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Oral Health Promotion, Prevention, & Treatment Strategies for Head Start Families: Early Findings from the Oral Health Initiative Evaluation

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COMMUNITY ACTION PROGRAM BELKNAP-MERRIMACK COUNTY
CONCORD, NH

Community Action Program (CAP) Belknap-Merrimack County provides support services to residents of Belknap and Merrimack counties, particularly low-income individuals. The agency offers services in eight categories: (1) health, (2) transportation, (3) housing, (4) family support and education, (5) employment, (6) elderly care, (7) nutrition, and (8) emergency care. CAP Belknap-Merrimack, a Head Start grantee for over 40 years, works with its neighboring Head Start grantee, Southern New Hampshire Services, Inc. (SNHS) on its Oral Health Initiative (OHI). SNHS is the Community Action Agency for Hillsborough County and offers a range of services similar to those offered by CAP Belknap-Merrimack.

CAP Belknap-Merrimack serves 198 Head Start children and 105 Early Head Start children and pregnant women annually. SNHS serves 299 Head Start children and 64 Early Head Start children and pregnant women annually.

TARGET POPULATION AND COMMUNITY NEEDS

For the OHI, CAP serves approximately 350 children and pregnant women at sites in Laconia, Concord, Manchester, and Nashua. Services are also offered to approximately 125 staff members across CAP Belknap-Merrimack and SNHS. Families served through the OHI program in Laconia and Concord reside in largely rural areas and are more racially/ethnically diverse than the general population. Families served through OHI in Manchester and Nashua reside in mainly urban areas and are primarily immigrants who speak a number of different languages.

In the selected communities, screenings for children and pregnant women and access to follow-up care are limited. The communities face shortages of pediatric dentists, general dentists trained to care for young children, and dentists who accept Medicaid. Access to public transportation is also limited. In addition, many families in the service areas do not consider oral health a priority and are unaware of practices that help prevent oral health problems.

GOALS AND DESIGN

The overarching goal for the OHI program is to improve the oral health status of New Hampshire's Head Start/Early Head Start children and their families who are enrolled in CAP or SNHS, while emphasizing two objectives: (1) increase knowledge and skills among staff, parents, and children about oral health and health care services, and (2) increase the percentage of medical and dental professionals who work with Head Start agencies to address the oral health needs of children and their families. To achieve these objectives, the program will:

- Conduct oral health risk assessments to detect children's early risk of oral disease,

- Provide oral health education to parents, children, staff, and community, and
- Increase access to care by providing portable equipment and partnering with a dental hygiene school to use their clinic and a clinic associated with a local hospital.

COMMUNITY PARTNERS

The agencies partnered with five types of partners on the OHI program. These include: (1) two local dental practices, which accept patient referrals for follow-up care; (2) WIC, which conducts oral health education and risk assessments and administers fluoride varnish to children; (3) MCH Oral Health Resource Center, whose pediatricians and nurse practitioners receive education on oral health issues from Head Start staff; (4) two local hospitals that operate dental clinics, which accept referrals for follow-up care; and (5) New Hampshire Dental Hygienist Association, whose members receive training from Head Start staff on the handling of young children while providing dental care, particularly the "knee-to-knee" approach.

STAFFING STRUCTURE

CAP Belknap-Merrimack's oral health coordinator implements the OHI program; she is supervised by the director of the Head Start program. She is responsible for carrying out OHI services such as oral health education, oral screenings, fluoride varnish application, and case management. She also works to build a network of dental providers. Her work is supported by family service workers and home visitors who deliver oral health education.

SERVICES PROVIDED THROUGH THE ORAL HEALTH INITIATIVE

Risk Assessments. Home visitors and family service workers conduct risk assessments of children at all four sites. High-risk children are scheduled to receive fluoride varnish applications every 3 to 4 months and visits from a staff member to reinforce oral health education messages.

Preventive and Treatment Services. Clients receive preventive services, including oral screenings, oral exams, prophylaxis, and fluoride varnish. They are referred to community dental providers for follow-up care and treatment.

Education. Children, pregnant women, parents, staff, and community providers receive oral health education. The education is offered to children in classrooms and during home visits. There is no standardized curriculum, rather education draws on various curricula and educational materials. The oral health coordinator and home visitors provide education to pregnant women and parents during home visits and parent meetings. Topics include the basics of dental disease transmission, guidance on oral development, and fluoride supplementation. Head Start staff also provide oral health education (such as how to handle young children while administering dental care) to providers such as pediatricians, nurse practitioners, and dental hygienists.

Supplies. The program provides toothbrushes, dental floss, toothpaste, xylitol products (e.g., wipes, mints, and gums), and chlorhexidine rinses. The oral health coordinator and other program staff provide training on how to use the supplies.

Support Services. The OHI program makes referrals, sends out appointment reminders, makes follow-up calls to families, and helps coordinate transportation assistance.

EASTER SEALS HEAD START
MERIDEN, CT

Easter Seals Head Start is part of a larger Easter Seals program, which provides a range of services to individuals with disabilities and special needs. Services include birth to age 3 early intervention services, Head Start, a mobility center for injured persons, and outpatient medical services.

Head Start serves about 161 families annually in center-based programs and has been in operation since 2004.

TARGET POPULATION AND COMMUNITY NEEDS

For the OHI, Easter Seals is targeting services to all enrolled children in the urban city of Meriden, Connecticut, and the surrounding areas. Families served through the OHI are largely Hispanic, and most are headed by a single parent.

Easter Seals has struggled to meet its goal for the 90-day dental exam requirement and to secure needed follow-up dental care for families. A limited number of providers accept HUSKY, Connecticut's SCHIP program, for dental services because of relatively low reimbursement rates. Few dental providers can successfully communicate with the large number of Spanish-speaking families in the area. There is also a lack of adequate transportation to dental appointments. Finally, primary caregivers need to be educated about the importance of children's oral health and about practices that may lead to poor oral health outcomes.

GOALS AND DESIGN

Easter Seal's overarching goal for the OHI program is to create a sustainable partnership between the University of Connecticut's (UCONN) dental school and the Head Start program that allows low-income children to access high-quality dental care. The specific goals for the OHI program are to (1) leverage free dental care by working with dental students and residents, (2) provide care in a culturally appropriate way to the diverse Head Start population, and (3) deliver training reflective of the best expertise in pediatric dentistry. To achieve these goals, Easter Seals identified two main strategies:

- Provide oral health education to children and primary caregivers
- Increase access to dental care by administering clinical services on site and by referring children to community providers for more extensive care

COMMUNITY PARTNERS

The agency partnered with two main groups for the OHI program: (1) Mericare Dental Clinic, which accepts referrals to administer clinical services to enrolled children, and (2) UCONN School of Dentistry, which has conducted oral health education with enrolled

children, provided technical assistance through an oral health consultant, and accepted referrals to administer clinical services to enrolled children.

STAFFING STRUCTURE

Easter Seals's health services coordinator manages the day-to-day implementation of the OHI program activities, including monitoring the intake and analysis of updated dental health information and ensuring that proper followup and communication are taking place. She also serves as the liaison between primary caregivers and the UCONN dental school. Other staff members who work on the OHI include a UCONN oral health consultant, who provides technical assistance and trains staff to provide oral health education, and an outside dental hygienist, who provides oral health education and administers dental cleanings to the children.

SERVICES PROVIDED THROUGH THE ORAL HEALTH INITIATIVE

Risk Assessments. The dental hygienists and dentists who provide on-site services conduct oral health risk assessments for children. Head Start staff records risk assessment information into the children's dental care charts to track the progress of care.

Preventive and Treatment Services. A dental room staffed by a bilingual dental hygienist has been established on site to administer dental cleanings to children and to help children prepare for their first visit to the dentist. Easter Seals is currently in negotiations to have a bilingual dentist administer oral health exams, risk assessments, teeth cleanings, fluoride varnish, and other basic clinical services to enrolled children. Children who require more extensive dental services are referred off site to community providers.

Education. Oral health education is provided to enrolled children and primary caregivers. The education offered to children is administered by the teaching staff in classrooms. Although staff does not use a full formal oral health education curriculum, lesson plans are based on some of the information included in Colgate's "Bright Smiles, Bright Futures" curriculum, other general children's oral health education materials, and specific recommendations from the UCONN dental consultant. In addition, the UCONN dental consultant administers a Spanish-language education workshop for primary caregivers.

Support Services. Easter Seals makes referrals to community dental providers for follow-up care and for more extensive service needs and assists families with scheduling appointments and accessing transportation to appointments.

TRI-CITY COMMUNITY ACTION PROGRAM, INC.
MALDEN, MA

Founded in 1978, Tri-City Community Action Program (Tri-CAP), Inc. is a multiservice, antipoverty agency serving the cities of Malden, Medford, Everett, and surrounding communities. In addition to Head Start, the agency operates a teacher training program for parents and other community members, energy assistance, pro bono legal services and advocacy intervention, a homeless mobile van outreach team, and transitional housing services. Tri-CAP operates five Head Start sites and is funded to serve 184 children annually. The program offers both full-year and part-year options, with the full-year options funded in part through the state.

TARGET POPULATION AND COMMUNITY NEEDS

The Tri-CAP Head Start service area includes the cities of Malden, Medford, and Everett, which are contiguous to Boston, as well as the communities of Stoneham, Melrose, Wakefield, Reading, North Reading, and Winchester. The area is densely populated and has many social services available. The families enrolled in Head Start are ethnically and racially diverse, and include those identified as Chinese, Vietnamese, Haitian, African-American, and Hispanic. The primary languages spoken at home include Spanish, Portuguese, Haitian Creole, and Cantonese. Some families are new immigrants.

Most families are covered by Medicaid. Overall the area has a sufficient number of doctors and dentists; however, few dentists take Medicaid. Some families face language barriers with providers. More pervasive than issues of access is a lack of understanding among parents of the need for preventive oral health care for young children. Many parents do not see the need to care for primary teeth since the teeth eventually fall out. Furthermore, families often carry out practices that threaten oral health, such as putting babies to bed with a bottle, using bottles until children are three years of age, and adding sugar to food and beverages. Finally, many parents' own negative experiences at the dentist prevent them from seeking care for their children.

GOALS AND DESIGN

Tri-CAP Head Start is teaming with Cambridge Health Alliance, the Cambridge Public Health Department, and the Network Health plan on the OHI. Cambridge Health Alliance, an innovative, award-winning health system that recently opened a health center in the area, includes three hospitals and more than 20 primary care and specialty practices in the Boston metro-north communities. The OHI is an opportunity to link the services available through Cambridge Health Alliance to Head Start families. The primary goals of the OHI are:

- Improve oral health status of Head Start children
- Develop culturally sensitive curriculum (in multiple languages including Spanish, Portuguese, Creole, and Chinese)

- Help families overcome access barriers
- Educate parents, staff, and the community on the importance of oral health

COMMUNITY PARTNERS

Tri-CAP Head Start partnered with Cambridge Health Alliance on the OHI. Cambridge Health Alliance's new Everett Health Clinic provides screening, referral, and follow-up treatment to meet the oral health needs of Head Start children. Cambridge Health Alliance's children's dental program coordinator serves as the primary liaison between Tri-CAP and Cambridge Health Alliance and is program coordinator for the OHI. In addition, Tri-CAP is continuing long-term partnerships with a local dentist and a nutrition consultant. Tri-CAP also has a strong collaboration with the local WIC Program, whose representative is a member of the Head Start Policy Council.

STAFFING STRUCTURE

Tri-CAP Head Start's assistant director of health and nutrition oversees OHI activities and leads curriculum development. Cambridge Health Alliance's children's dental program coordinator acts as the OHI program coordinator. The coordinator's responsibilities include managing Cambridge Health Alliance hygienists who provide care to Head Start children, assisting with curriculum development, and consulting on trainings for parents and children.

SERVICES PROVIDED THROUGH THE ORAL HEALTH INITIATIVE

Risk Assessments. Families are encouraged to visit their dental home for a risk assessment. The assistant director of health and nutrition tracks information on risk assessments. A local dentist conducts on-site assessments and screenings of children who do not have a dental home or have not had a risk assessment completed.

Preventive and Treatment Services. Head Start children are referred to Cambridge Health Alliance for services.

Education. One of the primary goals of the oral health education component of the OHI is the development and utilization of an oral health curriculum for Head Start classrooms. A curriculum committee has been working on this since the OHI began, modifying and translating existing materials and developing modules for use in their classrooms. The curriculum committee has identified four units: 1) Learning About Teeth; 2) Taking Care of Our Teeth; 3) Going to the Dentist; and 4) Healthy Snacks for Our Teeth. Another primary goal is staff and parent education. Oral health information is presented to parents at the Parent Committee Meetings at each classroom site. The four topics discussed are: 1) early childhood caries and why baby teeth are important; 2) how cavities develop and healthy snacking; 3) how to handle dental emergencies; and 4) suggestions to help children cooperate during dental visits. For each training topic, the program is developing printed materials to be available in five languages. Translators are available during the parent meetings.

Support Services. Tri-CAP supports access to care by helping to provide translations of materials. Cambridge Health Alliance and most local health facilities have interpreters available. Tri-CAP tracks oral health outcomes and shares this information with family service workers who then help families make appointments for treatment if necessary.

VERMONT HEAD START/EARLY HEAD START TOOTH TUTOR PROGRAM
BARRE, VT

The Vermont Head Start/Early Head Start Tooth Tutor Program is implemented by seven Head Start grantees. Six of the seven Head Start grantees in Vermont—Central Vermont Community Action Council, Champlain Valley Office of Economic Opportunity, Southeastern Vermont Community Action, Northeast Kingdom Community Action, Rutland Community Programs, and Brattleboro Town School District—are included in the OHI grant. These grantees include three community action agencies, an economic opportunity organization, a mental health organization, and a public school district. The fiscal agent for the OHI is Central Vermont Community Action Council.

Three of the six agencies provide both Head Start and Early Head Start, while the other three offer Head Start services only.[1] The agencies are implementing the OHI to approximately 280 Early Head Start children and 1,180 Head Start children.

TARGET POPULATION AND COMMUNITY NEEDS

Since the OHI is implemented throughout the state of Vermont, the population varies by community. Most families served are non-Hispanic and white, but several agencies also serve growing African American, Asian, Somali, or Hispanic populations. Families are typically covered by Medicaid or SCHIP and have access to medical professionals. Transportation is a barrier across the state, especially in rural areas.

All six grantees reported that families have limited access to dental providers. Many providers do not accept Medicaid, cap the number of Medicaid families they will accept, or do not treat young children. Waiting lists for appointments with dental providers who accept Medicaid and at health clinics are often long. Some areas lack specialists, so families have to travel long distances for services. Cultural norms related to oral health care vary. Some families see the importance of oral health and practice prevention, although they may have limited resources to receive preventive care. Others, however, do not understand the value in oral health for young children because primary teeth fall out.

GOALS AND DESIGN

The Vermont Head Start Association and the Vermont Dental Society identified access to dental care as an issue for Head Start programs across the state. The Tooth Tutor program, sponsored by the Vermont Department of Health, was already providing services to a limited number of Head Start programs and many elementary schools throughout the state. The OHI offered an opportunity to expand the Tooth Tutor program to all Head

[1] Central Vermont Community Action Council, Northeast Kingdom Community Action, and Bratteboro Town School District operate both Head Start and Early Head Start programs; Champion Valley Office of Economic Opportunity, Southeastern Vermont Community Action, and Rutland Community Programs operate Head Start programs only.

Start programs and families throughout the state. The goals and objectives for the Tooth Tutor program are threefold:

- To increase the number of Head Start and Early Head Start children who are decay free
- To increase the knowledge base of children, parents, staff, and the medical and dental communities to provide optimal oral health care for the birth to age 5 population.
- To increase access to care for enrolled children and pregnant women.

COMMUNITY PARTNERS

Each agency developed partnerships with community groups based on individual needs and OHI program structure. The three main partners identified across agencies were (1) the Vermont Department of Health, which provides training and technical assistance to the Tooth Tutors, as well as some supplies; (2) the Vermont State Dental Society, which is providing overall support and is collaborating with other agencies to increase dental professionals' knowledge of the Tooth Tutor program; and (3) local dentists, who accept referrals and provide services to families.

STAFFING STRUCTURE

Tooth Tutors are the main staff responsible for carrying out the OHI at each agency. Tooth Tutors are licensed dental hygienists who are trained by the Vermont Department of Health on the Tooth Tutor Dental Access Program to provide education to families, children, and staff and dental screenings for children. In addition, Head Start program staff, including health managers and program directors, provides oversight and management for the Tooth Tutors.

