

# American Academy of Pediatric Dentistry (AAPD) and HRSA/MCHB: Forum on Enhancing Partnerships for Head Start and Oral Health

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Chicago, Illinois  
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Prepared for:

Health Resources and Services Administration and  
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## I. Introduction

### A. National Forum

In 1999 the national Head Start Partners Oral Health Forum was convened by Head Start, Special Supplemental Nutritional Program for Women, Infants, and Children (WIC), Health Resources and Services Administration (HRSA), Health Care Financing Administration (HCFA) 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. Several papers were presented that reviewed current evidence related to oral health and nutrition, dental caries risk assessment and prevention, and access to oral health services. Also, this National Forum outlined strategies to increase collaboration at the federal, state, and local levels to improve oral health status and enhance access to oral health services. Participants at the Early Childhood Oral Health Forum expressed support for replication of this collaborative activity with partners at the national, regional, state, and local levels across the country.

One outcome of this Forum was the formulation of an Intra-Agency Agreement between the Head Start Bureau (HSB), Administration for Children and Families (ACF) and Maternal and Child Health Bureau (MCHB), HRSA to develop linkages to support oral health in Head Start. As part of this agreement ACF, HSB and MCHB, HRSA are sponsoring a series of the Regional Forums and Forums with Professional Organizations in 2001-2003.

### B. Professional Organization Forum

On August 1, 2002 the American Academy of Pediatric Dentistry (AAPD) and MCHB/HRSA held a Forum on Enhancing Partnerships for Head Start and Oral Health (the Forum Agenda is included as Appendix A). The Professional Organization Forum was developed to build on the hard work and accomplishments of Head Start and all those that serve infants, toddlers, and young children. Planning was also informed by the successes of oral health services in states and communities. The overall aim was to determine how professional organizations and agencies can work together to improve the oral health of participants in Head Start. This Forum

was the first professional organization forum in a series of forums hosted across the US by HRSA and ACF.

The Forum involved AAPD members with a keen interest in oral health and children including pediatric dentists from private practice, academia, and the National Oral Health Policy Center. (The Regional Forum Participant List is included as Appendix B). Discussions among Forum participants focused on the following topics:

- n Challenges to improving oral health status in Head Start and Early Head Start programs
- n Promising practices to enhance oral health education, prevention and direct clinical services for participants in Head Start and Early Head Start
- n Opportunities to increase awareness of dental professionals about addressing the needs of Head Start programs and participants
- n Opportunities to enhance the roles of professional dental organizations working with Head Start and Early Head Start to improve oral health
- n Future collaborative efforts and partnerships between AAPD, MCHB/HRSA and HSB/ACF
- n Resources that can be brought to bear on improving the oral health component in with Head Start and Early Head Start

John Rutkauskas, MS, DDS, MBA, Executive Director, American Academy of Pediatric Dentistry and John Rossetti, DDS, MPH, Chief Dental Officer, Maternal and Child Health Bureau, HRSA presented opening remarks. Dr. Rutkauskas summarized AAPD activities and discussed the common concerns of AAPD and MCHB related to the oral health of young children.

Dr. John Rossetti provided background information on the interactions between HRSA and the Head Start Bureau over several years. Until the early 1990s HRSA played a key role in the oral health training and technical assistance network for the Head Start program. He discussed the

strategies developed at the 1999 national Head Start Partners Oral Health Forum. Dr. Rossetti described several projects occurring under the Intra-Agency Agreement between the ACF, HSB and MCHB/HRSA to rebuild partnerships and linkages. He noted the opportunities for AAPD to link with the state and territorial Forums being held in 2002 and 2003. Also, Dr. Rossetti added that the Head Start Bureau is holding a National Head Start Health Services Institute in April 2003.

Next, Jane E. M. Steffensen, MPH, Consultant, Head Start and Oral Health Partnership Project presented information on the organization of Head Start. She provided an overview of the many facets and organizational components in Head Start.

This Report summarizes the group discussion from AAPD and MCHB Forum on Enhancing Partnerships for Head Start and Oral Health.

