

# **American Dental Hygienists' Association (ADHA) and HRSA/MCHB: Forum on Enhancing Partnerships for Head Start and Oral Health**

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Chicago, Illinois  
October 9, 2003

Prepared for:

Health Resources and Services Administration and  
Administration for Children and Families

Prepared by:

Health Systems Research, Inc.



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## I. Background on the Forum and ADHA

In 1999, the Head Start Bureau (HSB), the Health Resources and Services Administration (HRSA), Centers for Medicare and Medicaid Services (CMS, then the Health Care Financing Administration), and Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) convened a National Head Start Partners Oral Health Forum 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, and for increasing collaboration at the Federal, State, and local levels to enhance access to oral health services.

One outcome of this National Forum was the formulation of an Intra-Agency Agreement between the Head Start Bureau, Administration for Children and Families (ACF) and HRSA's Maternal and Child Health Bureau (MCHB) to develop linkages to support oral health in Head Start. As part of this agreement, the Bureaus decided to sponsor a series of forums to determine how organizations and agencies could work together to improve the oral health of participants in Head Start.

One of the organizations targeted for inclusion in this series of forums was the American Dental Hygienists' Association (ADHA), which represents the interests of dental hygienists and promotes the highest standards of education and practice of dental hygiene. On October 9, 2003, representatives from ADHA met in Chicago, Illinois to discuss ways that ADHA can collaborate with MCHB and Head Start to address oral health issues and implement strategies to enhance education, prevention, and access to dental care. (An agenda for the forum appears in Appendix A.) Participants at the forum included a group of dental hygienists from across the United States with a broad range of experience and expertise working in the public, private, and nonprofit sectors. ADHA staff also participated in the Forum. (A full list of attendees is available in Appendix B.)

Stanley Peck, Executive Director of ADHA, welcomed the participants and reinforced the notion that the time had come for ADHA and Head Start to reintroduce themselves and find ways to collaborate on improving oral health for the Head Start population.

ADHA has been active at the Federal, State, and local levels in examining ways to extend oral health care beyond traditional care settings, and recently formed a Council on Public Health to explore these issues. Many groups are now realizing the benefits to be accrued in maximizing the expertise of dental hygienists to provide services for underserved population groups, including children under the age of five.

Mr. Peck noted that he looking forward to learning about the many ways that the attendees at this meeting have been involved in Head Start activities. He also emphasized that ADHA had submitted testimony against the proposed Head Start block grant program, which would eliminate the Federal Performance Standards around prevention and access to oral health care and be detrimental to Head Start children with no dental coverage.

## II. National Update on Oral Health and Head Start

Following introductions, John Rossetti, D.D.S., M.P.H., Oral Health Program Consultant to MCHB, provided a brief historical overview of the interactions between oral health programs and Head Start. In the 1970s, the Public Health Service had significant involvement in assuring dental services under the Head Start program, and for many years there existed strong linkages between the public health and Head Start communities. By the mid-1980s, however, these linkages had deteriorated, and by the 1990s, there was limited activity occurring between Head Start and the dental community. During this same time period, children enrolled in Medicaid experienced decreased access to dental services. A 1996 report published by the Office of the Inspector General (OIG) cited a disparity in dental care for this population, and stimulated activity at the Federal level for improving oral health service delivery to Medicaid recipients. Following the release of the OIG report, officials at the then Health Care Financing Administration (now CMS) approached Dr. Rossetti and his colleagues at the Maternal and Child Health Bureau to organize a meeting to discuss oral health issues. This meeting provided the impetus for setting up an oral health initiative with the aim to

build partnerships among organizations in an effort to improve oral health care for all populations.

As mentioned previously, the 1999 oral health forum sponsored by HSB, HRSA, CMS and WIC generated recommendations to create a series of follow-up forums across the country at both the regional level and within States and Territories to assess how groups can partner on this issue. These forums represent only one mechanism by which the sponsoring agencies are ensuring further activity around oral health. To keep the interest in oral health alive at the State level, the MCHB has teamed with the National Governors' Association to fund a series of oral health policy academies, and has funded the Association of State and Territorial Dental Directors to assess current relationships between oral health, Medicaid/SCHIP programs and Head Start programs. Included in this latter project is funding to States to hold forums addressing oral health in Head Start; thus far, 37 States and Territories have been awarded monies under this effort.

Dr. Rossetti emphasized that linkages are crucial to keeping the momentum around oral health going, and that this meeting with ADHA was part of a continuous effort to ensure that oral health initiatives with Head Start remain active. It is hoped that discussions that occur with professional organizations like ADHA will help determine what the priority issues are in oral health, and what models may exist across communities that demonstrate promise for replication.

