oral Health Forum. The purpose of the forum was to solicit input and buy-in from a multidisciplinary, multi-organizational group of stakeholders to develop an action plan to improve Head Start oral health components that include enhancing prevention and oral health education as well as increasing access to oral health services.

This grant program was developed because the Head Start Bureau (HSB) and Maternal and Child Health Bureau (MCHB) have been particularly interested in the roles State Oral Health Programs can play in improving oral health for Early Head Start and Head Start participants. The Region III Head Start Branch requested that each (sic) State participate in this grant program. In spring of 2003 the Region III Head Start Branch Office held a Regional Forum and mapped out areas of interest to guide the States.

The District of Columbia Forum was developed in collaboration with Dr. Emanuel Finn, the State Oral Health Program Director for the District of Columbia Department of Health; the Maternal and Family Health Administration; Dr. Steven Harden and staff of the Howard University Department of Dentistry; the District of Columbia Head Start programs; local dentists; the Association of Clinicians for the Under-served. The George Washington University, School of Public Health provided a graduate level intern to provide statistical back-up for the Forum and implement the follow-up tasks, the District of Columbia Head Start Oral Health Initiative (see attachment "A" ASSOCIATION OF ORAL HEALTH PROBLEMS AND INSURANCE STATUS AMONG EARLY HEAD START AND HEAD START ENROLLES IN THE DISTRICT OF COLUMBIA).

The DC Head Start Association Oral Health Forum was planned to be convened a year after the District of Columbia Oral Health Leadership Summit where goals and priorities for the oral health of the entire District of Columbia population were defined.

The oral health priorities that were identified at the Leadership Summit for the District of Columbia Department of Health are extrapolated for the HS/EHS population below.

The District of Columbia must address the following:

- **Promoting Education and Prevention.** Much of the disease experienced by children could be prevented with better personal care and a renewed Head Start and early childhood curriculum to educate parents and children about proper dental care beginning with nutrition in pregnancy for Early Head Start parents; parent education about oral health promotion in infancy, the particular risks during the toddler years (e.g. early childhood caries, sippy cups, etc.) and through the early childhood years up to school age.
- **Increasing Coverage and Access.** Though many low- income children have dental coverage through Medicaid, most receive no preventive dental visits. Oral Health providers must be encouraged to participate in Medicaid.
- **Enhancing the Dental Workforce.** The number of dentists graduating from dental school is decreasing nationally. Moreover, the number of minorities entering and graduating from a dental school is decreasing alarmingly, as well as the number of dentists serving in urban underserved communities. For instance, the number of licensed Dentists and Dental Hygienists in the District are 1,160 and 379, respectively. Currently, only 14 percent of District dentists participate in the Medicaid program. This is distressing considering that the oral health needs for all segments of the District of Columbia population has become critical in light of the closing of the D.C General Dental Clinic (serving the poor citywide) and the Community Neighborhood Dental Clinics. These facilities provided oral health care for the uninsured. Incentives are needed to attract dentists to chronically underserved areas and to emphasize community dentistry. Thus, a dialogue with the Community Dentistry departments of local dental schools must be engaged. (Should we place in a sentence about how we will work on accomplishing this task?)
- **Improving the Quality of Data and Surveillance.** The lack of reliable District-level data often makes assessing and monitoring the oral health of children a challenge.

As a result of the Summit, the District of Columbia Head Start Association, decided to follow-up through with the proposed recommendations, by conducting an Oral Health Forum, a dialogue with oral health professionals,

local foundations, parents, and a broad cross section of HS/EHS staff and policy council representatives to map out a Head Start implementation plan and timetable.

During consultation with the aforementioned parties it was decided that the DC Head Start programs should use the Forum to launch a Head Start Oral Health Initiative based on the goals of the forum. Ms. Rachel Augustin, a MPH candidate in Health Policy at George Washington University School of Public Health became a joint intern for the Department of Health Oral Health Program and for Head Start. As a full time intern assigned to this project, she was paid out of the Forum grant.

The planning for the collaborative effort was aided by the District of Columbia Head Start State Collaboration which provided in-kind donation of meeting space, staff space with telephone and internet access, and materials costs. The Collaboration Office will also fund the two-year Head Start Oral Health Initiative at the urging of the ACF Region III Head Start Branch.

An additional day of training was budgeted for the Forum to provide training on the delivery of basic screening services for Early Head Start children for Head Start Health Services staff, advisory members and Family Services staff. This training was provided on August 10, 2004 by the Association of Clinicians for the Underserved through their Early Childhood Caries Prevention Project. Forum Funds were not needed because two Foundations (Robert Wood Johnson and webMethods) stepped-up and provided funds for the training.