## II. Summary of Group Discussion

### A. Promising Practices

During the Forum the participants shared their experiences with Head Start programs in rural and urban areas. They described successful activities to integrate Head Start into dental provider education. Also, they presented information about the integration of oral health education activities in Head Start with children and families as well as Head Start teachers and health service managers. The participants discussed different models that have worked well with Head Start to assure that children access oral health care. They discussed successful practices including collaboration with Head Start staff in case management and triage schemes involving dentists and pediatric dentists in communities. Head Start award programs that recognize commitment of dentists in the community have been successful. Promising practices were described for the education component within Head Start, prevention, screening and assessment, and follow-up dental care.

## B. Challenges and Issues

The participants identified challenges to improving oral health status in Head Start and Early Head Start programs. The key challenges and issues identified included:

- n Lack of effective data collection and reporting to assess oral health status and access issues. There is a lack of resources and initiatives targeting the oral health component in Head Start, including research and demonstrations for pilots to show effective practices. There is also a need to integrate oral health into Head Start organizational structures to enhance oral health education for children and parents, prevention, and direct clinical services for participants in Head Start and Early Head Start. Oral health needs to be included in training and technical assistance at all organizational levels of Head Start (e.g., national, regional, state, and local).
- n Barriers to providers' participation in the provision of oral health services to Head Start participants. Barriers include reimbursement rates; administrative barriers (billing, Medicaid issues, paperwork hassles); social barriers, miscommunication and misunderstandings between Head Start, dentists, and families (e.g., missed or late appointments, different views and perception about oral health from perspectives of dental practice, Head Start, and families). Also, families face barriers that deter their access to the Medicaid/CHIP and oral health care system.
- n A need to identify and share success stories about efficient, effective, and financially viable ways of meeting community oral health needs. Successful collaborations with Head Start staff in coordinating care and triage schemes involving dentists and pediatric dentists in communities need to be recognized and disseminated for replication.

Participants outlined elements of successful models. These elements include:

- n Transparency,
- n Ensuring that child oral health care is in the marketplace and assuring appropriate support for reimbursed care (not charity care),
- n Local planning and local implementation,
- n Tied to Head Start program performance standards,

- n       Comprehensiveness of Head Start oral health program, and
- n       Distribution of materials and disseminating best practices and protocols.

## C. Opportunities and Recommendations

During the Forum the group discussed opportunities to increase awareness of dental professionals about addressing the needs of Head Start programs and participants. Also the participants considered opportunities to enhance the roles of professional dental organizations working with Head Start and Early Head Start to improve oral health. Recommendations included future collaborative efforts and partnerships between AAPD, MCHB/HRSA and the Head Start Bureau (HSB) in the Administration on Children and Families (ACF). The participants suggested that the AAPD build on successful projects and activities including the Good Health Starts Here Campaign, Filling the Gaps Project, and Bright Futures Oral Health.

The opportunities and recommendations outlined at the Forum are summarized below.

- n       Target sufficient resources for effective oral health efforts in Head Start. There was consensus among the AAPD participants that resources from HSB/ACF and MCHB/HRSA are essential to assure sustained improvements in the Head Start oral health component. Resources need to be invested by HSB/ACF and MCHB/HRSA to ensure access to oral health services for Head Start participants. In parallel, coordinated efforts to enhance prevention and oral health education in Head Start should be supported by HSB/ACF and MCHB/HRSA.
- n       Develop a national partnership between AAPD, MCHB/HRSA, and HSB/ACF that supports promising practices and model programs. Support community-based Head Start Oral Health initiatives through community partnerships that improve oral health status in Head Start and Early Head Start programs. These innovative initiatives should target demonstrations and research projects that include oral health assessments, outcome measurements, and evaluations.
- n       Support AAPD in a coordinating role through a grant program that focuses on community integrated systems development for Head Start and Oral Health. A grant program could be modeled after and based on the precedent set by the collaborative efforts between MCHB and the American Academy of Pediatrics (AAP) in the Community Access to Child Health (CATCH) projects and

Healthy Tomorrows Partnership for Children initiatives. AAP prepares their members for these grant programs and provides technical assistance during planning, implementation, and evaluation phases of the projects.

