

Executive Summary

The Health Resources and Services Administration (HRSA) and the Administration for Children and Families (ACF) hosted the Region II Forum, “*Enhancing Partnerships for Head Start and Oral Health*” on October 18–19, 2004 in New York City, New York. The major aim of the forum was to determine how organizations and agencies at a regional level can work together to improve the oral health of Head Start children and their families. This was the tenth in a series of regional forums held as a follow-up to a the 1999 National Head Start and Partners Oral Health Forum convened by the Head Start Bureau (HSB), HRSA, the Health Care Financing Administration (now known as CMS, or the Centers for Medicare and Medicaid Services) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

Over sixty-five participants attended the forum representing all the States and territories in the Region and a variety of organizations, agencies, and professional groups from the public, private, and non-profit sectors. During the forum, they shared their unique experiences and perspectives of Head Start and oral health.

Speakers represented the regional offices of ACF, HRSA, Head Start and children’s oral health programs, and included Ms. Mary Ann Higgins, Dr. Mercedes Franklin, Dr. Meryl Hersh, Ms. Amanda Lehrer, Dr. Marsha Butler, and Dr. John Rossetti. The speakers noted growing oral health disparities, barriers to dental care, and the pivotal role that collaboration and partnerships with Head Start can play in improving oral health outcomes for young children and their families.

Guided by Head Start and Oral Health Partnership Project consultant, Jane Steffensen, the participants met in small groups to discuss three areas—prevention, oral health education, and access to dental care. During the first session, each group discussed promising practices and identified priority issues. In the second session each group outlined strategies and action steps, as well as identified collaborators and resources necessary to address priority issues.

What was unique about the discussions of the three breakout sessions in this Region was the fact that many of the same priorities were identified independently. Each group focused some of its

discussion on the importance of early intervention, and defined this intervention as needing to occur before the child is born with his or her parents and caregivers. More than one group identified the development of a uniform standard of care with specific guidance and reporting requirements as a priority. Acknowledging that the economic burden of dental education, both the access and education groups endorsed the idea of loan forgiveness or financial incentives to encourage dentists to serve children in Head Start. Throughout the deliberations, each group also recognized that consistent, clear, culturally competent communication would be critical for this partnership.

Meeting participants' discussions echoed some of the findings from other Regional Forums. For example, they discussed that for this partnership to work, Head Start programs at the local, State and Regional levels must not only work with professional dental educational institutions and associations, but also with public health agencies and private foundations and organizations committed to the health and well-being of children. The Supplemental Food Program for Woman, Infants and Children (WIC) was identified by all three groups as a partnership that Head Start should foster at the national level to improve oral health.

This Executive Summary provides an overview of the priorities identified by each breakout group. The full Report of the forum includes more in-depth analysis of the discussion of each group and details the process by which the group came to their conclusions. The full report can be downloaded from the Maternal and Child Oral Health Resource Center Web site at www.mchoralhealth.org/HeadStart/hsforums.html.

For the group discussing Prevention, the most significant goals identified were to maximize early prevention opportunities, promote appropriate use of fluorides including community water fluoridation, fluoride varnishes, and dietary fluoride supplements, explore holistic approaches to oral health, and increase funding for prevention efforts. Similarly, the Oral Health Education Group identified education efforts that would support earlier intervention as well as provide a basis for a more active collaboration between Head Start, WIC and the young families they serve. In addition, the Oral Health Education Group outlined education for dental students, nondental providers, and practicing dental professionals, as well as the opportunity for Head Start to contribute to research studies as their top priorities. The Access to Dental Care Group

thought that addressing reimbursement issues, eliminating barriers to oral health services, and increasing workforce capacity were priority activities that would improve the oral health of Head Start children and their families. More detailed descriptions of the priorities, action steps, collaborators and resources identified by the groups are outlined in the full Forum Report.