SERVICES PROVIDED THROUGH THE ORAL HEALTH INITIATIVE

Risk Assessments. Children receive risk assessments at all agencies. Tooth Tutors use the information to prioritize and individualize services for children and families.

Preventive and Treatment Services. The Tooth Tutors conduct dental screenings with Head Start and Early Head Start children. Some agencies also provide dental screenings with siblings and non–Head Start children in combined classrooms. Families are referred to local dentists for additional services. One program has instituted an on-site clinic. A local dentist donates his time to come on site and conduct dental exams for Head Start children and their siblings. The clinic is also available for other children in the community.

Education. Education is provided for parents, pregnant women, and children. Education for parents occurs during home visits and at socializations and parent meetings.

Tooth Tutors are available to meet one-on-one with families to provide individual guidance on preventive care. The main messages the Tooth Tutors and direct service staff convey are the importance of children's teeth in overall health and development, the importance of nutrition in oral health care, and the role of preventive care to long-term oral health. Education for pregnant women includes similar messages as well as guidance about the optimal times during pregnancy to visit a dentist. Education for children is conducted in the classrooms and during home visits when the Tooth Tutors conduct screenings. Teachers and home visitors reinforce the information. Materials, such as puppets, puzzles, and books, are used to introduce children to a visit to the dentist.

Supplies. All agencies provide supplies, including toothbrushes, toothpaste, dental floss, gauze, and toothbrush holders, to children and families.

Support Services. Tooth Tutors and direct service workers provide families with a list of local dentists who accept patients with Medicaid. If needed, they will also help families make appointments. Assistance with transportation, translation, and other supports vary by agency.

WOONSOCKET HEAD START CHILD DEVELOPMENT ASSOCIATION, INC.
WOONSOCKET, RI

Woonsocket Head Start Child Development Association, Inc. operates three Head Start centers and a separate child care component. It serves 227 children in the Head Start centers and 150 children through the child care component. The agency has been in operation for 32 years and has been accredited by the National Association for the Education of Young Children (NAEYC) since 1988.

TARGET POPULATION AND COMMUNITY NEEDS

Woonsocket Head Start is located in Rhode Island, in a city with a population of 43,000. The Head Start children and families are a culturally and racially diverse group that is 62 percent white, 21 percent African American, 39 percent Hispanic, and 4 percent Asian. Eleven percent of the children are identified as biracial or multiracial. Close to 20 percent of the families speak Spanish at home.

The Head Start families face a number of barriers to accessing oral health care. In particular, there are few dentists willing to accept Medicaid and SCHIP patients. In addition, many families do not consider oral health care a priority. Some families do not show up for appointments, which causes providers to be reluctant to offer services to them in the future. Families also lack an understanding of preventive practices, such as proper nutrition and supervising children's toothbrushing. To help families gain access to care, especially to pediatric dentists, a program called RIte Smiles was recently implemented by the state of Rhode Island and United Health Plan.

GOALS AND DESIGN

Since 2005, Woonsocket Head Start has participated in two parent education research projects with the UCLA Anderson School of Management. Through the UCLA programs, agency management staff received training on delivering relevant health and oral health education to parents. The programs had two goals: (1) teaching parents what they can do to prevent and manage routine illnesses, and (2) measuring the impact of training on parent behaviors with respect to health practices. Agencies that participate in the research receive the resources to conduct health institutes for families. The institutes are designed to teach families about the components of good health and to provide reference materials and support to help parents gain confidence in addressing health issues.

Woonsocket Head Start was also selected to pilot an Oral Health Institute developed by UCLA. As a pilot site, Woonsocket is testing an oral health education program for parents, providing them with an oral health reference book (available in Spanish and English), administering pre- and post- training parent questionnaires that measure knowledge and practices, and conducting follow-up and support training. Woonsocket Head Start applied for the OHI grant to continue and expand on this work. The program identified the following three key components of its OHI:

- To provide parents with dental care education using the UCLA curriculum

- To develop a culturally appropriate oral health curriculum for Head Start parents
- To provide oral health exams, prophylaxis, and periodic followup to Head Start children through Thundermist Health Center, a federally qualified community health center

COMMUNITY PARTNERS

A number of partnerships support the OHI, including: (1) Thundermist Health Center, which provides on-site services, such as varnish applications, to Head Start children; (2) Ronald McDonald Molar Express, a mobile dental office; (3) a local community college school of dental hygiene, which gives students an opportunity to work with children by providing oral health education in Head Start classrooms; (4) local dentists, who accept referrals; and (5) the Rhode Island Department of Health, an ongoing partner.

STAFFING STRUCTURE

The Head Start health and nutrition coordinator is responsible for implementing the OHI. Her primary responsibilities include acting as a liaison between Head Start families and the Thundermist Health Center, which provides oral health services to many families. She also works with local community college dental hygienist students who offer oral health education in classrooms. Woonsocket's executive director is responsible for overall management and oversees the work of the health and nutrition coordinator.

SERVICES PROVIDED THROUGH THE ORAL HEALTH INITIATIVE

Preventive and Treatment Services. Dental professionals from Thundermist Health Center come on site to conduct screenings and exams, and apply fluoride varnishes. Families are referred to Thundermist Health Center or Molar Express for all other services.

Education. The main component of the OHI is an oral health education program for Head Start families. This education is provided by staff and the Department of Health. The program utilizes the curriculum developed by the UCLA Oral Health Institute Topics include (1) the importance of oral health and basic information on early childhood caries, (2) nutrition as it relates to oral health and overall health, and (3) dental emergencies and normal tooth development. Each module is written at a reading level appropriate for the parents and is translated into the appropriate languages. The curriculum committee included a broad range of partners, and involved staff in the testing of messages and activities designed for children.

Support Services. Woonsocket Head Start helps families make appointments for preventive services and treatment, and educates them about the importance of keeping appointments. Transportation is provided if needed.

YORK COUNTY COMMUNITY ACTION HEAD START
SANFORD, ME

York County Community Action Corporation (YCCAC) has been in operation since 1965. In addition to Head Start and Early Head Start, YCCAC administers other programs, including WIC, regional transportation to health care and work sites, home-buyer education, outreach services, affordable rental housing, fuel assistance, and a new Federally Qualified Community Health Center. The agency staff totals 204 and serves more than 13,000 clients annually.

York County Community Action Head Start has been in operation since 1968, and the Early Head Start program since 2000. The agency operates 11 Head Start sites, serving 294 children. Early Head Start is a home-based program and serves 42 families annually.

TARGET POPULATION AND COMMUNITY NEEDS

YCCAC Head Start and Early Head Start programs serve families in both rural and urban areas in York County, Maine. The population is largely homogeneous (white) and not culturally diverse. The OHI primarily targets the children and pregnant women enrolled in the Head Start and Early Head Start programs in the York County service area; however, the OHI indirectly serves an additional 614 children in the Head Start/Child Care program in adjacent Cumberland County by providing materials and training to its staff.

Although social service agencies are accessible in the county, Head Start families experience barriers to accessing health care because many providers do not participate in MaineCare, the state's Medicaid program. The county is considered a Dental Health Professional Shortage Area (DHPSA). YCCAC's newest program is a community health center, which offers medical, dental, and mental health services and accepts MaineCare, Medicare, and private insurance. The health center has made dental care much more accessible for low-income populations in York County, although it cannot provide high-level dental treatment services.

GOALS AND DESIGN

YCCAC Head Start's primary goal for the OHI is to provide a service delivery model to improve the oral health awareness and status of York County Head Start children, their parents, and pregnant women. To achieve this goal, the program identified five main strategies:

- Hire an oral health specialist as the project's coordinator to organize project activities
- Train staff, other community agencies, families, and children to increase their awareness of oral health issues and practices
- Conduct oral health screenings for children without a dental home

- Partner with YCCAC's health center
- Develop, implement, and disseminate a unique oral health education anthology

COMMUNITY PARTNERS

YCCAC Head Start's OHI partner is York County Community Health Care, YCCAC's health center. Head Start's oral health specialist, a licensed dental hygienist, has a professional relationship with the health center and previously worked there as a hygienist. Her experience allows for continuity between the Head Start program and the health center, facilitates access to services for Head Start families, increases the comfort level of children, and allows improved communication with parents about dental needs.

YCCAC Head Start also formed informal partnerships with local community organizations, such as a homeless shelter, the YMCA, a domestic violence shelter, the child care resource agency, adult education/ESL, and an obstetrics/gynecology office, at which the hygienist conducts oral health education and training to enable the OHI to reach the broader community.

STAFFING STRUCTURE

A dental hygienist was hired as the oral health specialist to decrease the program's dependency on hygienists from the community and to offer more services, including screenings, dry brush prophy, topical fluoride, and education. YCCAC Head Start's health specialist oversees all OHI-related activities.

SERVICES PROVIDED THROUGH THE ORAL HEALTH INITIATIVE

Risk Assessments. Although no formal risk assessment process is in place, the dental hygienist does screenings at Head Start and uses the results to prioritize children for treatment.

Preventive and Treatment Services. The oral health specialist provides services on site at Head Start centers. Services include screenings, dry brush prophy, topical fluoride, and education. Children are referred to the York County Community Health Center for professional cleanings, oral health exams/inspections, fluoride prescriptions as needed, and care by a dentist.

Education. Oral health education is a major focus of the OHI. The oral health specialist writes oral health tips for the Head Start newsletter. She also provides education to parents during their children's visits to the community health center. Her articles in the state's Medicaid newsletter reach a broader parent population. The oral health specialist educates pregnant women enrolled in Early Head Start during home visits. Classroom education includes lessons from Maine's "Oral Health Matters" curriculum and oral health educational materials, such as puppets and books. Also, prior to oral health screenings, the

oral health specialist visits classrooms to play oral health–related games with children and talk about the importance of tooth brushing.

Supplies. Toothbrushes and toothpaste, donated by a local company, are distributed to the children. "Oral health buddy bags," containing educational materials and a video on oral health are loaned to families and are used by home visitors as an educational tool.

Support Services. The oral health specialist refers families to York County Community Health Care. Family service workers also help families connect with services, and YCCAC has transportation services available.

AGRI-BUSINESS CHILD DEVELOPMENT
MIDDLETOWN, NY

Agri-Business Child Development (ABCD) has provided early childhood education and social services to children of migrant agricultural workers across the state of New York and has been in operation since 1946. The program serves about 1,500 children each year.

The Middletown ABCD site operates Early Head Start and Migrant Head Start programs in Orange County. The program is funded to serve 48 children and 12 pregnant women through Early Head Start and 45 children through Migrant Head Start. Middletown ABCD is a delegate agency of East Coast Migrant Head Start and has been operating Migrant Head Start since 1973 and Early Head Start since 1991. These programs operate year-round with both home-based and center-based options.

TARGET POPULATION AND COMMUNITY NEEDS

The grantee targets the OHI to the 12 pregnant women and 48 children enrolled in Early Head Start and has extended services to children enrolled in Migrant Head Start. The county has a mix of urban and rural/farming areas. Onion fields and apple orchards employ the migrant farm workers the OHI serves. Most farm workers are from Mexico, and Spanish is their primary language.

Within the geographic area, the Middletown Community Health Center offers preventive services on a sliding fee scale. The main barriers to care include lack of transportation, inability to take time off from work, and lack of awareness of available services. In addition, many families are unable to communicate with the community health center staff, thus limiting their ability to make appointments. Many families are also reluctant to access dental care because of painful and traumatic experiences in the past.

GOALS AND DESIGN

The grantee's overall goal is the prevention of early childhood caries through dental screenings and education. To achieve this goal, the program identified four main components:

- Educating parents through home visits, parent meetings, and dental visits
- Promoting oral health among staff and integration into the classroom
- Creating community partnerships that increase access to quality, comprehensive, and culturally competent dental care
- Raising awareness of the need for oral health and its impact on overall health

COMMUNITY PARTNERS

ABCD developed partnerships with dental providers to conduct screenings and dental exams and to provide treatment to children. Since the OHI's implementation, the grantee has established formal agreements with the following six partners: (1) Middletown Community Health Center, which accepts referrals and offers limited dental services, such as screenings and exams; (2) Inspire, a community nonprofit organization that contracts with a pediatric dentist to provide restorative services two to three days per week; (3) Cornell University Cooperative Extension Orange County, an expanded food and nutrition program that educates families with limited incomes; (4) Hudson River Community Health Center, which offers dental services for low-income families and on-site screenings; (5) New York State Department of Health, Dental Bureau, which supports the implementation of a fluoride program; and (6) Orange County Community College Dental Hygienist Program, which supports the initiative.

STAFFING STRUCTURE

The oral health coordinator had previous experience working with the Early Head Start and Migrant Head Start programs as a home visitor, educator, and classroom assistant. She is now working full-time with the OHI and is responsible for overall implementation, conducts staff training, provides education to parents and pregnant women, promotes oral health services, and works with community partners. The Head Start director supervises the oral health coordinator.

SERVICES PROVIDED THROUGH THE ORAL HEALTH INITIATIVE

Risk Assessments. The oral health coordinator conducts a health assessment with families when they enroll. This includes an assessment of dental history, oral health habits, and oral health risks. Dentists and dental hygienists also conduct visual risk assessments with children at the community health center and at Inspire.

Preventive and Treatment Services. Children receive dental screenings and exams twice a year at the Middletown Community Health Center. They are referred to a pediatric dentist for restorative services. Adults, including pregnant women, are eligible to receive services through the center, where uninsured parents can pay on a sliding fee scale.

Education. Education for parents and pregnant women is provided during parent meetings, individual case conferences, home visits, and dental appointments. Sessions are tailored to families' oral health habits, needs, and concerns. Educational materials are translated into Spanish. The main educational messages include ways to prevent dental disease and early childhood caries, the role of parents as models of good oral hygiene habits, and the importance of nutrition and feeding habits. Oral health education is incorporated into classroom lesson plans, and the program purchased oral health teaching tools and toys to reinforce these messages.

Supplies. The grantee regularly distributes oral health supplies, such as toothbrushes and dental floss to children and families. Dental kits are also distributed and are designed specifically for pregnant women, infants, or young children.

Support Services. The oral health coordinator maintains a health file for each child that allows her to track the health needs and appointments for each family. The agency provides support services, such as assistance making dental appointments, appointment reminder letters, transportation, and translation, to facilitate access for families.

OPPORTUNITIES FOR OTSEGO, INC.
ONEONTA, NY

Opportunities for Otsego, Inc., established in 1966, is a multiservice agency. The 180 staff members serve 4,000 families. In addition to Head Start and Early Head Start, service programs include WIC; Building Healthy Families, a home-visiting program; Community Connections, a food bank; Victims Intervention Program, a domestic violence program; Wheels to Work, a transportation program; HEAP, a home energy assistance program; Facilitated Enroller, a program for the local county department of social services; a homeless shelter; a weatherization program; a first-time homebuyer's program; and a youth employment program.

Opportunities for Otsego has been operating Head Start since 1974 and began operating Early Head Start in 2002. The agency operates 12 centers. Eleven centers operate 10 months per year for four hours per day, and the other operates full day for a full year. Opportunities for Otsego is funded to serve 295 Head Start children and 100 Early Head Start children, including up to 24 pregnant women.

TARGET POPULATION AND COMMUNITY NEEDS

Opportunities for Otsego's OHI targets all Head Start and Early Head Start children and their families. The community has a great need for general and specialty dental providers who are willing to treat young children who have Medicaid and Child Health Plus. The majority of providers are concentrated in the cities of Oneonta and Cooperstown, where mass transportation is limited. The rural nature of the county exacerbates this problem. Currently, limited dental providers accept Medicaid/Child Health Plus. Dental education and medical evaluation of dental risk assessment are key community needs.

GOALS AND DESIGN

Increasing access to dental providers and preventive oral health efforts are central to the OHI. Opportunities for Otsego identified the following three key components of the OHI:

- Establish relationships with local dentists by creating an ongoing process for networking and information sharing about the OHI
- Expand in-kind opportunities for local dental hygienists
- Provide education for parents, education/training for staff, as well as peer education for dentists, ob-gyns, pediatricians, and family practitioners

COMMUNITY PARTNERS

Opportunities for Otsego's OHI has partnered with numerous organizations and agencies to help increase dental health awareness in Otsego County. The five main types of partners include: (1) area dental and medical providers, including hospitals; (2) WIC; (3) the Mothers, Babies, and Perinatal Network; (4) Northern Catskill Dental, which provides

information, services, and supplies; and (5) American Mobile Dental. In addition, the program is working in partnership with local dental health coalitions to provide opportunities for peer networking and to disseminate information to community members. In addition, they are working with the Rural Health Education Network of Delaware, Otsego, Montgomery, and Schoharie Counties (RHENDOMS), which provides rural health education in the areas of dental health, smoking cessation, and nutrition, to disseminate information.