- n Peer-reviewed projects supported by a grant program could plan, develop, and implement community partnerships, needs assessments and feasibility studies to expand oral health education, prevention and direct clinical services for participants in Head Start and Early Head Start. The innovative initiatives would include collaboration among broad-based community partnerships and crosscutting system approaches. Technical assistance could be coordinated and provided by AAPD through national project staff. Also, AAPD members could serve as regional project facilitators. Information can be compiled and disseminated regarding resources, materials, contacts, and effective strategies, as well as pediatric dentists and Head Start and Early Head Start program interests in oral health efforts.
- n Create a network of regional resource centers that serve as Centers of Excellence for Head Start and Oral Health. In each region maximize expertise and experiences by creating a leadership nexus that links with faculty within graduate pediatric dentistry training programs. Head Start and Oral Health could be integrated into the MCHB supported Pediatric Dentistry Leadership Centers (now located in IA, NC, and WA). The Centers of Excellence could focus efforts on expanding oral health education, prevention and direct clinical services for participants in Head Start and Early Head. The Centers of Excellence would link with agencies and organizations with a keen interest in oral health and Head Start regionally as well as at the state and local levels.
- n Link AAPD into existing and developing leadership and advocacy networks at all levels focused on health in Head Start including oral health. For example:
  - v National level with HSB, MCHB, CMS, National Head Start Association, Association of State and Territorial Dental Directors (ASTDD), etc.
  - v Regional level with regional HRSA, ACF, CMS Staff, Regional Training and Technical Assistance Networks in Quality Improvement Centers (QICs), regional Head Start Associations, etc.
  - v State level with State Dental, Maternal and Child Health, Medicaid/EPSDT Dental Directors, State Head Start Associations, State Head Start Collaborative Offices, etc.
  - v Community level with pediatric dentists, general dentists, dental hygienists, community agencies, organizations, health centers and clinics, Head Start

directors and health specialists, Head Start teachers, children, parents, families, and others. Promote active involvement of pediatric dentists with Head Start Health Services Advisory Committees by linking AAPD members with Head Start grantees.

- n Support the development and implementation of materials and programs that promote better education and training for pediatric dentists, general dentists and dental hygienists. Enhance competencies and understanding of Head Start programs, provision of oral health care, and meeting the needs of Head Start participants. Promote successful models in undergraduate dental education in dental schools, dental hygiene programs, graduate pediatric dentistry, and continuing education (e.g., Model Partnership in California between Denta-Cal Outreach, Delta Dental, California Society of Pediatric Dentists, American Academy of Pediatrics in California). Develop and implement oral health education and training efforts for other health professionals (e.g., nurses, physicians, pediatricians, etc.).
- n Develop oral health data collection as part of improvements to information systems in Head Start. Plan and implement an oral health information system to better assess and integrate oral health into Head Start structures and processes. At all levels of Head Start systematically use information to reduce barriers to Head Start children accessing oral health services and increase providers participating in the provision of oral health services in Head Start and Early Head Start. Also use the oral health information to continuously improve the integration of effective prevention and education activities in Head Start and measure oral health outcomes.
- n Collaborate in efforts to update information and upgrade training and technical assistance activities (T&TA) that Head Start and Early Head Start programs use at all levels. Provide oral health expertise in the development and dissemination of materials. Develop recommendations about current evidence and distill information to organize and operationalize effective oral health activities in Early Head Start and Head Start. Document the development of a framework that expands access to oral health education, prevention and direct clinical services in Head Start and Early Head Start programs.
- n Develop education for parents and caregivers, Head Start centers and classroom staff, and volunteers. Develop oral health resource guide for Head Start materials. Make serving Head Start children as easy as possible by establishing a resource system with readily available (e.g., web based) materials.
- n Support the utilization of and opportunities within AAPD to showcase initiatives and materials. For example, feature activities in the AAPD web site,



at the annual meeting, in journals, newsletters and publications, and through linkages at national, regional state, and local levels.

