Dental Public Health Activity
Descriptive Summary

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**National Center for Early Childhood Education and Wellness: Dental Hygienist Liaison Partnership Project**

Since 2001 the Association of State and Territorial Dental Directors (ASTDD) and the National Maternal and Child Oral Health Resource Center (OHRC) have partnered to provide technical assistance and training (T/TA) to Early Head Start (EHS) and Head Start (HS) programs and since 2015 to child care programs, yet oral diseases still pose a health problem for pregnant women, and EHS/HS enrollees and staff receive inconsistent, confusing, or inadequate oral health messaging.

The American Academy of Pediatrics (AAP) received cooperative agreements from the Office of Head Start (OHS) to support EHS/HS programs (2011–2015) and from OHS and the Office of Child Care to support EHS/HS and child care programs (2015–2020). For both agreements, AAP contracted with OHRC for the oral health component, which contracted with ASTDD to coordinate the Dental Hygienist Liaison (DHL) project starting in 2012. ASTDD partnered with the American Dental Hygienists’ Association to help recruit DHLs in all states.

DHLs volunteer to perform several collaborative activities:
- Serve as communication links between the national center and EHS/HS/child care agencies
- Collaborate with state organizations such as oral health programs, HS collaboration offices and HS associations, and child care agencies
- Promote and share oral health information and resources with EHS/HS/child care program staff
- Offer strategies to improve access to oral health care for pregnant women and children
- Work with oral health professionals to provide staff education and T/TA to local EHS/HS/child care programs

ASTDD’s annual budget is $160,000 for management, T/TA, and resource development. Nine DHLs receive quarterly $1,500 stipends to serve as regional DHL coordinators to support/mentor their assigned DHLs; state DHLs receive $590 annual stipends to be used for travel and hygiene supplies. Collaboration with ten stakeholder groups is tracked quarterly and shows consistent accomplishments. The DHL project is recognized by OHS and AAP as an exemplary collaboration model.

**Lessons Learned:**

Dental hygienists are dedicated to their profession and their communities and are willing to devote volunteer hours to improve the oral health and care of young children and their families.
- The DHL network has effectively collaborated and serves as a crucial link between EHS/HS and the child care community and the oral health community (including state oral health programs, dental clinics/offices, and CHCs). For children enrolled in EHS/HS and child care programs, a systems approach for oral health services is crucial. There must be an oral health professional reaching out to EHS/HS and child care programs who will facilitate a process for oral health assessment, prevention, and referrals with follow-up to dental homes. Collaborating with HS regional health specialists is key to successfully training health managers about oral health needs for pregnant women, infants, and children and providing consistent messaging to educate pregnant women and parents.
- DHLs are more successful in broadly disseminating information in states where strong relationships can be developed with the directors of HSSCO, the state HSA, and state oral health coalitions.
• TA/T provided by the regional DHL coordinators has increased state DHL activities and decreased DHL turnover. DHLs within each region are encouraged to collaborate and share ideas.
• Key quotes from DHLs about the most rewarding aspects of serving as a DHL:
  o “Seeing HS programs incorporate what we're teaching into their daily curriculum and telling me they feel more confident to talk to parents.”
  o “Knowing I can be an educational resource.”
  o “Hands on teaching with the children.”
  o “Being a leader in dental hygiene community and helping HS families.”
  o “Helping programs find ways to meet the oral health needs of their enrollees.”
  o “Connecting with community partners and improving access to oral health.”

Contact Person(s) for Inquiries:
Beverly Isman, RDH, MPH, ELS or Michelle Landrum, RDH MEd, Association of State and Territorial Dental Directors (ASTDD) Consultant and National Center for Early Childhood Health and Wellness (NCECHW) Dental Hygienist Liaison (DHL) Project Lead Consultant, Association of State and Territorial Dental Directors, 3858 Cashill Blvd., Reno, NV 89509, Phone: (210) 254-0574, Email: bev.isman@comcast.net, michellelandrum@yahoo.com
Katrina Holt, MPH, MS, RD, FAND, National Maternal and Child Oral Health Resource Center Director and NCECHW Oral Health Lead, Georgetown University, Box 571272, Washington, DC 20057-1272, Phone: (202) 784-9551, Email: kholt@georgetown.edu