STAFFING STRUCTURE

For the OHI, Opportunities for Ostego, Inc. hired a dental hygienist, who provides training and general coordination of the OHI, and the health specialist, who supports these efforts.

SERVICES PROVIDED THROUGH THE ORAL HEALTH INITIATIVE

Preventive and Treatment Services. Children receive visual screenings and fluoride treatments in the classroom throughout the year. These services are provided by the grantees' dental hygienist and staff from American Mobile Dental. Children are referred to local dentists for other services.

Education. The dental hygienist conducts training with staff members, enabling them to provide education to children and families. The dental hygienist provides monthly staff in-service trainings and education to parents through monthly meetings. The education for Head Start children mirrors the content provided to parents and staff, but is adapted to be age appropriate. Educational opportunities include formal curriculum-based staff and parent trainings; "area of interest" modules, which are topics generated by parents and staff; and monthly newsletters with nutrition-related messages. In addition, a dental hygienist visits classrooms to provide dental health education and role-play "going to the dentist," which is designed to increase the comfort level of children.

Supplies. The program provides toothpaste, toothbrushes, and dental floss to all Head Start and Early Head Start children. Supplies are provided for Head Start and Early Head Start families at community outreach and parent socializations.

Support Services. The program currently has an ongoing dental referral list that highlights providers who accept Medicaid and Child Health Plus. This list supports the program's aim to empower parents to schedule their own appointments. Opportunities for Otsego offers transportation to and from oral health appointments, as needed.

WASHINGTON COUNTY HEAD START / EARLY HEAD START AND CHILD CARE PROGRAM
HUDSON FALLS, NY

Washington County Head Start / Early Head Start and Child Care Program operates under the Washington County Economic Opportunity Council, Inc., which provides a range of social service programs, such as employment assistance, job training, and weatherization assistance that can improve the energy efficiency of homes of low-income families.

Washington County has operated its Head Start program since 1967 and its Early Head Start program since 1988. The agency serves 310 children in Head Start and 110 children and pregnant women in Early Head Start annually. Both Head Start and Early Head Start offer center-based and home-based options.

TARGET POPULATION AND COMMUNITY NEEDS

Washington County is targeting the OHI services to all 420 enrolled children and pregnant women, all primary caregivers, all staff working on the OHI activities, and the surrounding community in Washington County. Families receiving the OHI services reside in rural northeastern New York.

Washington County has a large shortage of dental providers, especially pediatric dentists, and few dentists accept public insurance. In addition, many families lack access to transportation. The county has limited resources to address these external barriers to care and educate families about the importance of oral health. Largely due to the difficulty of accessing oral health care, many families place a relatively low emphasis on oral health, and some have come to fear dental visits, anticipating the need for extensive dental work as a result of irregular dental care.

GOALS AND DESIGN

Washington County's overarching goal for the OHI program is to improve oral health outcomes of enrolled pregnant women, children, and parents by promoting and enhancing oral health education for parents and staff and by strengthening existing relationships with oral health professionals and community health coalitions. To achieve these goals, Washington County identified five main strategies:

- Improve staff competence in delivering oral health education to families
- Increase parents' knowledge, skills, and confidence in providing their children with adequate oral health care
- Reduce the number of children and pregnant women in the program who do not receive oral health preventive care and needed treatment
- Strengthen community linkages and resources on behalf of this at-risk population

- Evaluate and disseminate the information and lessons learned from this initiative to interested partners.

COMMUNITY PARTNERS

The agency partnered with six main groups: (1) community dental providers who administer clinical services to enrolled clients and help provide oral health education at parent workshops and in classrooms; (2) Planned Parenthood and Women, Infants, and Children (WIC), which receive information from Washington County about oral health issues that occur during pregnancy; (3) the county public health department, which provides materials to support classroom oral health education; (4) Adirondack Perinatal Network, which provides dental kits distributed during parent education workshops; (5) Cornell Cooperative Extension, which helps conduct some parent education; and (6) the Adirondack Rural Health Network, which is working with the agency to develop a comprehensive strategic plan to address oral health disparities and improve oral health care in the rural Adirondack region of upstate New York.

STAFFING STRUCTURE

Washington County's dental family services worker works in conjunction with five other health staff to support program activities, including participating in staff and parent training, arranging for referrals and appointments, assisting in data collection and analysis, and collaborating with community partners. In addition, teachers, family workers, and home visitors help deliver oral health education and facilitate families' access to dental services.

SERVICES PROVIDED THROUGH THE ORAL HEALTH INITIATIVE

Risk Assessments. Staff conducts an informal monthly assessment of each client's dental service history and current need for care, which is used to coordinate referrals for care and to identify barriers to accessing care.

Preventive and Treatment Services. Clinical services are provided off site and result from referrals for care.

Education. Oral health education is provided to children, pregnant women, and parents. The classroom and home-visit lessons are based on the "Open Wide Curriculum" and are designed to increase awareness of the importance of oral health and to reduce children's anxiety about dental visits. Oral health education for pregnant women and parents is delivered through regular group meetings and emphasizes the transmissible nature of caries and the role nutrition plays in good oral health and tries to increase oral health hygiene skills. Pregnant women also receive information on the importance of obtaining dental care during pregnancy and on those community dental providers who are willing to treat pregnant women.

Supplies. The program currently provides toothbrushes and toothpaste during home visits and in the classroom. Once a year, during National Children's Oral Health Month, kits

containing toothbrushes, toothpaste, dental floss, toothbrushing timers, and disclosing tablets are provided to all enrolled children in conjunction with oral health education. In addition, oral health supplies and stickers are provided to children attending dental visits with the dental family services worker and to parents attending oral health parent workshops.

Support Services. The OHI program makes referrals, makes arrangements for translation services, and provides transportation support and financial assistance to cover the cost of care.

BALTIMORE CITY HEAD START
BALTIMORE , MD

Oversight responsibility for the Baltimore City Head Start is in the Department of Housing and Community Development in the Baltimore City Mayor's office. The Office of Head Start operates Head Start and Early Head Start, which serve 3,603 children in 72 centers. Early Head Start serves 184 children and 20 pregnant mothers, and Head Start serves 3,419 children. The Office of Head Start oversees service delivery and employs grantee managers to work with 17 delegate organizations. The Baltimore City Head Start program has operated since 1965.

TARGET POPULATION AND COMMUNITY NEEDS

Baltimore City Head Start aims to provide oral health services throughout the city. There is wide availability of and access to providers, including general and some pediatric dentists. The primary barriers to accessing oral health care for the Head Start population are lack of education and awareness of the importance of oral health, limited access to transportation, and cultural considerations. Parents do not prioritize dental care and are not typically focused on preventative oral health care. Language is also a service barrier for Spanish-speaking families.

The Head Start program serves Baltimore, which is entirely urban. The program predominantly serves low-income African American families and Spanish-speaking families with English as a second language (ESL).

GOALS AND DESIGN

Baltimore City Head Start built upon an existing oral health plan to develop the OHI grant, which included funding for services for children 0–5. Prior to receiving the OHI grant, the Head Start program collaborated with city dental clinics to provide oral health services; the OHI grant helps maximize available services.

The primary objective of the OHI grant is to provide oral health education to parents, staff, and partners. The program accomplishes this goal through four main components:

- Providing an evidence-based oral health education/prevention curriculum to all Head Start children and families by implementing the Head Start Oral Health Awareness Lesson Plans

- Establishing an integrated oral health treatment system to ensure access to treatment and restorative services

- Developing an oral health education/prevention curriculum tailored to the special needs of pregnant women and infants and toddlers in Early Head Start

- Expanding implementation of the TICKLE program to ensure the establishment of dental homes and provides exams for children who do not have a source for dental care[2]

COMMUNITY PARTNERS

Baltimore City Head Start had existing partnerships with the University of Maryland Dental School and Baltimore Health Department School of Dentistry prior to the OHI grant. The program has developed several informal partners since receiving the OHI grant, including Smart Smiles; representatives from insurance companies including Amerigroup, Priority Partners, and United Health Care; Maryland State Head Start collaboration office; the Maryland State Department of Education; and the Maryland Department of Health and Mental Hygiene.

STAFFING STRUCTURE

The OHI grant funded two positions to coordinate services, an oral health coordinator and a dental case manager. These positions were originally part-time, six-hour per day positions; but with Baltimore City Head Start's carryover funding from 2006, the positions are full-time in 2007. OHI staff primarily arranges services and transportation for children.

SERVICES PROVIDED THROUGH THE ORAL HEALTH INITIATIVE

Risk Assessments. Children receive risk assessments through the TICKLE program and through dentists who provide services at Head Start sites. The program currently shares risk-assessment results with parents, the family service coordinator, and reports results to the grant office for tracking purposes.

Preventive and Treatment Services. Families can access oral health care through community partners. Children also receive screening, cleaning, and restorative services through the TICKLE program and city clinics.

Education. Managed care organizations currently provide education on oral health to children and parents at Head Start centers. However, once Baltimore adapts the Maryland

[2] The Infant and Child Kan Laugh Endeavor (TICKLE) program was developed by the Baltimore City Health Department Oral Health Program to create increased access to dental care for Head Start children. It offers preventive services to enrollees ages 2–4 years.

State Oral Health curriculum to meet the specific needs of Head Start children, this arrangement will end and classroom teachers will implement the curriculum. Staff will be responsible for making cultural or linguistic adaptations as needed. All classrooms also receive resources from the health department on oral health for use during circle time.

Support Services. Baltimore City Head Start connects families with area providers through a referral system. The program also makes appointments for children, arranges transportation to appointments, and coordinates any needed translation services.

COMMUNITY ACTION COUNCIL FOR LEXINGTON-FAYETTE, BOURBON, HARRISON, AND NICHOLAS COUNTIES—HEAD START AND EARLY HEAD START LEXINGTON, KY

The Community Action Council for Lexington-Fayette, Bourbon, Harrison, and Nicholas Counties operates a range of services and assistance programs through a network of nine neighborhood and community centers in north-central Kentucky. The agency, which has been in operation since 1964, employs 280 staff in its Head Start, Early Head Start, and Migrant Head Start programs.

The Council operates Head Start, Early Head Start, and Migrant Head Start. The focus of the OHI is the Head Start and Early Head Start populations.[3] Through its Head Start and Early Head Start programs, the Council serves 1,135 children, including 215 infants, toddlers, and pregnant women enrolled in Early Head Start. The council operates 32 sites throughout the region. Most centers are open from August to May and operate half-day programs, although a few sites, serving 160 children, are open throughout the year and operate full-day programs. The program also serves 56 Head Start children through a home-based option.

Target Population and Community Needs

Of the counties served by Head Start, one is mostly urban, and the others are rural. Many of the families have a single parent, and about 70 percent of children are African American; approximately 25 percent are white, with the remaining 5 percent composed of families of other ethnic/racial backgrounds. Few of these families have health insurance, but they do have access to some health care services through local health departments.

Access to oral health care in the Council's Head Start service area is limited. According to program data, only 67 percent of children have access to ongoing dental care, and many children each year require extensive treatment beyond preventive care. Many families go without dental care because of their lack of insurance coverage, the high cost of care, shortages of dental providers, and fear of dentists. In addition, many families practice behaviors that put children at increased risk for dental caries, including putting children to sleep with bottles and giving them bottles that contain sugary drinks, such as soda or sweetened juices.

Goals and Design

For the OHI, the Council expanded its existing oral screening and fluoride varnish program into a comprehensive education and prevention program called "Smile Right." The goals of "Smile Right" are to:

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[3] Community Action Council for Lexington-Fayette, Bourbon, Harrison, and Nicholas Counties was awarded two OHI grants; one serving the Head Start and Early Head Start programs and a second grant serving the Migrant Head Start populations. For purposes of the OHI Evaluation, information on the two grants is presented separately.

- Increase parents' understanding of prevention and the importance of toothbrushing, screening, and fluoride
- Increase staff understanding of the importance of preventive care and how to convey that message to parents and children
- Decrease the incidence of urgent oral health problems
- Decrease the incidence of early oral health problems
- Increase the number of children receiving follow-up care

Community Partners

The Council partnered with the University of Kentucky Division of Dental Public Health, which provides oral screenings and fluoride varnish treatment for children in the Early Head Start and Head Start programs. The University of Kentucky Division of Dental Public Health will assist the Council in developing and conducting training sessions for program staff.

Staffing Structure

The Council expanded the roles and responsibilities of existing staff to include the "Smile Right" program. The Migrant Head Start director has oversight responsibility of the OHI, and the day-to-day operations of the OHI are carried out by the health specialist. Family service workers and teachers implement Smile Right with the families and children.

Services Provided Through the Oral Health Initiative

Preventive and Treatment Services. Head Start and Early Head Start children are eligible to receive oral screenings and three fluoride varnish treatments per year through "Smile Right." A mobile dental van, operated by the University of Kentucky Division of Dental Public Health, visits centers to offer these services. Children in need of follow-up surgical treatment are referred to the University of Kentucky Dental School. In addition, pregnant women enrolled in Early Head Start receive dental exams.

Education. At enrollment, pregnant women and parents are shown a 10-minute video on oral health. The video was developed by the Regional Oral Health Strategic Initiative in Northern Kentucky and Cincinnati, Ohio. The video, available in English and Spanish, educates parents on the importance of toothbrushing and fluoride. Families are provided with a book on oral health (in English or Spanish) at enrollment.

Supplies. Head Start and Early Head Start families receive individual kits that include a toothbrush, toothpaste, and dental floss.

Support Services. The program schedules and tracks follow-up appointments and treatments and provides translation services, if needed. The program also connects families with a local dental care provider who accepts Medicaid patients to serve as a dental home.

GUILFORD CHILD DEVELOPMENT
GREENSBORO, NC

Guilford Child Development has been a Head Start grantee since 1974. The agency is funded to serve 1,040 children from birth to age 5 and their families, including 160 Early Head Start children and 36 pregnant women. Guilford Child Development also operates 844 Head Start child care partnership slots. All services are center based.

TARGET POPULATION AND COMMUNITY NEEDS

The program's service area is mainly urban, with one center located in a rural area. The ethnic and cultural backgrounds of program families are primarily African American, with some Hispanic, Caucasian, Asian, and Indian families. About 96 percent of the program families are at or below the federal poverty level. The OHI targets Head Start children for education and Early Head Start children for educational and preventive services. The OHI is also targeting the 36 pregnant women enrolled in Nurse Family Partnership (NFP).

The main barriers families face to accessing oral health care include limited availability of and access to providers. Many dentists do not accept Medicaid, and many are reluctant to serve children under the age of 2 or children with special needs because they are not equipped to do so or are not educated on how to best serve these children. In addition to access barriers, families have limited understanding of the need for oral health care for young children.

GOALS AND DESIGN

Guildford Child Development is a demonstration site for "Into the Mouths of Babes",[4] a project designed to train medical providers to deliver preventive oral health services to high-risk children from the time of tooth eruption until age 3, including oral screening, parent/caregiver education, and fluoride varnish application. The OHI expands this demonstration project to all Early Head Start and Head Start children and families and pregnant women. The four main goals and objectives of the OHI are to:

- Implement evidence-based strategies
- Provide education on preventive care to families, pregnant women, and children
- Link pregnant women and children with providers who offer preventive care

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[4] "Into the Mouths of Babes" project is the collaborative effort of six partners: The NC Academy of Family Physicians, the NC Pediatric Society, the NC Division of Medical Assistance, the NC Oral Health Section, the UNC School of Dentistry, and the UNC School of Public Health.

- Expand the existing state and local collaboration efforts to develop an integrated system of health care

COMMUNITY PARTNERS

The program's key community partners include: (1) dentists from the Guilford County Department of Health, who provide dental exams and treatment services to families during the program year; (2) Guilford County Dental Society, which supports the yearly event "Meet the Dentist Night"; (3) "Into the Mouths of Babes project," which trains pediatricians, nurses, nurse practitioners, and physician's assistants to conduct screenings, provide guidance to parents, and administer fluoride treatments; (4) North Carolina Agricultural and Technical State University (A&T) nursing students, who developed materials on aspects of oral health and nutrition for pregnant women; and (5) Nurse Family Partnership (NFP), which provides services to pregnant women.

STAFFING STRUCTURE

The OHI is administered by the oral health coordinator, who oversees other staff, parent and staff education, and the development of materials and is involved in outreach to community dental providers. Her work is supported by the nutrition consultant, who plans workshops and works with families on issues related to oral health and nutrition; the program director, who is involved in outreach to community dental providers; and frontline staff, who educate parents and children about the importance of preventive care.