- n Raise awareness of successful Head Start oral health activities. Support awards that recognize advocacy for Head Start and Oral Health efforts at the national, regional, state, local, and program levels. Stimulate public relations efforts and media coverage of successful Head Start and oral health efforts.
- n Integrate Head Start messages into existing AAPD campaigns. For instance, Head Start-specific messages could be incorporated into the *Good Health Starts Here* awareness campaign that focuses on prenatal, infancy, and early childhood oral health.

The resources that can be brought to bear on improving the oral health component in Head Start include:

- n Materials created, developed, and distributed for Head Start
- n Establishment of regional resource centers and leadership centers to assist Head Start
- n Access to demonstration models and program funding
- n Needs assessment research

The participants closed the Forum by discussing future opportunities to meet and continue discussions about collaborative efforts to improve oral health in Head Start and partnerships between AAPD, MCHB/HRSA and HSB/ACF.

## Appendix A: Forum Agenda

**American Academy of Pediatric Dentistry (AAPD)  
and  
Health Resources and Services Administration (HRSA) / Maternal  
and Child Health Bureau (MCHB)**

**Forum on  
Enhancing Partnerships for  
Head Start and Oral Health**

**August 1, 2002**

**Meeting Agenda**

**Embassy Suites Chicago Downtown  
600 North State Street  
Chicago, Illinois 60610  
(312) 943-3800**

## Agenda

Thursday  
August 1, 2002

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9:00 – 9:15 am	<b>Registration and Continental Breakfast</b>
9:15 – 10:00 am	<b>Introductions</b>  <b>Opening Remarks</b> <ul style="list-style-type: none"><li>v John Rutkauskas, MS, DDS, MBA Executive Director, American Academy of Pediatric Dentistry</li><li>v John Rossetti, DDS, MPH Chief Dental Officer, Maternal and Child Health Bureau, HRSA</li><li>v Jane E. M. Steffensen, MPH, Consultant, Head Start and Oral Health Partnership Project</li></ul>
10:00 – 11:00 am	<b>Group Discussion</b> <ul style="list-style-type: none"><li>ß Challenges to Improving Oral Health Status among Participants in Head Start and Early Head Start Programs</li><li>n Promising Practices to Enhance Oral Health Education, Prevention and Direct Clinical Services for Participants in Head Start and Early Head Start</li></ul>
11:00 – 11:15 am	<b>Break</b>
11:15 am - 12:30 pm	<b>Group Discussion</b> <ul style="list-style-type: none"><li>ß Opportunities to Increase Awareness of Dental Professionals about Addressing the Needs of Head Start Programs and Participants</li><li>n Opportunities to Enhance the Roles of Professional Dental Organizations Working with Head Start to Improve Oral Health</li></ul>
12:30 - 12:45 pm	<b>Break</b>
12:45 - 1:45 pm	<b>Working Lunch</b>  <b>Group Discussion</b> <ul style="list-style-type: none"><li>ß Future Collaborative Efforts and Partnerships between AAPD, MCHB/HRSA and Head Start Bureau (HSB)/Administration on Children and Families (ACF)</li></ul>
1:45 - 2:00 pm	<b>Break</b>
2:00 – 2:45 pm	<b>Group Discussion</b> <ul style="list-style-type: none"><li>ÿ Resources that Can be Brought to Bear on Improving the Oral Health Component In Head Start</li></ul>
2:45 – 3:00 pm	<b>Closing Remarks</b> <ul style="list-style-type: none"><li>v John Rutkauskas, MS, DDS, MBA, Executive Director, AAPD</li><li>v John Rossetti, DDS, MPH, Chief Dental Officer, MCHB, HRSA</li></ul>

## Appendix B: Forum Participants List

Presents

## **American Academy of Pediatric Dentistry (AAPD) and HRSA/MCHB: Forum on Enhancing Partnerships for Head Start and Oral Health**

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*Embassy Suites Hotel Chicago Downtown  
Chicago, IL  
August 1, 2002*

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