### III. ADHA Perspective and Update

After Dr. Rossetti's remarks, Tammi Byrd, R.D.H., President of ADHA, spoke about the opportunities offered by involvement of dental hygienists in efforts to improve oral health access and care.

Dental hygienists provide a valuable resource for Head Start programs. Their services can range from providing screenings and prevention, referral for restorative treatment, and assisting the Head Start program in the coordination of follow-up care. Dental hygienists can work with Head Start in meeting the oral health-related Performance

Standards as well as facilitating oral health education for Head Start staff, children, and parents. Moreover, with 273 accredited dental hygiene programs across the country, the wealth of hygienists may offer an opportunity to make up for the scarcity of dentists. Observing that “no disease was ever cured by treatment alone,” Ms. Byrd reinforced the idea that improved oral health starts with prevention, and dental hygienists are particularly well suited to offer the services associated with preventive dentistry.

Nevertheless, a number of barriers preclude dental hygienists from carrying out this work. Some of these are:

- Legislation that prohibits dental hygienists from practicing in certain settings, or from practicing without direct supervision by a dentist;
- The need to increase reimbursement and allowances for payment of direct services for dental hygienists; and
- The need to find an acceptable standard for reimbursement for preventive services including dental sealants, fluorides, and other procedures—i.e., a standard that does not limit treatment based on chronological age of the child.

Ms. Byrd stated that this year’s theme for Dental Hygiene Month is “pinnacles for perseverance,” a theme that relates directly to the objectives of this meeting. ADHA would like to use this forum to generate ideas to improve children’s lives and overcome these barriers.

#### IV. Challenges to Improving Oral Health Status in Head Start and Early Head Start Programs

Prior to discussing areas of collaboration for ADHA, the participants at the forum outlined the numerous challenges to improving oral health status in Head Start and Early Head Start programs, and in utilizing dental hygienists to deliver care in these settings. One of their overarching concerns was being able to quantify the needs of Head Start children on a State by State basis, and to create a central repository for data accumulated by Head Start/Early Head Start programs on the populations they serve. The participants agreed that creating a standardized system of collecting and reporting data will allow

them to look comprehensively at what dental hygiene and other programs have done in collaboration with Head Start, and how to facilitate those linkages in the future.

The group also laid out other challenges ranging from improving oral health education, to implementing prevention efforts in Head Start and other programs, to increasing access to dental care, as summarized below.

A. Challenges to Improving Oral Health Education

- Prioritizing oral health among parents and caregivers. The most significant barrier to improving oral health education, prevention, and access is making oral health a priority at all levels of society—from parents and guardians of Head Start children, to health professionals and policymakers. Many caregivers lack an investment in dental health, and do not understand how it relates to overall health and well-being. They are accustomed to treating symptoms rather than preventing those symptoms from occurring. The participants at the ADHA meeting stressed that it is crucial to make oral health important to the caregivers themselves—including improving access to dental care for caregivers—in order that they may serve as a healthy role model to the children in their care.

The group also stressed the need to make oral health a social problem, rather than a family problem. This requires changing the mindset of professionals and policymakers, so that they recognize that prevention efforts are aimed at fighting oral diseases.

- Better training of health professionals about oral health. In addition to making oral health a top priority, health professionals must be educated about the importance of oral health. Too often, physicians and nurses are overwhelmed by competing demands on their time and do not take the opportunity to examine young patients' mouths and counsel parents. They may not be familiar with abnormal pathologies of the teeth and mouth, and thereby do not know what to look for, nor understand that dental caries is a transmissible disease. Oral health education needs to be integrated into the curricula for health professional programs, especially for medical and nursing students. Oral health also should be included in continuing education for health practitioners providing health care to young children and pregnant women.

Likewise, dental and dental hygiene students need to understand current information about risk assessments, evidence-based dentistry, and applying primary prevention procedures such as sealants and fluoride varnish. Too often students lack this information because they are taught by educators who are not aware of oral disease prevention and changes in

the oral health standards of care. Dental professionals also should be encouraged to take referrals from the low-income families participating in Head Start.

- Increasing the range of providers. The delivery of oral health education and prevention was also discussed by the group, who raised the issue that many Head Start program staff, dental hygienists, and health professionals are unsure of the rules regarding who can provide oral health services in the program.

#### B. Challenges to Implementing Prevention Efforts

Many of the concerns expressed regarding the improvement of oral health education were similar to those challenges associated with implementing efforts to prevent oral disease, including changing perceptions of oral health and addressing practice issues.