SERVICES PROVIDED THROUGH THE ORAL HEALTH INITIATIVE

Risk Assessments. The program arranges for dentists from the local health department and some private dentists to visit the centers to screen children for dental caries.

Education. Preventive education is the keystone to this program. Teachers and family advocates provide educational materials to parents during home visits and parent conferences. The program hosts a "Meet the Dentists" night that brings together dental professionals from the community and Head Start families. NFP nurses work with the pregnant women to teach the importance of good oral health during pregnancy, as well as how to establish good oral health habits with their children. For children, oral health education is an important part of weekly lesson plans. Head Start teachers use the "Bright Smiles, Bright Futures" curriculum, and Early Head Start teachers use a curriculum developed by the UNC School of Dentistry. UNC Chapel Hill School of Dentistry is piloting the curriculum at Guilford Child Development.

Supplies. The program distributes toothbrushes, toothpaste, dental floss, and finger toothbrushes for massaging the gums of infants. Postpartum women receive bookmarks on oral health and nutrition and a large picture magnet for baby's first smile, which were designed by NFP nurses.

SHARE HEAD START
GREENVILLE, SC

SHARE is a community action agency that operates several economic opportunity programs, in addition to its Head Start program. Its programs target youth empowerment and employment, employment services for adults, basic needs, education, housing placement for homeless individuals, and GED and basic education for young adults ages 18–21.

SHARE serves families from Greenville, Anderson, Pickens, and Oconee counties. It operates Head Start and Early Head Start and offers services to pregnant mothers. The Head Start program also operates a mentoring program for children of prisoners. SHARE operates 23 centers and serves a total of 1,490 families between Head Start and Early Head Start, including 13 pregnant women. SHARE has been operating since 1966.

TARGET POPULATION AND COMMUNITY NEEDS

SHARE's OHI grant provides services to all Head Start and Early Head Start families. SHARE initially targeted urban centers where children have the greatest needs for dental care. The agency serves families living in both urban and rural areas, with the urban areas being more predominant. Between 14 percent and 18 percent of the children live in poverty, and about 50 percent of the children live in single-parent households. SHARE serves a mixed population that includes African American, Hispanic, and white families. Families typically have good access to medical care, especially in the Greenville metro area.

The primary barriers to accessing oral health care are cost of services, transportation, education, and parental concern about dental providers. Families also lack knowledge about oral health care for children from birth to age 3. In addition, some parents are deterred from service receipt by the policies of some dentists to not allow parents to accompany children during the exam.

GOALS AND DESIGN

The main emphasis of SHARE's OHI grant is to enhance the education provided by developing a specific oral health curriculum. The agency also aims to expand existing services by improving oral health services for children from birth to age 5 and pregnant women. SHARE's OHI focuses on four areas:

- Implementing an oral health curriculum for children from birth to age 5
- Developing and implementing an oral health training module for parents and staff
- Developing and implementing a preventive oral health care model for pregnant women
- Providing early intervention on oral health care for children from birth to age 3

COMMUNITY PARTNERS

In addition to general and pediatric dentists, SHARE's community partners include the dental association, Healthy Smiles, the South Carolina Oral Health Coalition, the Head Start Oral Health Collaborative, and the Association of Dental Directors. Many of the non-dentist partners participate on SHARE's oral health advisory board. SHARE also has a contract with Greenville Technical College, which operates a dental hygienist training program.

STAFFING STRUCTURE

SHARE's OHI grant provides funding for a full-time oral health specialist, who is responsible for implementing the grant, which includes developing an oral health curriculum and training teachers and staff on oral health care. Other health and nutrition specialists at SHARE provide assistance, and teachers are expected to deliver the oral health curriculum the site is developing.

SERVICES PROVIDED THROUGH THE ORAL HEALTH INITIATIVE

Risk Assessments. SHARE gathers information on each child's previous dental coverage and full dental history. SHARE does not use a formal assessment tool to gather the dental history but anticipates using a structured tool once it implements its planned oral health curriculum for the 2007–2008 school year.

Preventive and Treatment Services. Contracted dentists provide clinical services and restorative work to pregnant mothers and children. Preventive services are provided through the Head Start/Early Head Start grant, and the OHI grant allows the program to treat more children in need of oral health treatment services.

Education. The oral health specialist provides materials and gives presentations on oral health at parent meetings. Presentation topics include the importance of taking children to the dentist, strategies for preventing tooth decay, information on how tooth decay forms, and strategies for preparing children to go to the dentist. For pregnant women, dental hygienists provide education that focuses on infants' oral health needs and dental health and nutrition for mothers. Children receive oral health education from classroom teachers and from dental assistants who visit centers to teach children proper brushing techniques. A comprehensive oral health curriculum emphasizing toothbrushing will be integrated into all classrooms for the 2007–2008 school year. The curriculum includes a variety of hands-on materials for the children, a family component, and a parent and pregnant woman component.

Supplies. SHARE provides toothbrushes and toothpaste to children, and pregnant mothers receive oral health supplies for infants. The grant also funds tooth models in classrooms and puppets to help teach the curriculum lessons.

Support Services. SHARE has developed a network of dentists to whom it refers its families for services. Head Start family advocates assist with transporting families to services. Staff translators are available, as needed, for Spanish-speaking families.

SUWANNEE VALLEY COMMUNITY COORDINATED CHILD CARE
LAKE CITY, FL

The Head Start and Early Head Start programs at Suwannee Valley Community Coordinated Child Care (SV4Cs) serve 378 families in Head Start, 142 in Early Head Start, and 12 pregnant women. SV4Cs operates 11 Head Start centers during the school term, and the Early Head Start program is year-round. SV4Cs has been a Head Start grantee for more than 20 years.

TARGET POPULATION AND COMMUNITY NEEDS

SV4Cs serves families in four rural counties in northcentral Florida. The program serves a diverse population, including African American, white, Native American, and Hispanic families. Most families have low incomes, and some receive Medicaid.

Barriers to accessing oral health care include logistical concerns, availability of providers, and education. For example, identifying dental providers who accept Medicaid is difficult for the program. Transportation and scheduling are also challenges, as families may need to travel 75 miles to a provider, and no public transportation system is available. Scheduling conflicts arise for some parents who work nontraditional hours because providers see patients only during daytime hours. Additionally, many parents lack an understanding of the importance of early dental care.

GOALS AND DESIGN

The key components offered through the OHI grant are to provide education on oral health and to collaborate with community resources to ensure access to care for families. SV4Cs include four goals for the OHI grant:

- Educate parents, teachers, children, and the community about oral health care
- Decrease the percentage of children failing the 90-day dental exam
- Collaborate with the Suwannee County Health Department to talk with dentists about Medicaid issues
- Collaborate with the University of Florida's dental school to access fluoride varnish for children
- The program became a Medicaid Billing Agent with the intention of submitting claims for dentists but has dropped this from current plans because of low interest from providers

COMMUNITY PARTNERS

SV4Cs has two types of partners supporting its OHI grant: (1) dental-specific partners and (2) community businesses. Dental-specific partners provide services to families and include the University of Florida Dental School, area pediatric dentists, local health departments, and a private physician for sedation. Partnerships with community businesses provide financial assistance and include five local businesses and area churches.

STAFFING STRUCTURE

SV4Cs hired a full-time oral health specialist to oversee all grant activities, including arranging appointments and follow-up for children, ensuring that needed dental surgeries occur, completing record keeping on grant activities and oral health services provided, and helping the agency qualify as a Medicaid Billing Agent. The mental health disability coordinator arranges transportation to appointments, as needed, and site translators assist if families need this service to speak with providers. Classroom teachers collect forms completed by parents and serve as role models by brushing their teeth with the children each day.

SERVICES PROVIDED THROUGH THE ORAL HEALTH INITIATIVE

Risk Assessments. SV4Cs uses a formal oral health risk assessment tool for pregnant mothers when they enroll for Early Head Start services. The assessment asks women about a dental home, current medications, bleeding or painful gums, and bad breath or visual cavities. SV4Cs also conducts risk assessments with children as part of the Head Start 90-day assessment and six-month visit.

Preventive and Treatment Services. Clinical services, including preventive and treatment services, are funded through the Head Start grant.

Education. SV4Cs educates parents about oral health care for children by emphasizing the importance of baby teeth, reviewing brushing techniques, and stressing the importance of keeping appointments. Pregnant women receive two dental trainings: the initial educational session focuses on the importance of dental care for mothers, infants, and children, and the second session covers cleaning the gums of infants and early tooth decay. Education for children is more hands-on and uses materials such as DVDs and books on oral health care. The oral health specialist travels to each center two times a year to provide education.

Supplies. Children receive a toothbrush and toothpaste at each education session and are given a one-minute timer and dental floss around the end-of-year holiday time. Pregnant women receive toothbrush, toothpaste, dental floss, and a finger cloth for cleaning infants' gums. Parents can receive supplies upon request.

Support Services. SV4Cs operates a hotline that serves as a referral resource for families to learn about potential service providers. SV4Cs staff makes appointments for

children, transports the family to and from appointments, and provides translation services for parents during appointments.

ADAMS-BROWN COUNTIES EARLY HEAD START AND HEAD START
GEORGETOWN, OH

Adams-Brown Counties Economic Opportunities, Inc., operates in a geographic service area composed of Adams and Brown counties, located in the south-central section of Ohio. The agency operates Early Head Start and Head Start programs and also provides family planning and nutrition services, as well as assistance with housing, weatherization, and energy costs. The agency has been operating its Head Start program since 1965, providing both home-based and center-based services. The Early Head Start program has been in operation since 1998, providing year-round, home-based services. The Head Start program has 12 centers and four home-based teachers serving 320 children and the Early Head Start program serves 32 children and pregnant women.

TARGET POPULATION AND COMMUNITY NEEDS

The OHI is targeting the Head Start and Early Head Start programs in both Adams and Brown counties. The counties are rural communities located in Appalachia and are characterized by geographic isolation and high unemployment and poverty rates. Most of the Head Start families have public insurance coverage.

Although there are relatively few providers, families do have access to general medical and social services with the exception of specialty care. Dental care is more difficult to access with the primary barrier being the lack of knowledge among parents about the importance of regular dental care for their children. Other barriers, such as a lack of transportation, few dental providers willing to accept Medicaid, and no pediatric dentists or general dentists willing to treat children, create additional challenges for families in accessing dental services.

GOALS AND DESIGN

Based on analysis of Head Start Program Information Report data, the grantee documented that children were failing to establish a dental home or receive needed follow-up care. The grantee sought the opportunity to use OHI funds to address this concern through the following strategies:

- Provide oral health education to staff, parents, and children using multiple curriculums and methods of delivery
- Conduct risk assessments of children and pregnant women during the intake at the beginning of the program year
- Support the completion of treatment by using an established referral network, including both public and private dental providers, and by providing support services to families

COMMUNITY PARTNERS

The grantee is using preestablished partnerships to implement OHI activities. Its two primary partnerships include (1) Southern Ohio Health Services Network, a five-county network of community health centers, which provides education and training, as well as preventive and treatment services for Head Start children; and (2) private dental providers who accept referrals for Head Start children who need care and do not have a dental home.

STAFFING STRUCTURE

The health manager, Early Head Start manager, and two family services assistants are the primary staff for the OHI. Their activities include coordination, data entry, staff training, parent meetings, and meetings with the Ohio Health Services Network. The grantee has also contracted with dental hygienists through the Ohio Health Services Network to conduct education and training with staff and parents.

SERVICES PROVIDED THROUGH THE ORAL HEALTH INITIATIVE

Risk Assessments. The grantee conducts a risk assessment with children in the beginning of the year or upon enrollment. These are conducted by the Head Start health and education staff that uses the "Help Me Smile" curriculum developed by the Ohio Department of Health. This curriculum includes risk assessment protocols for pregnant women and children that are age specific. Head Start staff also trains parents to conduct a "Lift the Lip" screening for their children. The results of the assessments are used to identify those in need of dental care and referral and also to tailor education to parents. The program may repeat this risk assessment at the end of the year to monitor any changes in risk status.

Preventive and Treatment Services. Children in need of care are referred to their primary dentist or a dentist within the grantee's provider network. Although not funded by the OHI, the Southern Ohio Health Services Network holds special "Dental Days" once a year, which are devoted to seeing Head Start children at the community health centers. Monies from the OHI are used only if no other funding for needed services is available.

Education. The grantee prioritizes the educational and skill-building needs of parents and pregnant women and uses multiple methods to reach parents—parent meetings, one-on-one meetings with Head Start staff, home visits, and educational materials sent home with children. Children receive educational and skill-building instruction (for example, proper tooth brushing) during classroom activities. One oral health curriculum contains activities for children that incorporate lessons on good oral hygiene practices and nutrition. The grantee also uses puppets in classroom demonstrations.

Supplies. The grantee makes toothbrushes and toothpaste available at the Head Start centers and also distributes oral health kits for the children, which include a timer, toothbrush, toothpaste, and dental floss. Supplies are also sent home for parents and siblings at least once a year.

Support Services. The program has established a referral network with dental providers in private practice and at community health centers. Also, the program tracks referrals, sends out appointment reminders, follows up with families via calls and mailings, and helps coordinate transportation assistance.

ARROWHEAD ECONOMIC OPPORTUNITY AGENCY
VIRGINIA, MN

Arrowhead Economic Opportunity Agency (AEOA) is a community action agency that provides a range of services in addition to Head Start and Early Head Start, including housing programs, transportation, employment training, and senior services. The agency has been in operation for 42 years and employs approximately 350 full-time and part-time staff.

AEOA's Early Head Start program—the focus of its OHI grant—operates four home-visiting programs and an infant and toddler center. Early Head Start is funded to serve 50 children from birth to age 3, including pregnant women. In addition, three Head Start Family Child Care homes are involved in the OHI grant program.

TARGET POPULATION AND COMMUNITY NEEDS

AEOA targets its OHI to the 40 pregnant women, infants, and toddlers enrolled in Early Head Start who live in seven extremely rural communities in the northern part of St. Louis County, a subset of its broader three-county service area in northeastern Minnesota. The OHI targets these families because they and their communities face the greatest challenges accessing oral health care.

The families served are mostly white and English speaking. Social services, clinics, and other services are generally available if families have a car, but without transportation access is limited. Barriers to dental care include the limited number of dentists who see Medicaid clients or children under age 3, as well as the overall difficulty of recruiting dentists to serve in a rural area. In addition, oral health is often not a priority for Early Head Start families, because many include young parents who lack education about the importance of oral health care.

GOALS AND DESIGN

The OHI grant has three major goals: (1) increase the knowledge and skill levels of pregnant women and Early Head Start parents regarding proper oral health care for their families; (2) increase access to oral health care; and (3) raise community awareness of oral health care access problems for low-income infants, toddlers, and pregnant women. The key components of the OHI include

- Education for parents and pregnant women
- Field trips to a dental clinic at the community college
- Referrals for dental care for children and families
- Development of an Oral Health Initiative Partnership (OHIP) consisting of oral health professionals, parents, and staff
- A fluoride varnish program

COMMUNITY PARTNERS

AEOA formed partnerships with the following to support the OHI: (1) private dental providers who accept referrals; (2) the Hibbing Community College Dental Clinic, a field site for the University of Minnesota School of Dentistry, which offers care to all the members of Early Head Start families—the director of the program participates on the OHIP committee; (3) a dental hygienist contracted to conduct annual home visits with clients who also joined the OHIP committee in May 2007; (4) a public health nurse from the St. Louis Public Health Department who serves on OHIP and the Head Start Health Advisory Committee; (5) WIC nurses who speak about nutrition and oral health at parent meetings; and (6) Delta Dental of MN, which participates on the OHIP committee and donates oral hygiene supplies.

STAFFING STRUCTURE

Rather than hiring new staff to run the OHI, the grantee uses staff members who are already in place. The Early Head Start health educator manages the OHI. Other staff members include the Head Start director, the Early Head Start manager, the Head Start Health manager, home visitors, teachers at the infant and toddler center, and data and administrative staff.

SERVICES PROVIDED THROUGH THE ORAL HEALTH INITIATIVE

Risk Assessments. Children identified by staff or the dental professional conducting quarterly screenings to have white spots or decay are immediately referred to a dentist.

Preventive and Treatment Services. Staff work with families to schedule preventive dental appointments twice each year. Also, all children and pregnant women receive a home visit by a dental professional. Parents can elect to have their child receive up to four fluoride varnish treatments per year. Referrals for treatment at a dental office are made as needed.

Education. Staff educate pregnant women about the link between their health and their babies' health. They also teach parents how to do "Lift the Lip" exams and what to do if they find white spots or other suspicious spots on the teeth. While some education is targeted to the young children in the Early Head Start population, most of the education is directed to parents, who receive education during parent meetings and home visits.

