

How Medical Providers Can Help Improve Oral Health for Head Start Participants

Overview

Medical providers, including physicians, nurse practitioners, nurses, and physician assistants, play an essential role in improving the oral health of Head Start participants. They often see children and expectant parents earlier and more frequently than do oral health professionals.

This tip sheet provides an overview of the Head Start program and describes why oral health is important for school readiness. It also discusses the oral health services that Head Start programs offer and what medical providers can do to help.

What Is the Head Start Program?

The Head Start program was established to support children's growth in a positive learning environment through a variety of early learning and development, health, and family well-being services. The Head Start program is a federal program that awards grants to public agencies, private and for-profit organizations, tribal governments, and school systems to operate Head Start programs in local communities. The program serves over 1 million children from birth to age 5 and expectant parents from families with low incomes in every state, the District of Columbia, and most U.S. territories. Some local Head Start programs focus on American Indian and Alaska Native and migrant and seasonal farmworker populations.

Throughout the tip sheet, the term "Head Start program" refers to the overarching Head Start program, which includes Early Head Start programs, Head Start programs, American Indian and Alaska Native Head Start programs, and Migrant and Seasonal Head Start programs.

Why Is Oral Health Important for School Readiness?

School readiness begins with health because a child must be healthy to be ready to learn. School readiness depends on positive physical, social and emotional, language, and cognitive development. Oral health impacts each of these areas and plays an important role in a child's school readiness. Despite improvements in the oral health status of children in the United States, oral health disparities remain. Children enrolled in Head Start programs, like other children from families with low incomes, experience more oral disease (e.g., tooth decay) and have less access to oral health care than children from families with higher incomes.

What Oral Health Services Do Head Start Programs Offer?

The Head Start Program Performance Standards require programs to ensure that children are up to date on the oral health requirements outlined in the dental periodicity schedule of the state Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program. To do this, staff must consult with parents within 30 days of enrollment to determine whether their child has a source of continuous, accessible oral health care. And within 90 days of enrollment, staff must obtain a determination from an oral health professional on whether the child is up to date with the state dental periodicity schedule. If a child is not up to date, Head Start staff must assist parents in making arrangements to bring the child up to date as quickly as possible.

Head Start programs can be instrumental in providing support and services that families need to improve their life circumstances, and in developing environments where parents are empowered to be their child's first and most important teachers. Parents' involvement in their child's oral health is key to children's overall health and well-being. Head Start programs provide information and resources for parents to help them understand the benefits of good oral health and the importance of establishing a dental home early in their child's life.



The number one health issue among children enrolled in Head Start programs nationwide is access to oral health care.

What Can Medical Providers Do to Help Improve Oral Health?

Medical providers, including physicians, nurse practitioners, nurses, and physician assistants, can work in partnership with Head Start programs to improve oral health services for enrolled children and expectant parents.

Explore tips below for what medical providers can do to help.

Increase oral health knowledge and skills

- Learn about oral health and its impact on overall health and well-being.
- Understand how to recognize oral disease and how to apply fluoride varnish and silver diamine fluoride.
- Address social determinants of health to promote good oral health for Head Start participants and their families. For example, medical providers can offer oral health resources to Head Start staff that are tailored to families' commonly spoken languages, cultures, and traditions.

Integrate oral health care into medical care

- Fulfill the state requirements needed to receive reimbursement for the provision of preventive oral health care. Medicaid programs in every state and the District of Columbia reimburse medical providers for preventive oral health care.
- Incorporate oral health screenings, risk assessments, fluoride varnish applications, anticipatory



guidance, and referrals for treatment into wellchild visits.

• Provide education to parents about the importance of regular oral health visits during pregnancy and early childhood and throughout life.

Partner with oral health professionals and organizations

- Establish referral relationships with local oral health professionals working in private practice, dental schools, dental hygiene programs, local health departments, or community health centers.
- Make presentations to local oral health societies about issues identified during well-child visits, and stress the need to provide oral health care to children ages 5 and under.

Promote oral health within medical communities

- Educate medical colleagues about the important role they play in maintaining the oral health of children ages 5 and under.
- Emphasize to colleagues the value of:
 - Conducting oral health screenings and risk assessments
 - Applying fluoride varnish
 - Providing anticipatory guidance, counseling, and referrals for treatment during well-child visits

- Encourage medical professional organizations to raise their members' awareness about the oral health needs of Head Start participants and how to address those needs.
- Leverage professional medical organizations' resources to improve oral health among children enrolled in Head Start programs. For example:
 - Use organizations' electronic communication tools (e.g., websites, newsletters, podcasts, social media accounts, blogs, discussion lists) to highlight the oral health needs of Head Start participants.
 - Encourage the use of the organizations' foundation funds for Head Start oral health-related activities.

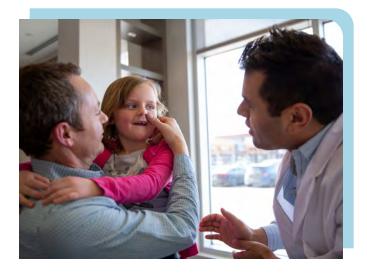
Collaborate with Head Start programs

- Contact the state's Head Start Collaboration Office to learn about getting involved with local Head Start programs. The state office facilitates collaboration among Head Start agencies and other entities to implement activities to benefit Head Start participants and their families.
- Join a Health Services Advisory Committee to assist in the development and review of the program's health-related policies and procedures.
- Help Head Start staff recruit private dental practices or clinics to provide oral health care for Head Start participants.



Serve as a champion for oral health

• Work with policymakers and other stakeholders (e.g., state department of health staff, state Medicaid agency staff) to promote policies that increase access to oral health care for children and expectant parents from families with low incomes, including those enrolled in Head Start programs.



Adapted with permission from National Maternal and Child Oral Health Resource Center. 2011. *Medical Providers and Head Start: What You Should Know About Oral Health and How You Can Help* (2nd ed.). Washington, DC: National Maternal and Child Oral Health Resource Center.

This resource is supported by the Administration for Children and Families (ACF) of the United States (U.S.) Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$8,200,000 with 100% funded by ACF. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, ACF/HHS or the U.S. Government.

