The Dentist-Head Start Partnership

A Win-Win Situation

Early Head Start (EHS) and Head Start (HS) are comprehensive child development programs which serve children from birth to 3 (including pregnant women) and 3 to 5, respectively, and their families. Over 30 years ago, the Office of Head Start recognized the importance of good oral health in the overall development of young children. Regulations and standards were put into place to address the issue. Despite the fact that the Office of Head Start (OHS) has made oral health a priority and has provided funding to support a variety of oral health initiatives and programs, oral health continues to be identified as the biggest unmet health care need of HS children. Available data indicate that 28 percent of all preschoolers between the ages of 2 and 5 suffer from tooth decay, but in HS programs, decay rates often range from 30 to 40 percent of 3-year-olds and 50 to 60 percent of 4-year-olds. Parents and staff have reported children who were suffering with pain, children who could not eat, and children who had language and speech delays due to lack of dental treatment.

AAPD is partnering with OHS to offer a solution to this problem by developing a national network of pediatric and general dentists to provide quality dental homes for Head Start and Early Head Start children—dental homes that will meet the full range of their oral health needs. We at AAPD and our professional colleagues will work with HS programs at federal, regional, state and national levels to provide information and training that will help children, families and program staff are educated about developing healthy habits that will provide the foundation for a lifetime of optimal oral health.

A significant barrier to HS children’s access to dental care lies in the fact that approximately 90 percent of HS children are enrolled in Medicaid. Many dentists have expressed a reluctance to work with children who are covered by Medicaid. Reasons for this reluctance vary; however, they can be broken down into two categories. First, Medicaid rules, administrative procedures and fee structures are often not conducive to participation – in fact, in many states, the dental community reports that reimbursement rates do not cover the cost of providing care. Additionally, providers express frustration at certain behaviors that have been associated with the Medicaid population. These include missed appointments, lack of follow-through on treatment plan recommendations and children’s behavioral problems.

Partnering with HS can eliminate many of the behavioral barriers to access. HS-enrolled children are a small subset of the Medicaid population and many dentists report positive experiences with the program. Dr. Scott Thompson, who practices in California is one such dentist. Thompson said, “I periodically open my doors to new Medicaid [in California, Denti-Cal] patients and so always have a number of them in the practice. However, when my doors are closed to new Denti-Cal patients, my staff knows we are always open to the Head Start kids even though they are on Denti-Cal.”

HS programs promote school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, social and other services to enrolled children and families. In addition to providing educational services, Head Start grantees also provide comprehensive services to enrolled children and families. Services are provided for parents and caregivers to enable them to provide safe and nurturing environments for their children that support the child’s physical, social-emotional and intellectual development. These services include case management, support services, parent education and opportunities for parent involvement. Head Start Performance Standards require that HS children receive an initial dental exam and have a dental home. Comprehensive services reinforce performance standards and can assist parents in overcoming some of the barriers to good oral health and access to dental services.

This has certainly been Thompson’s experience. As he said, “The Head Start programs get their families engaged in good oral health habits from the beginning. They arrive for their appointments on time. They generally come into my office with little work to be done and genuinely appreciate what I offer them. Those few who already have severe dental needs when they start with Head Start will only need treatment once because the Head Start program will support oral health habits that will prevent recurrences of dental disease. My experiences with the two programs in my
Through the initiation of a five-year, $10 million contract by the Office of Head Start, AAPD and the Office of Head Start have partnered to identify dental homes for Head Start children. A dental home is a source of comprehensive, continuously accessible, coordinated and family-centered oral health care provided by dentists. This ongoing relationship between a dentist and child should be something every child can count on.

area now and one in a previous practice location have shown me that Head Start changes these families' dental health future and it is a pleasure to support that.”

The AAPD HS Dental Home Initiative offers members of the dental community the opportunity to develop such partnerships with HS programs in their area. Becoming a part of the network will offer the opportunity to make a difference in the life of a child, an opportunity to alleviate unnecessary discomfort and bring a healthy smile to each and every HS child, so that these children will not have to learn to live in pain.

Participation can take many forms, but may include:

- Providing a dental home for a defined number of Head Start children
- Participating in regular communication with your partnering Head Start program to overcome family-related barriers to dental care, such as missed appointments
- Participating in the Head Start program’s Health Advisory board
- Providing on-site oral health information to Head Start staff, children and/or parents
- Access to materials and training provided by State Leaders and Regional Oral Health Consultants

In addition to providing dental homes for HS children, Thompson regularly engages in a number of activities that have been gratifying to him. While Thompson conducts visual exams at schools each year, his staff takes time to teach children about the importance of healthy teeth. Some schools have field trips to Dr. Thompson’s office. Thompson also speaks to HS parents in evening gatherings at the HS center. “The simple things that we do make a big difference for these families because HS helps them to believe in taking charge of their own health,” Thompson said.

For more information about the AAPD Head Start Dental Home Initiative, please visit our Web site at http://www.aapd.org or contact Head Start Project Manager Jan Connelly at (312) 337-2169 or jconnelly@aapd.org. PDT

Head Start Dental Home Initiative Launches Scheduled for First Six States

State launches will take place during September and early October, 2008 for the first six states entering the network development phase of the AAPD Head Start Dental Home Initiative. The launches for Connecticut, Maryland, Tennessee, Michigan, Texas and Washington will bring together each State’s Head Start Dental Home Leadership Advisory Team and an initial group of Mentor-ship Teams for training that will establish a common knowledge base for individuals from the dental and Head Start communities. State leaders will oversee the development of state-wide networks comprised of pediatric dentists and general dentists who will provide quality dental homes for Head Start (HS) and Early Head Start (EHS) children. AAPD members interested in participating in the Head Start Initiative are encouraged to contact their respective state leaders listed below.

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