Supplies. Supplies are distributed every three months. These supplies include toothbrushes for the entire family, toothpaste, dental floss, and xylitol gum for parents. Upon enrollment, each family also receives a flashlight to do "Lift the Lip" exams and two-minute timers so parents know how long to brush their children's teeth.

Support Services. Families are assisted in making appointments and obtaining transportation. Staff follow-up with families to determine the outcome of routine exams and to help make additional appointments for treatment.

CHILD FOCUS, INC.
CINCINNATI, OH

Child Focus, Inc., has been operating for more than 30 years and serves more than 3,000 children and families each year. The agency provides early childhood services and behavioral health services. Child Focus operates 17 Head Start centers and 3 Early Head Start centers, as well as home-based services in Clermont County. It is funded to serve 84 Early Head Start and 397 Head Start children.

TARGET POPULATION AND COMMUNITY NEEDS

Child Focus is located in Clermont County, but the OHI grant is implemented in two additional counties—Butler and Hamilton. The OHI is serving 2,800 children across the three counties. These counties have collaborated for some time through a Head Start Child's Health Collaborative and saw the OHI as a chance to address access issues in all three counties. The population in these counties is predominantly white, although other racial and ethnic subgroups are represented. Hamilton County has the largest African American population; the Hispanic population is growing rapidly in all counties but is still less than 10 percent of the population.

Hamilton County is the only urban area and has the largest network of providers; however, families can access health services in all three counties through their county health departments and Federally Qualified Health Centers (FQHCs). The lack of public transportation is a major barrier to care, especially in rural Clermont and Butler counties. All three counties are Dental Health Professional Shortage Areas (DHPSA). The grantee identified the lack of education among parents as another barrier to oral health care.

GOALS AND DESIGN

Child Focus, Inc. identified four goals for the OHI: (1) improve the oral health of Early Head Start and Head Start children; (2) improve the oral health literacy of Early Head Start and Head Start staff, parents, and children; (3) recruit dental providers, especially pediatric dentists; and (4) educate Head Start staff and medical providers on the importance of oral health care during pregnancy and infancy. The grantee used its OHI funds to implement a model developed by the Greater Cincinnati Oral Health Council (GCOHC) and the Cincinnati Health Department, which uses early childhood oral health consultants to train Head Start staff members and to help them achieve compliance with Head Start performance standards. The key components of this model include the following:

- Training staff about oral health and working with parents to get children examined and treated

- Monitoring toothbrushing in classrooms, identifying classroom curricula, and consulting with the Head Start health managers to identify ways to improve compliance with Head Start performance measures

- Educating parents through parent meetings and educating pregnant mothers enrolled in the Early Head Start program through home visits and/or educational materials

- Recruiting dental providers to accept Medicaid or Head Start children as patients

COMMUNITY PARTNERS

The grantee has partnered with the Head Start programs in Butler and Hamilton counties and has a formal agreement with the GCOHC. The early childhood oral health consultants from the GCOHC carry out most of the education, training, and coordinating of activities for the OHI. Each Head Start program also has community partnerships with organizations such as the Covering Kids and Families Coalition, Cincinnati Children's Hospital Medical Center, social service agencies that provide translation services and other services, and community dentists who serve as referral sources.

STAFFING STRUCTURE

For the OHI, Child Focus, Inc. contracted with two early childhood oral health consultants through the GCOHC to implement most of the OHI activities. The consultants conduct training and education with Head Start parents, center staff, and home visitors in Clermont, Butler, and Hamilton counties; identify and recommend oral health curricula in Head Start classrooms; help Head Start program staff find dentists and make appointments for families; and meet and recruit into their referral network dental providers who are willing to accept Medicaid and Head Start children as patients. The health manger at Child Focus coordinates the activities among the three Head Start programs.

SERVICES PROVIDED THROUGH THE ORAL HEALTH INITIATIVE

Risk Assessments. Dental history information is collected at the start of the program year.

Preventive and Treatment Services. One of the main objectives of the program is to facilitate the establishment of a dental home. Referrals are made to dentists within the referral network. The early childhood oral health consultants recruit these dentists. General dental providers complete exams and restorative work. Children with extensive restorative needs are referred to a specialist or to the Cincinnati Children's Hospital Medical Center. The grantee has also arranged for limited center-based services, including dental exams, by a local dentist.

Education. The early childhood oral health consultants work with Head Start program staff to implement educational efforts provided by the consultants as well as the Head Start home visitors and classroom teachers. Many of the educational materials are based on the "Open Wide" curriculum and the "Help Me Smile" curriculum developed by the Ohio Department of Health. The grantee provides extensive training for Head Start parents

during parent meetings and one-on-one meetings and through the newsletters. Home visitors in the Early Head Start program conduct education with pregnant women and train them in the "Lift the Lip" procedure.

Supplies. Toothbrushes and toothpaste are provided to children in their classrooms and replaced throughout the year. Supplies are distributed to parents by the home visitors and during any training or educational sessions. Supplies are also distributed during community events, such as Health Fest and Give Kids a Smile Day.

Support Services. Head Start staff assists families in need of additional support service by helping them identify appropriate providers, make appointments with dental providers, complete Medicaid applications, make arrangements for a translator, and obtain transportation.

COMMUNITY ACTION PARTNERSHIP OF RAMSEY AND WASHINGTON COUNTIES
SAINT PAUL, MN

Community Action Partnership of Ramsey and Washington Counties (Community Action) was established in 1964 to mobilize community resources to reduce poverty in Ramsey and Washington counties. Community Action has operated Head Start since 1965 and Early Head Start since 1999. It is funded to serve 1,389 Head Start/Early Head Start children and 40 pregnant women annually.

TARGET POPULATION AND COMMUNITY NEEDS

Community Action's OHI program targets all enrolled children and pregnant women in addition to parents, staff, and community providers. The families served by the OHI reside in Ramsey County within the Twin Cities metropolitan area in east-central Minnesota. There is a great deal of racial/ethnic diversity among the children, and nearly half of them come from homes in which the primary language is not English.

Many families in Ramsey County lack dental insurance or have difficulty finding dental providers who will accept Medicaid. There is a shortage of providers who will see children under the age of 3, and pregnant women have difficulty accessing timely dental care. Oral health providers who can provide culturally and linguistically appropriate care to this highly diverse population are also lacking. Many recent immigrants follow practices that may increase the risk of poor oral health, such as putting children to bed with sugary drinks or not brushing their teeth daily.

GOALS AND DESIGN

Community Action's overarching goals for the OHI program are to expand and improve existing oral health initiatives within the agency and to create new oral health initiatives with community partners. To achieve this goal, Community Action identified three main strategies:

- Increase children's, parents', and staff's awareness and knowledge about the importance of preventive oral health care and recommended restorative care
- Increase the capacity of local oral health care providers/collaborative partners and make services more accessible to those in need
- Ensure that collaborative and inclusive practices are fostered among partners

COMMUNITY PARTNERS

The agency partnered with six main groups: (1) four dentists in the community, who help cover the direct cost of care for uninsured and underinsured clients; (2) University of Minnesota Dental School, which provides training to Community Action staff, conducts

research with families to identify hidden barriers, and conducts research and evaluation of the OHI activities; (3) Greater Twin Cities United Way,[5] which obtains and manages other grant funds for the local community partners to provide various oral health activities for Ramsey County; (4) Suburban Ramsey Family Collaborative, which works to increase access to dental services; (5) medical professional consultants for the OHI, who help plan and conduct oral health training with primary health care providers; and (6) Ramsey County Child and Teen Check-Up Program currently helps provide oral health training to medical professionals.

STAFFING STRUCTURE

The duties of existing staff positions were expanded to incorporate OHI activities. The health services manager is responsible for coordinating the development and implementation of oral health education for enrolled clients, parents, and staff; developing the expanded dental exam and treatment services; and creating and implementing culturally and developmentally appropriate oral health education for community dental and medical providers. Other direct service staff conducts oral health screenings for Early Head Start home-based children, delivers oral health education, and assists with referrals and data tracking.

SERVICES PROVIDED THROUGH THE ORAL HEALTH INITIATIVE

Preventive and Treatment Services. Children's Dental Services, a community dental clinic, is expanding staff time to operate a mobile dental lab offering both preventive and restorative care at Head Start centers across the county. The lab provides Head Start/Early Head Start children and pregnant women access to a professional oral health exam, preventive care, and follow-up treatment. Families are also referred to other community providers.

Education. Oral health education is provided to children, pregnant women, and parents. Oral health literacy kits, designed to help children understand simple practices to improve oral health, are integrated into the existing preschool curricula. The kits include age-appropriate books on oral health, models of the mouth and dramatic play clothes to practice dental visits, and information on the role of toothbrushing in maintaining health. Education targeted at pregnant women is based on the Early Head Start Dental Curriculum, which has a component on oral health issues common to pregnancy. Parent education is offered through parent meetings; socialization events; health fairs; and take-home educational materials. Topics include daily oral health care, nutrition practices promoting oral health, and the importance of oral health exams.

[5] The Greater Twin Cities United Way currently manages a county collaborative of oral health stakeholders called Partnership for Improving Children's Oral Health (PICOH). Community Action Head Start is a founding member of PICOH. PICOH's dental experts provide Community Action with information on oral health best practices.

Supplies. The program currently provides toothbrushes, toothpaste, dental floss, and gauze to care for infant mouths. The program also supplies children's books related to oral health.

Support Services. The OHI makes referrals; provides extensive followup on the status of referrals; assists with coordinating dental appointments; and offers transportation assistance.

GENESEE COUNTY COMMUNITY ACTION RESOURCE DEPARTMENT
FLINT , MI

Genesee County Community Action Resource Department (GCCARD) is a county department that provides a wide array of social services targeted at children, seniors, and the poor. Services include preschool training through the Head Start program, job training, housing assistance, delivery of nutritious meals, and home improvement repairs.

GCCARD has been a Head Start grantee since 1965 and serves 2,087 children in Head Start and 182 children and pregnant women in Early Head Start. Both programs offer center-based and home-based options.

TARGET POPULATION AND COMMUNITY NEEDS

GCCARD targets the OHI services to all enrolled children and pregnant women. Families reside in Genesee County in Michigan, which has a mix of rural, suburban, and urban populations. Most of the Head Start/Early Head Start sites are primarily composed of African American families (75 percent or more), while one is primarily composed of white families (66 percent).

Genesee County has a limited number of dentists who accept Medicaid and a limited number of pediatric dental providers. In addition, many families do not understand the importance of oral health and engage in behaviors that put children at risk for poor oral health outcomes, such as not using toothpaste when brushing children's teeth and delaying the children's first dental visit until age 3 or later.

GOALS AND DESIGN

The overarching goal for the OHI program is to improve oral health practices, assessments, and followup for children (birth to age 5) and pregnant women. To achieve these goals, the program identified four main strategies:

- Hire a temporary oral health services specialist to assist and support OHI program activities
- Establish an educational program that utilizes standard oral health curricula and supplies to supplement these curricula to educate staff, children, and primary caregivers
- Establish a referral system to better connect clients to area dental providers and track care outcomes and receipt of needed follow-up care
- Work with community partners to increase public awareness of the importance of oral health and encourage area dental providers to accept Medicaid and treat children

COMMUNITY PARTNERS

The agency partnered with two main types of programs for the OHI: (1) Mott Community College's dental hygiene program, whose students provide oral health education to enrolled children and (2) two centers, Mott Children's Health Center and Hamilton Community Health Center, which provide both clinical and mobile on-site exams, radiographs, prophylaxis, fluoride varnishes, and follow-up care. In addition, GCCARD is working with the following partners to implement the "Baby Those Baby Teeth" children's oral health education campaign and to encourage area dentists to accept Medicaid and young children as patients: the Greater Flint Oral Health Coalition, the Great Flint Community Network, the Michigan Oral Health Coalition, and the Genesee District Dental Society.

STAFFING STRUCTURE

GCCARD's oral health services specialist is responsible for coordinating educational activities and the referral system and for training staff, parents, and children. She also works with community partners and local providers to build a network of dental providers. Her work is supported by service workers, family health workers, and the teaching staff, who help deliver oral health education and coordinate and follow up on referrals for care.

SERVICES PROVIDED THROUGH THE ORAL HEALTH INITIATIVE

Risk Assessments. Although no formal risk assessment tools are used, teachers do conduct visual oral health inspections and informal risk assessments while children practice brushing their teeth. Children with obvious dental care needs are referred for treatment.

Preventive and Treatment Services. Currently, clinical preventive and treatment services are provided off site by community dental providers as a result of referrals for care.

Education. Oral health education is provided to children, pregnant women, parents, and staff. The education offered to children is delivered in classrooms, home visits, and home-based group socializations. Children's education is based on two curricula, the Oral Health Supplemental Curriculum Resource and the Head Start Oral Health Awareness Lesson Plan. Pregnant women and parents receive education during monthly parenting meetings, parenting series, in-service programs, regular home visits, group socializations, and newsletters. The goal of this education is to provide a basic awareness of oral health, teach basic children's toothbrushing skills, and teach proper nutrition.

Supplies. The program currently provides toothbrushes, sponges to wipe children's teeth and gums, and educational books and posters.

Support Services. The OHI program makes referrals, provides appointment assistance, and helps coordinate transportation assistance.

LIMA ALLEN COUNCIL ON COMMUNITY AFFAIRS
LIMA, OH

Lima Allen Council on Community Affairs (LACCA) addresses a wide range of social service needs that includes Head Start/Early Head Start. LACCA's Head Start program serves 442 children annually and the Early Head Start program serves 60 children annually. The Head Start program offers both home- and center-based services and operates nine months a year. The Early Head Start program operates year-round.

TARGET POPULATION AND COMMUNITY NEEDS

LACCA is targeting services to community health professionals, LACCA staff, Head Start and Early Head Start families, and community members. LACCA estimates that 1,600 families, including 2,000 children from birth to age 5 and 100 pregnant women receive services annually. Families reside in Allen County, located in northwest Ohio, which has a large population with incomes below 200 percent of the federal poverty rate.

LACCA has struggled to provide necessary follow-up care to clients after their initial oral health screening. There is also a shortage of dental providers, especially those who accept Medicaid. Many families in Allen County also lack dental insurance or sufficient dental coverage. Moreover, uninsured families often have limited access to sliding fee scales for dental care. Many families do not consider oral health to be a priority and lack knowledge about oral health prevention measures and where to access dental care.

GOALS AND DESIGN

The goals of LACCA's OHI grant program are to:

- Establish and maintain a preventive oral health and education system in Allen County to meet the needs of young children and pregnant women from low-income households

- Join existing efforts at local, state, regional, and national levels that are influencing public policy that affects the oral health of Head Start children and their families

- Track the state of oral health care in Allen County and use the data to measure progress on meeting the target populations' urgent needs

- Institutionalize the training and education activities through operational policies and practices to reinforce the importance of oral health and accessing care for children and adults

- Develop an awareness program and support services for parents that is effective in connecting their families with dental homes and permanent care

- Ensure that all children identified as needing followup at the time of screening receive the treatment in a timely manner without financial burden for the family

COMMUNITY PARTNERS

The agency partnered with seven main groups on the OHI program: (1) Allen County Health Partners, which accepts referrals for follow-up care for OHI families through its Lima Community Health Center (LCHC); (2) WIC; (3) Help Me Grow; (4) Allen County Department of Job and Family Services; (5) local pediatricians, who are educated to check for oral health needs and make referrals during well-baby/child exams; (6) local ob-gyns, who are educated to check for oral health needs and make referrals during prenatal visits; and (7) Lima Dental Associates, the Buckeye Oral Health Plan, and the Ohio State University Extension Office, which work with the agency on an oral health fair.

STAFFING STRUCTURE

The duties of existing staff were expanded to include OHI program activities. The Head Start director administers the OHI, helps develop community partnerships, and supervises staff. Her work is supported by the health administrative assistant, family service workers, intake specialists, teachers and co-teachers, and bus drivers. The chief executive officer oversees program administration and the planning and development director conducts the OHI program evaluation.

SERVICES PROVIDED THROUGH THE ORAL HEALTH INITIATIVE

Risk Assessments. Staff administer a questionnaire to families and staff during their first year in the program that includes questions about the existence and extent of unmet dental needs, barriers to getting dental care, and dental service history. Staff uses information from these assessments to tailor services to meet individual oral health needs and to track progress in meeting these needs over time.

Preventive and Treatment Services. Clinical services provided to clients on site at LACCA or off-site at LCHC include dental screenings, dental examinations, cleanings, fluoride treatments, fluoride varnish applications, and follow-up treatment.