Specifically, the group discussed:

- The need to change perceptions of dentists' responsibilities. As one participant quoted State Senator Ray Rawson from Nevada, "Physicians are paid for knowledge; dentists are paid for procedures." The success of oral disease prevention will rely upon making the societal shift from focusing on treatment to prevention, and getting people to seek out preventive dental care prior to needing restorative services.
- Financial issues. Another significant challenge is getting Medicaid and SCHIP programs to fund prevention efforts and procedures (e.g., applications of fluoride varnish and dental sealants) for young children as well as allowing direct reimbursement to providers other than dentists who provide these procedures. Included in this is challenging State laws that preclude dental hygienists from working unsupervised, or that limit the scope of practice allowed in different settings.

The group also stressed the problems associated with the current economy, with some States cutting benefits in Medicaid and SCHIP, trimming oral health programs at the State and local levels, including oral health education and disease prevention programs. Academic dental and dental hygiene programs also may suffer budgetary cuts that affect community outreach efforts.

- Working within complex Head Start settings. Head Start and Early Head Start are unique programs in that they are designed to provide child development and family support services in a range of settings, including home-based and center-based Head Start programs. The group discussed

the lack of established effective models in integrating prevention efforts within Head Start's varying settings.

- Reinforcing the prevention message. When Head Start staff may not have access to dental care themselves, it becomes difficult for them to reinforce the importance of oral health. And on a societal level, even the best intended prevention campaign may be thwarted if it does not consider the multiple factors influencing people's health behaviors (e.g., unhealthy eating) and address these issues effectively to foster behavioral change.
- Developing linkages between stakeholders. To continue to serve the most vulnerable populations, it is critical that effective partnerships occur between the dental community and other stakeholders, such as public health, primary health care, and WIC programs.

#### C. Challenges to Increasing Access to Dental Care

In addition to the significant challenges of reimbursement, re-prioritizing oral health, and developing better partnerships (noted previously), the participants cited numerous challenges to increasing access to dental care, both within Head Start programs and to underserved populations at large. These challenges include the need for:

- More dentists and dental hygienists to provide dental care to young children, including Head Start children;
- Better training of dental and dental hygiene students on the latest procedures and technologies, and filling the gaps in curricula that do not permit dental hygienists to learn the full spectrum of restorative treatment procedures;
- Integration of oral health access strategies into Head Start case management to help parents and families locate and access a dental home;
- Reaching uninsured children and maximizing enrollment in Medicaid and SCHIP;
- Transportation options for families;
- More sensitivity to, and oral health materials developed in recognition of, language and cultural competency issues;
- Interdisciplinary Head Start Health Advisory Committees that include dental professionals actively engaged and working with the Head Start programs;

- For those programs that rely on volunteers, assistance with recruiting qualified volunteers and sustaining those efforts;
- Handling State budget shortfalls, and the repercussions these often have on dental care within Head Start; and
- Assistance for dental hygienists in searching and applying for funding opportunities to support their services in addressing oral health needs in communities.

V. Promising Practices to Enhance Oral Health Education, Prevention, and Direct Clinical Services for Head Start/Early Head Start Participants

Despite the significant challenges noted previously, several forum participants provided examples of current partnerships and collaboration around oral health that may be replicable in other communities or States. Dawn McGlasson, B.S.D.H., R.D.H., Oral Health Program Consultant for the Kansas Department of Health and Environment, highlighted some of the innovations her State has taken to address oral health. A State needs assessment placed oral health as a top priority in Kansas, and thus the State hired a dental hygienist to serve as an Oral Health Program Consultant, and put forth legislation to establish an Office of Oral Health. Kansas' efforts have been largely supported by United Methodist Health Ministries, whose foundation has funded several grants to the State, including a recent one that aims to get 95% of Early Head Start children caries-free in the next two years. To attain this goal, Kansas is utilizing both paid and volunteer dental hygienists to screen children and apply fluoride varnish as necessary. Ms. McGlasson observed that having a foundation fund these activities has worked well in Kansas, and provides an example of partnerships on multiple levels.

Suzann Chenery, B.S., R.D.H., of the University of Bridgeport Fones School of Dental Hygiene, discussed the collaboration between dental hygienists and school systems in Connecticut. In Bridgeport, CT, dental hygiene began nearly a century ago in the school systems. Today, all schools in the city have a hygienist on staff who must provide lesson plans to students on oral hygiene, and all of the high schools have dental clinics on site. Several elementary schools also have dentists on site, and children needing care have that attended to while they are in school. The dental hygienists are funded jointly by the

Departments of Education and Health, which helps to assure that even in lean economic times, the funding will remain stable. Ms. Chenery noted that for programs like Bridgeport's to be successful, it is important that dental hygiene students be made aware that they do not have to work solely in practices, but that there are a wealth of opportunities for them in educational sites and other environments, such as shelters and nursing homes.