In August over 80 Head Start children were screened through a partnership with the Maternal and Family Health Administration (MFHA) and the Spanish Catholic Center Dental Clinic.

As a result of a multi-year partnership between the Head Start State Collaboration Office's Parent agency the District of Columbia Office of Early Childhood Development and MFHA; in 2004 oral health screening was added to the required list of screenings for entry in all preschools and schools. Hundreds of Head Start Children received oral health screening from their medical homes. The statistical analysis of this effort will be compiled by November (December possibly?) of 2004.

Through the use of the ASTDD grant funds and guidance, The District of Columbia Head Start Association is well on its way toward addressing many of the objectives posited in its ASTDD proposal outline below:

Promoting Education and Prevention The training by ACU was a good first step. The HSA and Collaboration Office will follow-up by providing each Head Start Health Services Area staff person, family service worker and

education director with an oral health curriculum for parents, children and staff with accompanying educational support kits.

Increasing Coverage and Access The presence and ongoing interest of representatives from the Mayor's Office and Dept. of Health Officials at the Forum will provide leverage to address problems with medical/dental homes and services for children. This will be a continuing goal of the Head Start Initiative. With the assistance of George Washing University in the form of a graduate level statistician; the project will yield a strong statistical base relative to the needs of 3,500 preschool age children. This will further help move the policy agenda.

Enhancing the Dental Workforce The ongoing partnership with Howard University, which houses the local dental school, provides an opportunity for discussions about the need to train more local dentists. Focus groups and additional dialogue should assist in addressing this objective.

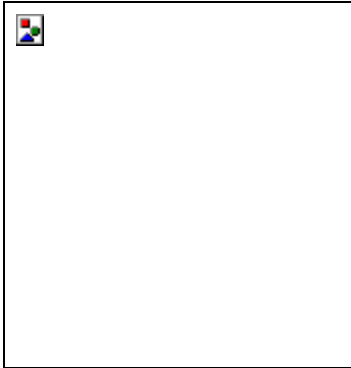
Improving the Quality of Data and Surveillance. George Washington University School of Public Health's assistance with oversight of the Initiative and the provision of a graduate intern is already aiding in addressing this objective. (See also policy)

The District of Columbia Head Start Association appreciates the ASTDD Forum grant. It has provided the glue to build collaboration and launch an Initiative that will have an impact far beyond its planned two year funding period.

Grant Financial Overview

Grant Amount **\$5,000**

Personnel Costs	\$4,500
Venue Rental	\$ 100
Materials	in-kind
Staff Space, telephone	"
Planning meeting space	"
<u>Total</u>	<u>\$4,600</u>



**District of Columbia
Head Start Association
Oral Health Forum
Co-Sponsored by the Association
Of State and Territorial Dental Directors**

**July 20, 2004
Marshall Heights Community Development
Organization, Inc
Lloyd D. Smith Center
3939 Benning Road NE**

- 9:30 am Continental Breakfast and sign-in
- 10:00 am Welcome and Greetings
- Travis Hardmon, President DC Head Start Association
 - Theresa Shivers, Chief Health Maintenance and Special Needs Branch
District of Columbia Head Start Grantee Agency, United Planning Organization
- 10:30 a.m. The District of Columbia Head Start Oral Health Campaign
Rachel Augustin, Project Coordinator
Graduate Public Health Intern
The George Washington University
- 11:15 a.m. Infant and Toddler Oral Health Screening
Kathie Westpahling
Association of Clinicians for the Underserved
- NOON** **LUNCH**
- 1:00 pm District of Columbia Oral Health Program and the Role of Early Childhood Oral Health Promotion
Dr. Emanuel Finn DDS, MPH
Director, Oral Health Program
DC Department of Health

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1:30 p.m. DC Head Start Oral Health Curriculum Training and
Overview of 2004 Screening Schedule
Rachel Augustin, Project Coordinator
Graduate Public Health Intern
The George Washington University

3:00

ADJOURN

**ASSOCIATION OF ORAL HEALTH PROBLEMS AND INSURANCE
STATUS AMONG EARLY HEAD START AND HEAD START
ENROLLES IN THE DISTRICT OF COLUMBIA**

District of Columbia Head Start Oral Health Research Proposal

Rachel Augustin, George Washington University Intern
Office of Early Childhood Development Child Care Health Consultant

Background: According to the 2000 Surgeon General's Report on Oral Health in America, tooth decay is the most common, but preventable childhood disease in the United States, occurring five times more often than asthma, and seven times more often than hay fever. One of the primary barriers to obtaining proper health care for these children is lack of dental coverage. In fact, a child's access to dental care is closely related to age and income. Children from poorer families have five times more untreated cavities than children from higher-income families. Reports from Federal studies show that poor preschoolers are only half as likely to visit a dentist as compared to their more affluent peers. For Early Head Start and Head Start enrollees, who receive the highest rates of dental coverage due to Medicaid and the State Child Health Insurance Program, access to dental care is compromised by the lack of private practice dentists who are willing to accept young children (especially those on Medicaid); multiple barriers associated with public and private dental delivery systems, and the insufficient capacity of safety net dental clinics.