Education. Oral health education is provided to children, pregnant women, parents, and staff. Children's classroom education is based on the Head Start Dental Health Curriculum, the Creative Curriculum, and American Dental Association Internet activities and resources. Community children also receive education through the Oral Health Fair, Give Kids a Smile Day, and a minority health fair. Family service workers conduct oral health presentations and distribute educational materials at all monthly parent meetings and during home visits. This education is based on "Help Me Smile: Oral Health Risk Assessment Protocols, Training Modules, and Educational Materials for Use with Families of Young Children," which includes a section on the prenatal and early motherhood periods. LCHC is conducting an oral health class for pregnant mothers every six months.

Supplies. The program provides toothbrushes, toothpaste, dental floss, and xylitol wipes to Head Start Early Head Start children. During oral health fairs and community events, LACCA distributes supplies to community children.

Support Services. The OHI program makes referrals, sends out appointment reminders, and helps coordinate transportation assistance.

ROCK-WALWORTH COMPREHENSIVE FAMILY SERVICES
BELOIT, WI

Rock-Walworth Comprehensive Family Services (CFS) was established in 1965 and has operated its Head Start program since 1967 and Early Head Start since 2001. The Head Start program serves 416 children through eight centers, and the Early Head Start program serves 60 children through three centers and a home-based program.

TARGET POPULATION AND COMMUNITY NEEDS

The OHI is targeting all children enrolled in Early Head Start and Head Start in Rock and Walworth counties, as well as pregnant women and children served by partnering organizations. The families included in the OHI are racially and ethnically diverse with significant Hispanic and African American populations, and about 20 percent of families identify Spanish as their primary language. For most families, oral health is not a priority because they face more pressing issues, including mental health problems, homelessness and unstable housing, and often lack food security.

Families in the two county area face barriers to oral health care. Rock County contains some semiurban communities with limited bus service in the more populated areas. Walworth County is rural with no public transportation system, which is a major issue for families. Both counties offer medical health services at county health departments, and most families are eligible for Medicaid and can receive services at these locations. While families with private health insurance are able to access dental care, families that are uninsured or insured through Medicaid have limited access to dental services because a limited number of providers accept Medicaid or will treat children. The waiting lists for dentists that accept Medicaid are long, so some families travel 50 to 75 miles outside of the county to receive treatment at public dental clinics.

GOALS AND DESIGN

Through monitoring the Head Start Program Information Report data, the grantee had noticed a sharp decline in the percentage of children in their program receiving dental exams and follow-up treatment. Rock-Walworth CFS believed the OHI presented an opportunity to address this issue. The grantee has identified the following goals:

- Ensure that all Early Head Start/Head Start children receive, at minimum, a dental screening every year, and increase the number of children and family members who receive and complete dental work as needed each year

- Engage parents, staff, and community collaborators in advocacy that will result in better availability of community oral health services

- Provide parents with materials and information that will support greater understanding of the importance of oral health

- Support local health care professionals in understanding the needs of low-income families and the agency's program by providing training and support for needed screenings and fluoride varnish for children

- Support local physicians in understanding the need to provide children ages 0–5 with dental screenings as part of their overall health checks

- Support staff in carrying out the OHI program goals, including data collection and dissemination, demonstrating and modeling good oral health practices, and advocating for oral health and Medicaid issues in support of and/or in collaboration with families

COMMUNITY PARTNERS

The grantee works with many community partners to implement the OHI. The primary partners are the Beloit Area Health Center, Beloit Health Department, WIC, public schools, and a network of private dentists and dental hygienists who receive referrals for treatment.

STAFFING STRUCTURE

The grantee contracts with a State of Wisconsin Regional Oral Health Consultant to conduct preliminary dental exams, perform fluoride varnish applications, and conduct training and education. This arrangement was expanded through the OHI. The grantee also contracts with a second oral health professional to help arrange treatment for children and conduct followup to ensure treatment has been completed. Other staff members based at the Rock-Walworth CFS work on activities by making reminder calls to parents, arranging transportation for families, entering data, and coordinating with dental offices.

SERVICES PROVIDED THROUGH THE ORAL HEALTH INITIATIVE

Risk Assessments. The regional oral health consultant conducts preliminary dental exams with all children in the Head Start program at the center at the beginning of the program year. The Basic Screening Survey developed by the Association of State and Territorial Dental Directors is used as a surveillance tool.

Preventive and Treatment Services. The regional oral health consultant conducts preliminary dental exams. The consultant also applies fluoride varnish three times a year. Parents in the Early Head Start program receive xylitol wipes. After the preventive visit at the Head Start center, children are triaged by oral health status and then referred to a dentist or dental clinic for restorative work, if needed.

Education. The grantee holds clinics and oral health activities for parents during parent meetings. Educational materials on oral health and the benefits of fluoride varnish were mailed to their homes. Much of the education targeting the Early Head Start program participants is provided during home visits. The grantee plans to conduct home visits with the parents and teach them how to do "Lift the Lip" and how to identify early dental

problems. The grantee uses the "Bright Smiles, Bright Futures" curriculum and provides guidance for Head Start teachers to help them incorporate oral health into classroom settings. Children also receive oral health education during their dental visits with the regional oral health consultant. The consultant has provided training to health professionals affiliated with the health department, health centers, and WIC programs. This training has focused on the prevention of early childhood caries, including how to conduct "Lift the Lip" and how to apply fluoride varnish.

Supplies. The grantee hands out oral health kits to all the children. The kits include toothbrushes, toothpaste, and timers. Children typically get two kits each year along with educational materials for their families. Early Head Start families are supplied with xylitol wipes for their infants.

Support Services. The grantee has a van that is used to transport families to appointments and bilingual Head Start staff can accompany a parent to an appointment.

SEMCAC HEAD START
RUSHFORD, MN

Semcac Head Start has been in operation since 1967. This program serves 386 children in 19 Head Start centers and seven child care partnership sites. The program operates from September to May.

TARGET POPULATION AND COMMUNITY NEEDS

The OHI is implemented in the entire Head Start service area, which includes six counties in southeastern Minnesota. Within this geographic area, a few larger cities have populations of 20,000–30,000, but most of the area is very rural and sparsely populated. The population served by the Semcac Head Start program is diverse and includes immigrant groups from Asia, Africa, and Latin America. Urban areas are drawing more immigrant families because of employment opportunities in the meatpacking industry.

Accessing dental services is challenging, and some parents, especially those covered by public insurance, have reported that it has taken them years to find a provider for their child. Few dentists accept public insurance, and in some instances families are put on a waiting list. The distance to travel to a dentist who accepts public insurance is another barrier to care.

GOALS AND DESIGN

The overall goal of the OHI is to establish lifelong oral health care habits among families in southeastern Minnesota. The grantee focuses on improving dental access for Head Start children and increasing awareness of the importance of preventive oral health care among families and pregnant women including mothers of Head Start children and women served through the WIC program. The main components of the OHI include the following:

- Expand the existing Dental Access Program (DAP) into the west end of the Semcac Head Start service area to provide access to dental screenings and restorative services for all Head Start children

- Provide oral health care education targeting Head Start staff, children, and families

- Provide referrals to dental care and oral health care education to pregnant women involved in the Head Start program and the approximately 500 pregnant women participating in WIC programs through the county public health departments

COMMUNITY PARTNERS

The grantee's primary partner is the DAP. The DAP is a model of service delivery that provides clinical training to students in oral health training programs while simultaneously providing direct services. The DAP was operating in three of the six counties by Semcac Head Start and the OHI was used to expand the program to the other counties. The grantee works with county the health departments and conducts education with the nurses and public health staff, especially those working with pregnant women and children enrolled in the WIC program.

STAFFING STRUCTURE

The grantee contracts with the DAP coordinator to organize the dental events, provide health education, conduct trainings, and work on curriculum development. The Semcac Head Start health services coordinator, family services workers, and teachers also work on grant activities.

SERVICES PROVIDED THROUGH THE ORAL HEALTH INITIATIVE

Preventive and Treatment Services. DAP provides all preventive and treatment services for Head Start children without a dental home. DAP is a network of volunteer dentists who provide dental services to children at no charge on clinic days. A dental hygienist provides fluoride treatments at the child's initial appointment. Children receive clinical exams and preventive and restorative services as needed and are scheduled for subsequent follow-up dental appointments with either the DAP clinic program or a private dental office. Education and anticipatory guidance are also provided during appointments.

Education. Parents receive education at parent meetings, and oral health information is included regularly in the parent newsletter. Children receive oral health education in the classroom through lessons and classroom activities. An emphasis is placed on daily toothbrushing and explanations of what happens during a dental visit. To reach pregnant women served through the WIC program, the public health staff and nurses were trained in educating pregnant women and received materials to distribute, including a pregnancy packet with appropriate oral health education.

Supplies. Toothbrushes and toothpaste are available for each child and are usually replaced three times a year. During Children's Dental Health Month in February, the program provided toothbrushing kits for all family members. The kits contained toothbrushes, toothpaste, dental floss, and timers, along with educational materials. Supplies have also been provided to all Head Start staff members, who are encouraged to model positive habits around the children.

Support Services. The program has a referral network of dental providers, which is updated yearly. The Head Start program surveys providers based on their criteria for referral, such as offering services on sliding fee scale, accepting Medicaid, and offering services to young children, as well as noting their locations. The grantee offers support services,

including translation, transportation, and assistance making appointments. The grantee has also offered to reimburse families for child care expenses.

WASHENTAW COUNTY HEAD START
YPSILANTI, MI

The Washentaw Head Start serves 561 children annually. The agency has four centers and one child care partnership.

TARGET POPULATION AND COMMUNITY NEEDS

The OHI is targeting all 561 children enrolled in the Head Start program. The Head Start population is racially and ethnically diverse. About half of the children served are African American and 20 percent are white. Head Start enrollees also reflect the area growth in immigration from Latin America and the Middle East. The Head Start population consists mainly of single parents with low educational levels and serious dental needs themselves.

Although there are many resources in the urban community in which the grantee operates including medical services through the community hospital systems and the University of Michigan Dental School, there are still many families with oral health needs. Despite the community resources, there are a limited number of general dentists who see children and accept Medicaid. Language barriers often exist for those families whose primary language is not English. A lack of awareness of habits that threaten oral hygiene, such as putting babies to bed with juice bottles, is common among parents.

GOALS AND DESIGN

The grantee applied for the OHI to address barriers to care with the broad goal of establishing dental homes for Head Start children and their families. The four main components of the project focus on education and access and include:

- Integrating oral health into the Head Start curriculum
- Providing parent education during parent meetings and policy council meetings and through written materials
- Conducting community education
- Arranging for dental services.

COMMUNITY PARTNERS

The grantee has established partnership agreements with clinical providers such as the HOPE Dental Clinic, Community Dental Clinic, and the University of Michigan Dental School, as well as general dentists and pediatric dentists in private practice. These providers serve as referral sources and often become dental homes for the Head Start families.

STAFFING STRUCTURE

Washtenaw Head Start hired an oral health coordinator to work full-time on this initiative and carry out a range of activities. The coordinator's responsibilities include developing and providing trainings, integrating oral health into the curriculum, tracking services, following up with families needing services, conducting community education sessions, and recruiting community partners. Other Head Start staff members also work on the initiative, including Head Start teachers who incorporate oral health material into the classroom lessons.

SERVICES PROVIDED THROUGH THE ORAL HEALTH INITIATIVE

Preventive and Treatment Services. All dental services are provided to Head Start children and their families through the network of public and private dental providers at dental clinics and offices. Head Start children are given priority for treatment, followed by siblings and then parents. All referred children and family members receive oral health screenings, preventive services, and any needed restorative services. The grantee considers a number of factors, such as insurance status, language, and level of treatment, when determining which provider to match to the individual.

Education. Children are recipients of much of the education and skill-building efforts. The grantee promotes healthy lifestyle choices—encouraging the children to take proper care of their bodies through diet, exercise, and healthy habits. The oral health coordinator and the classroom teaching staff have developed creative ways to incorporate oral health into daily lessons. Education is provided to parents primarily by the oral health coordinator during parent meetings and policy council meetings. Dental hygienists from community provider settings have come into the Head Start centers to do educational presentations with parents as well. Written materials are also sent home with the children. Parents receive the book "What to Do for Healthy Teeth," developed by the UCLA Anderson School of Management. The book is available in English and Spanish and has been translated into Arabic.

Supplies. At the beginning of the year, families receive a dental kit that includes a toothbrush, toothpaste, dental floss, a timer, and a copy of "What to Do for Healthy Teeth." Supplies are available at the Head Start center for the children, and additional supplies are provided throughout the year to children and family members. The grantee also provides disposable prepasted toothbrushes at any meeting at which food is served.

Support Services. Once a child is referred to a provider, the OHI coordinator places a reminder call to the family. A follow-up form is faxed to the treating dentist, who then completes and faxes it back to confirm treatment and to indicate if a follow-up appointment is necessary. For those who fail to keep their appointments, the OHI coordinator makes follow-up contact with families through phone and mail to help them reschedule their appointments. During this process, the family is offered transportation or the services of a translator who can accompany the family to the appointment, help complete intake forms, and translate during the dental visit.

WAYNE COUNTY HEAD START
WESTLAND , MI

Wayne County Head Start (WCHS) is a single-service agency that has been a Head Start grantee since 1996. A total of 3,723 families are served annually, including 3 and 4 year olds in center- and home-based options. WCHS has five delegate agencies.

TARGET POPULATION AND COMMUNITY NEEDS

Families served through the OHI program reside in Wayne County outside the city of Detroit, which is one of the largest counties in the United States and has one of the most culturally and linguistically diverse populations. One Head Start center reflects the 27 different languages that are spoken in that community, and WCHS provides services to a large Arabic community in the Dearborn area. WCHS has interpreters and provides materials and resources in different languages to support families. The service area includes urban areas near Detroit and more rural areas near the Michigan-Ohio border.

The families served by WCHS have limited access to dental care. Wayne County lacks pediatric dental resources and has a shortage of dental providers willing to service low-income populations and those with special needs. Also, adults receiving Medicaid lack dental coverage, as do the uninsured. In addition, parents are not sufficiently educated about children's oral health. Families often believe that caring for primary teeth is unimportant since these "baby" teeth fall out. Many immigrant families lack an understanding of preventive oral health practices.

GOALS AND DESIGN

The main goals for the OHI are to: (1) educate children and families on oral health care and (2) increase access to dental providers. To achieve these goals, WCHS identified four strategies:

- Conduct parent education workshops on tobacco cessation
- Conduct dental health celebrations for families and community members
- Implement a literacy project promoting oral health education for families
- Purchase of portable dental equipment to offer preventive services, such dental cleanings and fluoride treatments, in partnership with a Federally Qualified Health Center (FQHC)

COMMUNITY PARTNERS

The agency partnered with three main groups: (1) the FQHC, which serves as a dental home for participating families; (2) the American Lung Association and the University of Michigan's dental hygiene program to conduct 15 parent education workshops focused on tobacco cessation and impacts of tobacco products on oral health and hygiene; and (3)

several agencies that offer materials, books for dental education, and volunteer support for activities and technical assistance in implementing programming.

STAFFING STRUCTURE

The child health and development specialist is responsible for overseeing the parent education workshops, reviewing evaluation materials, and managing the program's finances. The specialist's work is supported by five health specialists in the delegate agencies, who plan and implement the dental health celebrations, complete progress reports, and assist with data collection and reporting.

SERVICES PROVIDED THROUGH THE ORAL HEALTH INITIATIVE

Preventive and Treatment Services. Clinical preventive and treatment services are provided on site by mobile dental vans and off site at local dental offices and the Wayne County Public Health Department. The following clinical services are provided to participating families: oral health screenings, oral health exams, fluoride varnish application, X-rays as needed, and treatment of caries. Children needing oral surgery or other advanced treatment options are referred to dental specialists and local health care systems.

Education. Parent education workshops are designed to provide information on the impact of using tobacco products on oral health and hygiene. The workshops are conducted for all members of participating families and WCHS staff. The agency also sponsors community celebrations, which are conducted by the delegate agencies and provide information on oral health resources for all family members. WCHS also sponsors a literacy project that includes a home-based curriculum that provides dental health and hygiene information and helps prepare children and their families for dental visits.

Supplies. The program currently provides toothbrushes, toothbrush covers, toothbrushing timers, toothpaste, dental floss, mirrors, and disclosing tablets that reveal plaque on teeth. Teachers and home visitors also receive dental education materials and supplies.

Support Services. The OHI program makes referrals, provides assistance with making appointments, and helps coordinate transportation assistance.