Other initiatives and opportunities briefly highlighted by the group as promising practices include:

- Special Smiles, Special Athletes brings together Special Olympics participants and dental practitioners in an effort to improve oral health for the athletes, and encourage dental practitioners to serve people with mental retardation and other special needs. The group noted that while this initiative took a period of time to get off the ground, it now provides a strong example of an effort using a range of community partners. It was suggested that this program could serve as a potential model for promoting Head Start oral health initiatives.
- In Ohio, the Grotto Foundation also funded an effort to partner with the Special Olympics to provide dental surveillance and treatment for handicapped children, appointing a "Doctor of Smiles" on the local level to oversee the effort.
- Two grantmakers were cited as places to approach for getting start-up funds to build oral health collaboration efforts: the Dr. Scholl Foundation and Partners in Communication.

#### VI. Maximizing Opportunities for Collaboration between ADHA, MCHB, and Head Start

After identifying the numerous challenges and promising practices related to education, prevention, and access to dental care, the participants turned their attention to discuss strategies for future collaborations among the dental hygiene community and Head Start programs. While Table 1 details the potential opportunities for collaborations among ADHA, MCHB, and Head Start the following section summarizes some key points of the strategies identified by the group.

- Data collection. As a way to quantify the oral health needs of the Head Start population and put a face on these children, ADHA, MCHB, and the Head Start Bureau could collaborate with State agencies to identify the best ways to screen Head Start participants. A number of potential partners can be involved in this endeavor, including dental hygiene education networks, as well as professional organizations such as the Association for State and Territorial Dental Directors and the American Dental Education Association.
- Targeted outreach and media campaigns. ADHA, MCHB, and the Head Start Bureau could play a significant role in developing and supporting model local health events that draw attention to oral health and frame it as a social and public health issue. One of the suggestions was to link Head Start and its populations to the theme selected for next year's Dental Hygiene Month, and to develop materials around this theme. ADHA also could encourage dental hygienists to collaborate with partners and participate in local events, such as Head Start program family day health fairs to reinforce the prevention messages. ADHA, MCHB, and HSB could explore the use of Web sites and publications to share information about efforts to enhance oral health in Head Start.
- Curriculum development. ADHA, MCHB, and HSB could work with the States to develop an oral health curriculum for Head Start that is suitable for the broad range of Head Start programs and settings. A participant from Nevada noted that her State maintains a lending library of materials that are available for anyone to use for informational purposes, and some of these may be adapted for oral health and Head Start. Another dental hygienist from South Carolina stated that there is a similar replicable State-level oral health curriculum in Head Start/Early Head Start in her State, which includes a parental education unit. The group also wanted materials like these to be easily downloadable from the Internet, for example, by posting them on ADHA's Web site.

**Table 1.**  
**Potential Opportunities & Areas for Collaboration Between ADHA, MCHB,  
and Head Start to Enhance Oral Health in Head Start**

- ◆ Encourage access to dental care for children and pregnant women in Early Head Start and Head Start by increasing scope of practice and reimbursement for dental hygienists.
- ◆ Put a “face” on Head Start by encouraging Head Start programs to gather data on this population (children, pregnant women); especially promote the utilization of the ASTDD Basic Screening Survey (BSS) standard methods to collect this information. Potential partners who may be able to assist with this endeavor are ASTDD, ADEA and State Dental Hygiene Education networks.
- ◆ Establish communication channels between ADHA, State Head Start Collaboration Offices, and State Oral Health Programs.
- ◆ Inventory ADHA dental hygiene components and programs about collaborations with Head Start.
- ◆ Create a theme for Dental Hygiene Month in October 2004 that targets Head Start and the population it serves. This effort could include:
  - Dedicate an ADHA journal to a Head Start theme.
  - Develop fact sheets and find ways to disseminate these across the community;
  - Encourage ADHA dental hygiene components and dental hygiene programs to “adopt a Head Start program” to provide screenings, prevention, and education services and participate on the Head Start Oral Health Advisory Committee.
  - Invite Head Start personnel to ADHA dental hygiene components and dental hygiene programs for “lunch and learn” sessions related to oral health;
  - Develop partnerships with health editors/writers to create a media blitz around Dental Hygiene Month; and
  - Include, as part of the ADHA Annual Meeting and Annual Public Health Council Networking Session, a session on Head Start collaboration.
- ◆ Have information available on the ADHA Web site about Head Start and include links to the Head Start Bureau and MCHB information.
- ◆ Develop a PowerPoint presentation to be made available on the ADHA and other Web sites that would allow hygienists to download the information and present it to Head Start programs.
- ◆ Develop model local Head Start events with community partners and explore sponsorship with oral health companies (e.g., Oral B and Butler).
- ◆ Establish liaisons with community leaders and public officials at the State and local levels to communicate oral health needs of Head Start programs, prioritize oral health issues, and promote collaborative solutions.
- ◆ Support oral health education for Head Start child care providers on weekends, and for continuing education credit.
- ◆ Develop an oral health curriculum that could be adopted across the States and used in a wide range of Head Start settings.
- ◆ Designate an ADHA liaison in each State to be charged with facilitating collaboration between dental hygiene components and dental hygiene programs and Head Start.

