
Head Start: An Opportunity to Improve the Oral Health of Children and Families

Head Start

Early Head Start and Head Start are comprehensive child development programs that serve infants and children from birth through age 5, pregnant women, and their families. The overall goal of these child-focused programs is to increase the school readiness of young children from families with low incomes.¹



Data from Head Start operating year 2001–2002 reveal the following:

- There were 912,345 children enrolled in Head Start; among these, 848,481 (93 percent) were ages 3 and older.²
- About 68 percent of the children were from a racial/ethnic minority group.²
- Of those children with health insurance, 63 percent were also enrolled in the Medicaid/Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program, which provides coverage for oral health services.²

Most children enrolled in Head Start are eligible for oral health services paid for through either Medicaid/EPSDT, the State Children's Health Insurance Program, the Indian Health Service, or the military dependent dental plan.³

Access to Oral Health Services

Head Start program specialists, directors, staff, and parents report that the number one issue affecting Head Start programs nationwide is access to oral health services.⁴

Head Start Program Performance Standards state that programs, in collaboration with parents, must determine each child's oral health status within 90 days of entry into the program. This includes:

- determining whether the child has a “dental home” (a continuous, accessible source of care) and, if the child does not, assisting parents in obtaining a source of care.⁵
- obtaining determination from a dental professional as to whether the child is up to date on the EPSDT schedule of age-appropriate preventive and primary care and, if the child is not, assisting parents in scheduling a dental appointment to bring the child up to date.⁵
- obtaining or arranging for further diagnostic testing, examination, and treatment performed by a dentist for each child with observable, known, or suspected problems.⁵
- developing and implementing a follow-up plan for any identified problems.⁵

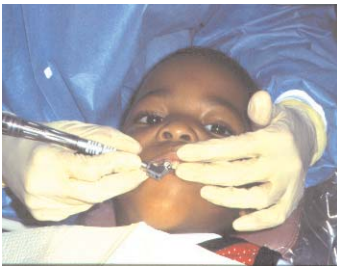
Despite these standards, children enrolled in Head Start often experience barriers to dental care (e.g., an insufficient number of dentists serving the Medicaid population, dentists who are uncomfortable treating infants and young children).

Oral Health Status

According to the Surgeon General's report on oral health, tooth decay is the single most common chronic childhood disease.⁶

As with general health, oral health status tends to vary in the United States based on sociodemographic factors.⁷ Analysis of data from the third National Health and Nutrition Examination Survey (1988–1994) indicates that children ages 2 through 5 from families with low incomes were five times more likely to have untreated tooth decay than their peers from families with higher incomes.⁸

Children enrolled in Head Start, like other children from families with low incomes, experience more tooth decay, more extensive tooth decay, and more pain and suffering from tooth decay than children from families with higher incomes.³



An Arizona study found that among children enrolled in the Special Supplemental Nutrition Program for Women, Infants and Children; Head Start; or child care centers, more than 6 percent of 1-year-olds, 22 percent of 2-year-olds, 35 percent of 3-year-olds, and 49 percent of 4-year-olds had visible tooth decay.⁹

A review of studies on 3- to 5-year-old children enrolled in Head Start published between 1986 and 1996 reported that 22 to 92 percent of their decayed teeth remained untreated.⁹

The impact of oral diseases in children is substantial. Early tooth loss caused by tooth decay can result in failure to thrive in children. Dental problems can lead to impaired speech development, inability to concentrate on early learning experiences, and absences from child development programs such as Head Start.⁷ Children with chronic dental pain are unable to focus and may have difficulty completing schoolwork. Their performance in school may deteriorate.¹⁰

Results of a statewide study of Head Start centers in Maryland indicate that the overall prevalence of tooth decay was 52 percent, with a higher prevalence found in rural than urban centers (64 percent vs. 48 percent).¹¹

Promising Strategies

Head Start is a model for oral health services for pregnant women, infants, and children

- Head Start officials recognize that a long-term oral health strategy must focus on prevention.⁴ Efforts should include implementing educational strategies as well as cleaning infants' and children's teeth daily, using fluoride toothpaste when appropriate, and encouraging the use of other periodic preventive measures such as fluoride varnish applications.¹²
- Dental examinations conducted at the beginning of each program year are critical for identifying risk factors and early signs of tooth decay that respond to preventive approaches, as well as dental problems that require referral for treatment.
- Head Start may be able to reduce or eliminate some barriers to care by arranging support services such as transportation or case management.
- Promoting oral health for children enrolled in Head Start depends on implementing programs that create a positive environment within each child's family and Head Start center, combined with effective linkages to community-based health professionals to help children obtain necessary preventive, diagnostic, and treatment services.

Community efforts must be supported at the state level by sound program policies and by an effective infrastructure that incorporates professional guidance, evidence-based recommendations, and adequate resources for programs.

Coordinated and collaborative national, state, and community efforts are needed to enhance access to care, prevention, and education. Future action can focus on the dissemination of information about practical approaches that work in Head Start settings, training and technical assistance, and efficient data collection to monitor program performance.

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