WESTERN DAIRYLAND ECONOMIC OPPORTUNITY COUNCIL, INC.
INDEPENDENCE, WI

Western Dairyland Economic Opportunity Council is a community action agency that has been in operation since 1966 and offers women's health services, youth development, a program for at-risk teens, energy and housing assistance, child care resource and referral services, homeless shelters, a food program, and business development services. The agency has operated a Head Start program since 1966 through multiple service options, which include eight centers, four home-based programs, and seven child care partnerships. In total, the program is funded to serve 525 children.

TARGET POPULATION AND COMMUNITY NEEDS

The OHI has been implemented in Western Dairyland's entire service area, which is composed of four primarily rural counties. The Head Start population is predominantly white with a substantial Hmong population and a growing Hispanic population. The Hmong population has been living in this area for some time and is established in the community. In contrast, the Hispanic population consists mainly of recent immigrants from Mexico and has more difficulty accessing services because these immigrants are unfamiliar with the service delivery system and communicate primarily in Spanish.

Dental access is a concern particularly for families covered through Medicaid because dentists are reluctant to become Medicaid providers or are not accepting new patients. These circumstances have the biggest impact on families that are new to the community and are trying to establish a dental home. Additional barriers, such as work schedules, lack of transportation, and out-of-pocket expenses, also affect families' ability to receive care.

GOALS AND DESIGN

Western Dairyland applied for the OHI grant to fully implement an oral health model developed with past grant funding. The grantee developed a comprehensive model for addressing oral health needs for Head Start children and families and Medicaid-eligible pregnant women served through the WIC programs, which included education, prevention, and treatment components. The grantee is using the OHI funds to implement the education component of this model. The grant will also be used to restructure the delivery of fluoride varnish applications at the Head Start centers. The primary strategies include:

- Using a train-the-trainer model with Head Start staff's public health nurse's, WIC staff, and physicians so they can conduct oral health education with families

- Providing oral health education for Head Start children and parents to improve their oral health practices

COMMUNITY PARTNERS

The grantee had previously established relationships with various partners over the past several years to address the high level of oral health needs in their communities. Specifically, these partners include: (1) the Wisconsin Division of Public Health, Office of Oral Health, which provides training and technical assistance to the grantee (primarily through the regional oral health consultant) and has consulted on this grant; (2) the county public health departments in each of the four counties, which provide education, particularly targeting pregnant women and mothers enrolled in the WIC program; and (3) local dentists (especially pediatric dentists), who provide the direct clinical services for Head Start children.

STAFFING STRUCTURE

Most of the grant activities are coordinated by the dental hygienist, who was hired specifically for the OHI. The dental hygienist conducts screenings and performs some of the clinical services, such as fluoride varnishes. The dental hygienist is responsible for planning and coordinating the OHI activities. She also completes risk assessments with Head Start children' triages their dental needs, assists volunteer dentists with fluoride varnish applications, and trains staff at Head Start, public health departments, and WIC.

SERVICES PROVIDED THROUGH THE ORAL HEALTH INITIATIVE

Risk Assessments. The dental hygienist completes a risk assessment at individual parent meetings during registration by using a risk-assessment form developed by the Wisconsin Division of Public Health, Oral Health Program. She uses this information to triage children and helps those children assessed as "urgent" to get dental treatment immediately.

Preventive and Treatment Services. The dental hygienist works with volunteer and contracted dentists to coordinate fluoride varnish applications for Head Start children. In addition, the dental hygienist triages children and contacts providers (primarily pediatric dentists) to arrange for treatment of those children who need to be seen immediately. Parents of children not needing immediate care receive letters with the names of referral dentists.

Education. The grantee uses a combination of curricula, including "Healthy Teeth for Mom and Me," and "Integrating Oral Health Measures into Health Care Practices," designed by the Wisconsin Division of Public Health, Oral Health Program. The agency prepared educational binders, which include curriculum materials, classroom activities, and puppet models for Head Start teachers to use in daily lessons.

Supplies. The grantee periodically distributes oral health kits (which contain toothbrushes, toothpaste, dental floss, and timers) to children in center- and home-based programs and to parents during parent meetings and other special functions.

Support Services. The OHI program makes referrals, follows up with families, provides interpreters, and helps coordinate transportation assistance.

CHILD CARE ASSOCIATES
FORTH WORTH, TX

Child Care Associates (CCA), a large, private, nonprofit organization providing child care throughout Fort Worth, Tarrant County, Texas, began operating in 1968. In addition to Head Start and Early Head Start, CCA operates a child care program for families transitioning to work and another that provides subsidized child care for low-income families ineligible for Head Start or Early Head Start.

CCA operates 37 Head Start centers in Tarrant County. Eight of these centers have classrooms that provide Early Head Start services. In a collaborative effort, classrooms are operated on elementary school campuses within 5 of the 18 independent school districts located in the county. Head Start programs operate year-round, serving 2,470 children. Early Head Start programs serve 192 pregnant women, infants, and toddlers.. Approximately 500 children are served through the child care program.

TARGET POPULATION AND COMMUNITY NEEDS

Although CCA's Head Start and Early Head Start programs serve all of Tarrant County, the OHI focuses on one section of this broader service area—the north side of Fort Worth. This area was targeted because of its large Spanish-speaking population that often lacks resources to obtain adequate dental services. The area lacks pediatric dentists, as well as dentists who serve pregnant women. Other barriers to dental care include limited transportation, cultural and language differences between providers and patients, and a limited number of dentists who accept patients with Medicaid or State Children's Health Insurance Program (SCHIP) coverage or who are uninsured. Family cultural norms often do not include dental care, and families are often not educated about giving infants a good beginning in oral health.

GOALS AND DESIGN

The goal of the OHI is to remove barriers that prevent children and families from receiving good oral health care. The key components of the OHI include:

- Expanding the base of dental providers who will accept Medicaid/SCHIP clients
- Arranging for the purchase of dental services for uninsured children/pregnant women at the Medicaid rate, to be paid with OHI funds
- Educating children and parents regarding good oral health practices
- Working with the Tarrant County oral health coalition to create a community network of resources for families and address barriers to dental care and good oral health

- Expanding the agency's original base to include Head Start and Early Head Start children and pregnant mothers in all centers, focusing on children without dental insurance and on those whose families' primary language is not English.

COMMUNITY PARTNERS

CCA has five signed contracts with dental providers and continues to try to engage more providers in serving its clients. The contracts specify that providers will do an exam/screening, develop a treatment plan, and accept the Medicaid rate as payment from the program. The grantee is working with a dental hygiene group on the county oral health coalition to explore the establishment of a fluoride varnish program.

STAFFING STRUCTURE

In order to devote as many project resources as possible to services, CCA did not hire any new staff for the OHI but, rather, added the OHI to staff's existing responsibilities. A core of about 20 staff in the administrative office carries out the OHI. The five key positions include the health coordinator, the Early Head Start coordinator, the Head Start/Early Head Start director, the deputy Head Start/Early Head Start director, and the data-management specialist.

SERVICES PROVIDED THROUGH THE ORAL HEALTH INITIATIVE

Risk Assessments. The family's dentist completes the risk assessment. Head Start health assistants refer families in need to dental providers.

Preventive and Treatment Services. The OHI funds are used to pay for clinical services for clients without dental insurance. Services include dental screening, clinical exam, oral prophylaxis, fluoride treatment, and other services needed by the child or pregnant women. Services are provided at dental offices.

Education. Oral health education, especially for parents, is a major focus. Train-the-trainer materials compiled by the county oral health coalition are used as the basis for oral health education activities. Early Head Start socialization events are an important venue for delivering messages about good oral health habits. Education for pregnant women is conducted during home visits. The county oral health coalition, through a dental hygienists' group, provides educational training at the Head Start centers' parent meetings. Health specialists also conduct an ongoing program with classroom teachers to promote oral health messages and teach skills to children and their families. During Dental Health Week in February 2007, oral health lessons were a major focus of classroom activities. The grantee plans to develop a special packet of information on oral health for pregnant women.

Supplies. The grantee provides oral hygiene supplies, including toothpaste, toothbrushes, and dental floss to all family members and teachers. Distribution of supplies is planned to occur twice per year.

Support Services. The Head Start health services content area specialist assists families in securing services paid for by the OHI, and health assistants follow up to be sure that appointments are kept.

CHILD DEVELOPMENT, INC.
RUSSELLVILLE, AR

Child Development, Inc. (CDI) is a single-service agency that has been a Head Start grantee for 40 years. The agency operates a total of 26 Head Start centers, 14 Head Start Home Visitors, and 14 Early Head Start sites. Head Start and Early Head Start services are provided to 1,076 families annually.

TARGET POPULATION AND COMMUNITY NEEDS

For the OHI, CDI is targeting services to children, pregnant women, and parents at six center-based programs serving 279 Head Start and 72 Early Head Start children and three home-based programs serving 60 Head Start children. Families served through the OHI program reside in rural areas in west-central Arkansas. Many families are likely to be underemployed in low-wage jobs with no health insurance and to be headed by a single parent.

Families face a number of barriers that limit access to dental services. The service area lacks dentists who accept Medicaid or children under age 5. Transportation to dental appointments is also limited. In addition, families engage in behaviors that increase their children's risk of poor oral health outcomes, including high-sugar diets and poor oral hygiene practices.

GOALS AND DESIGN

The overarching goal for the OHI program is to improve oral health education, access, and services for Head Start children from birth to age 5 and for pregnant women. These services will promote evidence-based preventive oral health practices that are sustainable in the community. To achieve this goal, the program will:

- Heighten the awareness of Head Start families about oral health
- Empower families to proactively access the dental service provider system and establish a dental home
- Mobilize community resources that serve targeted groups into a streamlined service delivery system
- Streamline the oral health delivery system to the identified Head Start sites
- Advocate for fluoridation in the targeted communities

COMMUNITY PARTNERS

The agency has three main types of partners in the OHI program: (1) a pediatric dentist, who serves on CDI's executive board and provides free clinical care for enrolled children at his dental clinic; (2) three general dentists, who provide oral health education to children and

parents; and (3) the Arkansas Oral Health Coalition, which helps increase advocacy and awareness of oral health issues in Head Start service areas.

STAFFING STRUCTURE

The oral health resource specialist, who was hired specifically for the OHI implements the ongoing responsibilities of the OHI program, including overseeing oral health educational activities, reviewing the oral health needs of children, identifying new resources to support the OHI program, and nurturing relationships with partners to ensure sustainability after the grant period ends. The specialist's work is supported by teachers, teachers' assistants, and home visitors, who administer the oral health education curricula and conduct parent meetings. In addition, family enrichment service workers track dental services and receipt of follow-up care and also work with families to ensure that all children eligible for WIC and Medicaid receive services.

SERVICES PROVIDED THROUGH THE ORAL HEALTH INITIATIVE

Preventive and Treatment Services. Clinical preventive and treatment services are provided off-site by the partner pediatric dentist as a result of referrals for care. The pediatric dentist donates his time and supplies for initial exams and bills Medicaid for follow-up services. For those children not covered by Medicaid, CDI has a budget line item to cover dental expenses when no other funding source is available.

Education. The agency distributes classroom materials such as dental health children's books, puzzles, and puppets. Oral health education is provided to children, parents, pregnant women, and staff. Children in center-based and home-based programs receive oral health education through the "Head Start Oral Health Awareness Lesson Plans" curriculum. Local dental partners also provide classroom education. Parents are offered oral health education via a parent component of the classroom-based curriculum and during home visits, conferences, and parent meetings. Early Head Start parents are invited to attend oral health classes utilizing the "Healthy Smiles for Young Children" curriculum.

Supplies. Local dental providers donate toothbrushes, toothpaste, dental floss, and educational brochures to families that attend events. On-site OHI oral health resource libraries provide educational materials on topics such as early childhood caries, nutrition, and oral hygiene.

Support Services. CDI makes referrals, tracks the need for and receipt of follow-up care, helps coordinate appointments, and assists in obtaining transportation.

PARENT/CHILD INCORPORATED
SAN ANTONIO, TX

Parent/Child Incorporated (PCI) is a human services agency that serves approximately 10,000 low-income children and families each year. Other than Early Head Start and Head Start, the agency offers Child Care Delivery Services, a Child Care Feeding Nutrition Program, Registered Family Day Homes Sponsorship Program, and a Transitional Training Program.

PCI has operated Early Head Start and Head Start programs since 1979. A total of 6,789 children are enrolled in Head Start, and 128 children and 12 pregnant teens are in Early Head Start. Both programs are primarily center based and operate out of different sites throughout the service area (churches, community centers, housing projects, schools, military base). The program operates a total of 89 centers.

TARGET POPULATION AND COMMUNITY NEEDS

The OHI targets all the children and pregnant women enrolled in Early Head Start and Head Start. Approximately 53 percent of families are Hispanic.

Children on Medicaid have access to dental care through a strong referral network with general dentists and specialists in the community who accept Medicaid and will see children. Families without insurance can receive low-cost preventive and minimally invasive restorative services through the health district. Despite these resources, the primary barrier to oral health care is economic for the children who do not qualify for Medicaid and are without private insurance. Families also face difficulties scheduling appointments because they cannot take time off work. Also, families lack knowledge of oral care and the importance of oral health to child development.

GOALS AND DESIGN

The grantee is working toward the Healthy People 2010 objectives using the following strategies related to education, prevention, and treatment:

- Develop positive and culturally sensitive dental health messages for children and parents
- Define and develop action plans to overcome barriers in accessing dental care
- Assure that children have access to preventive oral health practices
- Create a community network of providers tailored to the Head Start population

COMMUNITY PARTNERS

OHI implementation is a joint effort between the Head Start program and the professional dental community partners. The program identified three main partners: (1) the

San Antonio Metropolitan Health District, which coordinates OHI activities, conducts dental screenings on all children enrolled in Early Head Start/Head Start each year, collects surveillance data using the Basic Screening Survey (BSS), coordinates the fluoride varnish program, develops the referral network, provides education and training to parents and Head Start staff, and provides more than 1,000 appointments per year for dental care for Head Start children; (2) the University of Texas Health Science Center, San Antonio (UTHSCSA) Schools of Dental Hygiene and Dentistry, which conduct training with partners and Head Start staff, develop dental health curriculum and educational activities, and provide dental hygiene students to assist with the fluoride varnish program; and (3) a network of private dental providers, who accept referrals for follow-up care.

STAFFING STRUCTURE

The grantee contracted with a public health dental hygienist based in the San Antonio Metro Health District to coordinate OHI activities and oversee delivery of clinical services. The hygientist's work is supported by two dental hygienists based at the San Antonio Metro Health District. The OHI staff oversees grant management, ordering of supplies, data collection, and parental communication.

SERVICES PROVIDED THROUGH THE ORAL HEALTH INITIATIVE

Risk Assessments. The grantee arranges dental screenings for children conducted by a dentist from the San Antonio Metro Health District. The BSS is used to conduct screenings and triage the children. Those triaged as "urgent" are referred to pediatric dentists in their network and are tracked by the OHI coordinator to ensure treatment is completed.

Preventive and Treatment Services. The professional dental community partners provide all clinical services. Children assessed as "nonurgent" are referred to their provider or to a network provider, which could be the San Antonio Metro Health District or a private provider. Children in some of the Head Start and Early Head Start centers also receive fluoride varnish applications from hygienists from San Antonio Metro Health District, the OHI coordinator, and dental hygienist students at UTHSCSA.

Education. The grantee selected a curriculum developed by the California Childcare Health Program entitled "Health and Safety in the Child Care Settings" because it is culturally relevant and contains materials targeting parents, staff, and children. Currently, the grantee is piloting the curriculum lesson plans in a subset of the Early Head Start and Head Start centers. Parents receive oral health information through the monthly newsletters and during parent nights.

Supplies. Oral hygiene supplies, including toothbrushes and toothpaste, are distributed during parent nights and at dental fairs.

Support Services. The OHI program has a referral arrangement and tracking system, helps coordinate transportation assistance, and helps families enroll in Medicaid.

SULPHUR SPRINGS INDEPENDENT SCHOOL DISTRICT
SULPHUR SPRINGS, TX

Sulphur Springs Independent School District (SSISD) serves 4,100 children annually and offers multiple educational services, including a preschool program for children with disabilities, a prekindergarten program, transitional first-grade classrooms, a GED program for parents, and after-school programs. The SSISD has had a Head Start program since 1994 and currently enrolls 192 children in three sites that operate during the school year.

TARGET POPULATION AND COMMUNITY NEEDS

The OHI is targeting all 192 children as well as their siblings and parents. About half of these children are white, 25 percent are Hispanic, and 25 percent are African American. The Head Start program sites are located in Hopkins County, a fairly rural community with poor access to dental services and transportation barriers. Families often have to travel 45 miles to find a dental provider who accepts Medicaid.