Research Question: What are the oral health problems and barriers to dental access for Early Head Start and Head Start Enrollees by socio-demographic status?

Method:

Participants:

Participants are a random sample of children between the ages of 6mos (for those who have had their first tooth eruption) to 5 yrs who began enrollment for the 2004-2005 school year within Head Start and Early Head Start programs within the District of Columbia.

Instrument:

The oral health status of the Head Start children will be recorded using the District of Columbia Oral Health (Dental Provider) Assessment Form. These assessments will be completed by the child's dental provider, or if the child is uninsured, a licensed volunteer dentist will

complete the assessments during dental screenings to be conducted by the Head Start programs.

The oral health status of the Early Head Start children will be recorded using the District of Columbia Oral Health (Dental Provider) Assessment Form. These assessments will be completed by non-dental health personnel (physicians, physician assistants, nurse practitioners and nurses) who will have been trained by the Association of Clinicians for the Underserved¹ to conduct early child caries assessments.²

- a. Outcome measures: (independent variables are: race/ethnicity and insurance type)
 - i. Untreated cavities
 - ii. Early Childhood caries
 - iii. Treatment urgency
 1. urgent need for dental care
 2. early dental care is needed
 3. no obvious problems

Oral health assessment data will be obtained from the program sites. This information will then be entered into a database for analysis.

Analytical Plan: A descriptive statistical analysis of the oral health status of the EHS/HS enrollees by insurance status.

Behavioral Intervention: All Head Start Children, families and staff at the selected sites will utilize the Humboldt County California Americorps pediatric oral health curriculum over the course of six months. Following the six-month trial, questionnaires will be evaluated and re-introduced. This will allow us to determine if parents' attitude towards the oral health of their children has changed. These attitudes will manifest themselves in terms of physical evidence. The children will receive follow-up dental treatment if needed and the result of the next annual dental assessment will be compared to the initial dental assessment in this project. Early Head Start children will be monitored at minimum into their first year of Head Start.

¹ Association for the Clinicians for the Underserved: is a nonprofit organization that seeks to improve the health of America's underserved population by enhancing the development and support of the health care clinicians serving these populations. One of their projects is the Early Childhood Caries Prevention Project.

² Early childhood caries (cavities): is defined by the American Dental Association (ADA) as the presence of one or more decayed (non-cavitated or cavitated lesions), missing (due to caries) or filled tooth surfaces in any primary tooth in a preschool-age child between birth and 71 months of age.

Findings from this study will give us insight into the dental caries status of the District of Columbia Early Head Start and Head Start enrollees, and the barriers to coverage that they and their families face in accessing dental care. The data obtained will be used to impact oral health policy change for the District of Columbia.



District of Columbia
 Head Start Association
 Oral Health Forum
 Co- Sponsored by the Association
 Of State and Territorial Dental Directors
 July 2004

Oral Health Forum Attendance

	Name	Title	Address
1.	Felicia Buadoo-Adade	Special Programs Officer District of Columbia Department of Health	District of Columbia Department of Health Maternal and Family Health Administration 51 N Street NE - Lower Level Washington, DC 20002 Phone: 202-727-5842 Fax: 202-535-1042 E-mail: fbuadoo@dchealth.com
2.	Rachel Augustin	Director, DC Head Start Oral Health Initiative DC Head Start Assoc	Office of Early Childhood Development District of Columbia Department of Human Services 717 14 th St NW, Suite 1200 Washington, DC 20005 GWU- Intern
3.	Louise D. Barnes	Health Services Staff	Department of Parks & Recreation Head Start 4301 Conn, Ave, N.W. Washington, DC 20008
4.	Jolene Bestness M.Ed.	Staff National Maternal and Child Oral Health Resource Center	National Maternal and Child Oral Health Resource Center Georgetown University, Box 571272 Washington, DC 20057-1272
5.	Sabine Campbell	Head Start Disabilities	Nations Capital Child & Family Development