- Fostering collaboration. The participants also discussed the opportunities for ADHA, MCHB, and HSB to develop networks to foster collaboration among dental hygiene and Head Start. One suggestion was to designate someone in each State to help facilitate linkages between ADHA and Head Start. Another recommendation included reviewing the reports from the regional forums and exploring the promotion of the successful collaborative efforts between Head Start and dental hygiene. The group discussed ways that ADHA could contact dental hygiene programs and dental hygiene components to learn about promising approaches. Finally, the importance of assuring communication between ADHA, ACF/Head Start Bureau, MCHB, and CMS was stressed to ensure partnerships to implement these recommendations.

## VII. Closing Remarks

At the end of the day's session, Dr. Rossetti and Mr. Peck thanked the attendees for their suggestions. Mr. Peck noted that he hoped this forum provides the foundation to move these opportunities for collaboration to the next level and that larger meetings will be held in the future around these topics. As the importance of dental hygiene increases, dental hygienists must continue to have a meaningful role in improving oral health, especially in populations served by programs such as Head Start.

Appendix A: Agenda

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**American Dental Hygienists' Association (ADHA)  
and**

**Maternal and Child Health Bureau (MCHB)  
Health Resources and Services Administration  
(HRSA)**

***ADHA and Head Start:  
Envisioning Future Collaborations  
to Improve Oral Health***

**Agenda**

**October 9, 2003**

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# Agenda

Thursday  
October 9, 2003

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**9:00 – 9:30 am      Registration and Continental Breakfast**

**9:30 – 10:00 am      Introductions**

## **Welcome**

- ❖ Stanley B. Peck, Executive Director  
American Dental Hygienists' Association
- ❖ John Rossetti, DDS, MPH, Oral Health Program Consultant  
Maternal and Child Health Bureau, HRSA

**10:00 – 10:45 am      Opening Remarks: Efforts to Improve Oral Health among Low  
Income Pregnant Women & Preschool Age Children**

- ❖ National Update on Oral Health and Head Start  
John Rossetti, DDS, MPH
- ❖ ADHA Perspective and Update  
Tammi O. Byrd, RDH, President  
American Dental Hygienists' Association

**10:45 – 11:00 am      Break**

**11:00 am - 12:30 pm      Group Discussion**

- ❖ Challenges to Improving Oral Health Status in Head Start and  
Early Head Start Programs
- ❖ Promising Practices to Enhance Oral Health Education,  
Prevention and Direct Clinical Services for Participants in Head  
Start and Early Head Start

**12:30 - 12:45 pm      Break**

**12:45 - 1:45 pm      Working Lunch**

## **Group Discussion - Maximizing Opportunities**

- ❖ Increasing Awareness of Dental Professionals about Addressing  
the Needs of Head Start Programs and Participants
- ❖ Enhancing the Roles of Professional Dental Organizations  
Working with Head Start to Improve Oral Health

**1:45 – 2:45 pm**

**Group Discussion**

- ❖ Future Collaborative Efforts and Partnerships between ADHA, MCHB, HRSA and Head Start Bureau (HSB), Administration on Children and Families (AFC)
- ❖ Resources that Can be Brought to Bear on Improving the Oral Health Component In Head Start

**2:45 – 3:00 pm**

**Closing Remarks**

- ❖ Stanley B. Peck, Executive Director  
American Dental Hygienists' Association
- ❖ John Rossetti, DDS, MPH, Oral Health Program Consultant  
Maternal and Child Health Bureau, HRSA

Appendix B: Participant List

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DEPARTMENT OF HEALTH & HUMAN SERVICES  
Health Resources and Services Administration

Presents

## ***American Dental Hygienists' Association and Head Start: Envisioning Future Collaborations to Improve Oral Health***

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*Embassy Suites  
Chicago, IL  
October 9, 2003*

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