	Name	Title	Address
		Specialist	1501 Benning Road, NE LL Washington, DC 20002
6.	Tracie Dickson, Ph.D.	Health Systems Analyst Pal-Tech. Inc.	Pal-Tech. Inc. Federal TA Project 1000 Wilson Blvd Suite 1000 Arlington, VA 22209
7.	Chanette D. Depugh	Head Start Family Services Staff	Department of Parks & Recreation 4301 Conn, Ave, N.W. Washington, DC 20008
8.	Emanuel Finn, DDS, MPH`	Oral Health Program Officer District of Columbia Dept. of Health	District of Columbia Department of Health 825 N. Capitol St Washington, DC 20001
9.	Sharon Hall Fleming	Head Start Health Services Director	Nations Capital Child & Family Development 1501 Benning Road, NE LL Washington, DC 20002
10.	Maggie L. Garrett	Family Services	190 R Street, S.E. Washington, DC 20020
11.	Travis Hardmon	Executive Director	Nations Capital Child & Family Development 1501 Benning Road, NE LL Washington, DC 20002
12.	Katrina Hayes	Head Start Family Services Staff	Edward C. Mazique PCC 1317 Columbia Park Road, N.W. #301 Washington, DC
13.	Eugenia Holly	Family Services	423 K Street, N.E Washington, DC 20002
14.	Theresa Holmes	Head Start Family Services Staff	Nations Capital Child & Family Development 1501 Benning Road, NE LL Washington, DC 20002
15.	Beverly Roberson Jackson, Ed.D	Director, Head Start State Collaboration	Office of Early Childhood Development District of Columbia Department of Human Services 717 14 th St NW, Suite 1200 Washington, DC 20005
16.	Bobbie Johnson	Health Services Staff	DC Public Schools Head Start 1200 12 th Street, S.E. Washington, DC 20020
17.	Wanda Johnson	Office of the Mayor Health Policy	441 4 th Street, N.W. 723 North Washington, DC 20002
18.	Kate Kujawki	Health Services Staff	Bright Beginnings 128 M Street, N.W. Washington, DC 20001
19.	Gustavo Martinez, MD	Health Services	Rosemount Child Development 2000 Rosemount Ave, N.W. Washington, DC 20010
20.	Tina Morgan		Nations Capital Child & Family Development

	Name	Title	Address
			1501 Benning Road, NE LL Washington, DC 20002
21.	Annette Park	DCPS Family Services Staff	6920 Standish Dr
22.	Andrea Peagler	District of Columbia Department of Health	District of Columbia Department of Health Maternal and Family Health Administration 51 N Street NE - Lower Level Washington, DC 20002
23.	Saundra Prather	DCPS Family Services staff	1445 Congress Place, S.E. Washington, DC 20020
24.	Betty Purcell	Head Start Family Services Manager	Department of Parks & Recreation 4301 Conn, Ave, N.W. Washington, DC 20008
25.	Vicky Rayfield	District of Columbia Grantee Early Head Start Family Services Staff	United Planning Organization 301 Rhode Island Ave, N.W. Washington, DC 20001
26.	Theresa Shivers	Chief, District of Columbia Head Start Health Services Branch	United Planning Organization 301 Rhode Island Ave, N.W. Washington, DC 20001
27.	Carole Spencer	Chief, DPR Head Start, Health Services Branch	Department of Parks & Recreation 4301 Conn, Ave, N.W. Washington, DC 20008
28.	Cleopatra Thompson	Family Services Staff	Edward C. Mazique PPC 1719 13 th Street, N.W. Washington, DC 20009
29.	Tina Uzomah		Nations Capital Child & Family Development 1501 Benning Road, NE LL Washington, DC 20002
30.	Cynthia Vill Vanus	Health Program Specialist Federal Head Start Bureau	Health Program Specialist Head Start Bureau 330 C St SW, Room 2004 Washington, DC 20447
31.	Charletta M. Wade		Nations Capital Child & Family Development 1501 Benning Road, NE LL Washington, DC 20002
32.	Constance Williams	Chief Nursing Staff	Edward C. Mazique PPC 1719 13 th Street, N.W. Washington, DC 20009
33.	Juliet Wright		DCPS Head Start
34.	Kathie Westpheling	Executive Director Association of Clinicians for the Underserved	Association of Clinicians for the Underserved 1420 Spring Hill Road Suite 600 Tysons Corner, VA 22102

	Name	Title	Address
35.	Lois Wessel	Association of Clinicians for the Underserved	Association of Clinicians for the Underserved 1420 Spring Hill Road Suite 600 Tysons Corner, VA 22102
36.	Fredrick Zamora	District of Columbia Department of Health	District of Columbia Department of Health Maternal and Family Health Administration 51 N Street NE - Lower Level Washington, DC 20002