GOALS AND DESIGN

The four goals of the OHI are to: (1) provide preventive care, (2) provide early detection and prompt treatment, (3) expand awareness and education as it relates to prevention and early detection, and (4) recruit dental providers that accept Medicaid to provide services on-site. SSISD is addressing barriers to dental care by:

- Providing direct services through site-based dental services, dental fairs, and referrals
- Conducting education for parents during dental visits and through mailings and parent meetings and for children during dental visits and in the classroom

COMMUNITY PARTNERS

The grantee has partnered with three main types of providers: (1) Baylor University and Northeast Texas Community College, which participate in the dental fairs and provide preventive screenings, fluoride varnish applications, and sealants; (2) several private dentists; and (3) the County Extension Agency, which provides nutrition education.

STAFFING STRUCTURE

The Head Start health specialist and health extender carry out the primary grant activities, including scheduling appointments, sending reminders to families, conducting followup with families, maintaining dental records, coordinating the dental fairs, and planning parent meetings.

SERVICES PROVIDED THROUGH THE ORAL HEALTH INITIATIVE

Risk Assessments. Dentists conduct assessments at the Head Start center and during dental fairs. The grantee uses a risk-assessment tool that incorporates elements from other assessment tools developed by a local program and a state health agency. Assessment information is documented in a medical file and then entered into a database to monitor needed dental services.

Preventive and Treatment Services. All dental services are provided by the dental partners and arranged for by the Head Start program. Head Start children receive screenings and fluoride varnish applications multiple times a year. Preventive services are provided at several locations including: (1) dental fairs, which are held several times a year and provide screenings, cleanings, and fluoride varnishes for Head Start families; (2) Head Start–centers where a private dentist visits the Head Start sites twice a year to conduct screenings and fluoride varnishes free of charge; and (3) free off-site screenings, provided by students affiliated with the Northeast Texas Community College Dental Hygiene Program. The grantee has agreements with private dental providers that supply treatment and restorative services.

Education. Parent education is delivered at parent meetings and presentations led by Head Start staff or community providers. Educational materials focus on nutrition and healthy oral health habits are handed out to parents, mailed home, or included in a monthly newsletter. The Head Start children receive oral health presentations from a local dentist and the dental hygiene students on the topics such as how to brush teeth and healthy eating. The Head Start teachers also conduct education in the classrooms using the "Tooth Time" curriculum.

Supplies. Every eight weeks, the programs send home supplies, such as toothpaste, toothbrush, dental floss, and a timer, for each family member along with educational information.

Support Services. The OHI program supports clients' needs for dental care by making referrals, providing assistance scheduling appointments, linking families with bilingual staff if needed, and helping coordinate transportation assistance.

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES
LITTLE ROCK, AR

The University of Arkansas for Medical Sciences (UAMS) Head Start is a Head Start and Early Head Start program in Pulaski County that has been in operation for more than 20 years. The agency serves 1,090 Head Start and 40 Early Head Start children and operates 22 centers.

TARGET POPULATION AND COMMUNITY NEEDS

The OHI is targeting all of the Head Start and Early Head Start children and their parents. The majority of UAMS families are African American, with a smaller percentage of Hispanic/Latino families.

UAMS has struggled to provide adequate access to follow-up care, particularly for treatment of those with identified needs. In addition, previously conducted focus groups with parents have indicated a need for greater access to dental homes and a need to improve families' oral hygiene and nutrition habits. State needs-assessment data have also identified the need for more dental health providers.

GOALS AND DESIGN

The overarching goals of the OHI are to: (1) promote oral health care and prevention and (2) develop a sustainable implementation plan that is integrated into existing public and private health systems. To accomplish these goals, the program is:

- Conducting caries risk assessments that include a tiered screening approach in order to determine the level of needed treatment
- Administering clinical preventive and treatment services to Head Start and Early Head Start children
- Providing case management and support services in order to improve access to follow-up treatment
- Providing oral health education to children that encourages children to practice toothbrushing and flossing in classrooms and distributing educational materials to children to take home
- Providing oral health training for staff and education for parents.

COMMUNITY PARTNERS

UAMS has partnerships in place with the university's College of Nursing and the Department of Dental Hygiene, the Division of Health Services Research, pediatric dentists, general dentists, and Ocean Dental—a newly opened practice that sees only Medicaid patients. Most partners provide screening exams, and some help with the fluoride varnish

on site at the Head Start/Early Head Start centers. The nursing students and dental hygiene students collect data about risk levels, which are used to make treatment referrals to dentists. The dentists receive the referrals and report back about treatment provided.

STAFFING STRUCTURE

UAMS Head Start hired the oral health specialist for the OHI. The specialist coordinates screenings and fluoride varnish activities, and implements staff and parent education. The specialist's work is overseen by the health resource specialist and is supported by the UAMS Head Start program director, an evaluator from the university, and a part-time administrative assistant.

SERVICES PROVIDED THROUGH THE ORAL HEALTH INITIATIVE

Risk Assessments. Routine oral health assessments were conducted in all 22 centers using the Caries Risk Assessment Tool in five pilot sites and the Basic Screening Survey (BSS) in 17 nonpilot sites. The risk-assessment findings are used to refer children for care as necessary.

Preventive and Treatment Services. Anticipatory guidance, as described in the "Bright Futures in Practice: Oral Health Pocket Guide," is provided to parents by pediatric nursing graduate students. Clinical preventive services, including screenings and fluoride varnish applications, are provided on site to all children. Additional preventive services, such as other types of fluoride treatments, are provided off site by community providers as a result of referrals. Treatment services provided to clients include fillings, crowns, and X-rays.

Education. Education is provided to Head Start/Early Head Start children, as well as to parents. The main educational messages focus on toothbrushing, specifically how and how often, and dental homes. The chair of the Department of Dental Hygiene provided training to teachers using the "Health and Safety in the Child Care Setting: Promoting Children's Oral Health—A Curriculum for Health Professionals and Child Care Providers." Teachers at five pilot sites were given a four-hour training session, and teachers at 17 sites received a briefer training session. A total of 12 College of Nursing graduate pediatric students were trained to use the Caries Risk Assessment Tool, administer fluoride varnish, and provide anticipatory guidance.

Supplies. The program currently provides toothbrushes, toothpaste, dental floss, and books to all of the children.

Support Services. The OHI program makes referrals and provides case management, as well as assistance with making appointments and obtaining Spanish translators.

CENTRAL MISSOURI COMMUNITY ACTION
COLUMBIA, MO

Central Missouri Community Action is funded to serve 40 children in Early Head Start and 535 in Head Start. It operates 19 centers, one of which is operated by a partner. Early Head Start is center based and operates on a full-day, full-year schedule. Head Start offers several service options and operating schedules, including home-based, combination, and center-based services that operate on 9- or 12-month schedules.

TARGET POPULATION AND COMMUNITY NEEDS

The service area includes eight counties in central Missouri that are primarily rural, with two urban areas (Columbia and Jefferson City). Approximately half of the families served are white, a third are Africian American, and less than ten percent are Hispanic. Most families speak English fluently, and less than 10 percent speak Spanish as their primary language.

Families face many barriers in accessing dental care. The community has a shortage of dentists. The state has only one dental school, and few dentists open practices in rural areas. Dentists in the area often do not accept Medicaid or cap the number of Medicaid patients they will accept, and few serve young children. Few providers speak Spanish; however, some have translation services or Head Start can provide translators. Few local providers will conduct major treatment services. Patients needing extractions often have to travel to Jefferson City. If hospitalization is required, families may have to travel to Kansas City, which is almost two hours away.

GOALS AND DESIGN

Central Missouri Community Action identified four main goals of the OHI, locally referred to as the Healthy Smiles program: (1) Head Start parents will have an increased understanding of the importance of oral health to overall health, (2) Head Start children will have a reduction in cavities, (3) Head Start children will have access to a dental home, and (4) the program will form connections to the oral health community that will help link families to dental services. The two main components of the Healthy Smiles program are an oral health literacy project and outreach to the dental community to increase its knowledge of the needs of Head Start families.

COMMUNITY PARTNERS

The program's community partners include: (1) the Missouri Coalition for Oral Health, which reaches out to community members and dental professionals to explain the needs of low-income and uninsured families, participates in the Oral Health Summit, and assists in planning the Healthy Smiles program; (2) the Missouri Department of Health, which sponsors the Oral Health Summit and provides training and support for a state-funded fluoride varnish program; (3) the UCLA Anderson School of Business, Oral Health Institute, which developed the Health Care Institute and the manual for parents; (4) dental providers, who accept referrals from the agency and prioritize services for Head Start families—one

dentist provides all screenings to infants and toddlers in the program at no charge; and (5) the University of Missouri Kansas City Dental School, which provides supplies and educational materials for staff and parents.

In addition, other organizations in the community have supported the Healthy Smiles program with donations of books and funds. Two insurance companies and one community organization have donated a total of $1,500 in support of the Healthy Smiles program.

STAFFING STRUCTURE

Most oversight and responsibility for the OHI rest with the Head Start director and the Head Start team administrator, who are supported by the health specialist. The director leads the preparation for the Oral Health Institute and is assisted by the team administrator. Family development advocates provide followup and in-home training to parents on oral health and encourage families to attend the Oral Health Institute.

SERVICES PROVIDED THROUGH THE ORAL HEALTH INITIATIVE

Risk Assessments. The program developed and uses a risk-assessment tool that collects information about children's dental histories. A risk assessment tool developed by the state health department will be implemented in 2007–2008 in conjunction with a fluoride varnish program.

Preventive and Treatment Services. Hygienists conduct dental screenings of all children. The state funds a fluoride varnish program, which is carried out by program staff. Currently, the program serves infants and toddlers, but will expand to serve all Head Start children up to age 5 in 2008.

Education. A main component of Healthy Smiles is the UCLA Oral Health Institute's low-literacy training for Head Start families using the manual "What to Do for Healthy Teeth." Three dental hygienists and the Head Start director conduct the program for Head Start parents and other caregivers. The training is designed to educate parents about caring for their children's teeth and focuses on prevention. Parents are also trained on "Lift the Lip." Family service workers reinforce the lessons presented at the Oral Health Institute during home visits. Pregnant women are given additional information on dental care, which focuses on when they should see a dentist, the importance of the mother's oral health on the oral health of the child, and developmental milestones for infants. Children receive training in the classroom and during home visits by direct service staff and the dental hygienists.

Supplies. All families receive the UCLA manual and at least one children's book on oral health care. Toothbrushes, toothpaste, and dental floss are distributed to families. Typically, families are given supplies on a regular basis and receive enough for all family members.

Support Services. The program staff works with families to link them with dental providers in the community. The program helps families make appointments and can arrange for transportation or translation services if needed.

CHILD CARE ASSOCIATION OF SEDGWICK COUNTY
WICHITA, KS

In addition to operating Head Start and Early Head Start programs, Child Care Association of Sedgwick County serves as the child care resource and referral agency for the county, and provides referrals to families seeking child care and training for child care providers. The agency also operates the Child and Adult Care Food Program. The agency was founded in 1958 and began operating the Head Start program in 1976 and Early Head Start in 1995.

The agency receives funding to serve 811 Head Start families and 175 Early Head Start families annually. Although the agency serves 175 Early Head Start families at any given time, it enrolls about 300 Early Head Start families over the course of a year because of turnover. The agency operates eight Head Start centers and partners with three community child care centers to serve Head Start children. The Early Head Start program includes both home- and center-based options.

TARGET POPULATION AND COMMUNITY NEEDS

The program's service area is Wichita/Sedgewick County. Approximately 30 percent of the Head Start and Early Head Start families are Hispanic or Latino, and about 20 percent of families use Spanish as their first language.

Several barriers to oral health care exist in Sedgwick County. Public transportation services are inadequate and families often have difficulty getting to appointments on their own if they do not have a car. Finding sources of payment for dental services is a significant barrier for undocumented immigrants, who are ineligible for Medicaid or SCHIP. Drinking water in the community is not fluorinated. In addition, many parents do not understand the importance of oral health for overall physical health. For example, many Head Start families put sweetened drinks in children's bottles. Also, many parents fear the dentist and are reluctant to seek needed treatment for themselves or their children.

GOALS AND DESIGN

The overarching goals of the agency's OHI grant are that Head Start children, pregnant women, families, and staff have improved oral health; dental health problems are identified earlier; and all Head Start children from birth to age 5 and pregnant women who need dental treatment complete the treatment. Specific objectives include the following:

- Improve home oral hygiene practices among Head Start families
- Increase visual inspection of children's teeth
- Provide fluoride varnish twice a year to Head Start children
- Increase oral health education for Head Start parents and children

- Increase oral health education and promote oral health prevention practices for Head Start staff
- Disseminate lessons learned through the OHI to other organizations

COMMUNITY PARTNERS

The agency has four primary community partners for the OHI grant: (1) GraceMed Dental Clinic, which provides the registered dental hygienist for the fluoride varnish program; (2) students from Wichita State University's dental hygiene school, who develop educational materials for Head Start parents as part of their community outreach program; (3) students from two private high schools, who perform skits for children about visiting the dentist; and (4) Oral Health Kansas, a statewide coalition of more than 130 oral health advocates.

STAFFING STRUCTURE

The agency used OHI funding to hire an oral health educator to work full-time on the initiative. The educator's responsibilities include providing training and supplies to teachers and case managers, conducting quarterly visual inspections of children's mouths, and conducting home visits to educate parents about children's oral health care. The Head Start nutrition coordinator assists with the varnish program and grant-related paperwork.

SERVICES PROVIDED THROUGH THE ORAL HEALTH INITIATIVE

Risk Assessments. The registered oral hygienist from GraceMed conducts screenings at Head Start centers and in homes for Early Head Start children. If needed, the oral health educator follows up with specific families to make sure that needed treatment is obtained.

Preventive and Treatment Services. The program provides fluoride tablets to Head Start children daily and provides fluoride varnish twice a year for every child. The program offers screenings and fluoride varnishes to all family members, including parents and siblings.

Education. The oral health educator provides education about oral health promotion at parent meetings. When needed, she brings a translator to present the material in Spanish. She also visits the homes of pregnant women to provide oral health education and visual screenings of the mouth. The oral health educator draws on Colgate's "Healthy Children" curriculum to provide oral health education for children and visits classrooms to do a presentation about dental screening and fluoride varnish. She also brushes each child's teeth and has children practice toothbrushing on puppets. Oral health lessons are regularly included in classroom lesson plans.

Supplies. The program provides toothbrushes to families, as well as books and pamphlets on oral hygiene and nutrition. Children receive stickers and magnets after

screenings and varnish treatments. For Early Head Start, the program provides finger cloths and infant toothbrushes.

Support Services. The program gives every family a community resource guide containing general and pediatric dentists who accept Medicaid. The oral health educator contacts case managers and parents to follow up with children who need treatment. She also follows up after quarterly visual inspections and individually with families to make referrals, help make appointments, provide transportation, and accompany them to dental appointments if needed.

PROJECT EAGLE EARLY HEAD START
KANSAS CITY, KS

Since 1989, Project EAGLE Community Programs of the University of Kansas Medical Center has provided comprehensive child development and family support services in Wyandotte County, Kansas City, Kansas. The agency operates Early Head Start; Healthy Start; Healthy Families; Project Hope, a teen pregnancy prevention program; and Connections, a centralized intake and referral system. The agency serves about 1,000 families annually.

Early Head Start serves 200 pregnant women and children. The program is home based and operates year-round. Early Head Start has been in operation since 1995.

TARGET POPULATION AND COMMUNITY NEEDS

The service area is a mostly urban area near Kansas City. The families are primarily African American and Hispanic. The population also includes a number of Somali families. About 40 percent of families speak a language other than English, mostly Spanish and Somali.

Barriers to oral health care include a limited number of providers, high costs of service, limited transportation, and a lack of education among families about the need for oral health care for their children. Project EAGLE's service area is a Dental Health Professional Shortage Area, and the county health department no longer operates its dental clinic. Few of the dental professionals in the area accept Medicaid, and those that do typically cap the number of Medicaid patients they accept. Area clinics have reduced or sliding fee scales; however, the fee is often still too high. Transportation is a struggle because public bus routes are typically unreliable or absent. In addition, families lack education on how to care for their children's teeth, including when a child should first visit the dentist and when children should begin brushing their teeth. Families also engage in practices that threaten oral health, including poor nutrition, frequent snacking, and use of sippy cups and pacifiers past age 3.

GOALS AND DESIGN

After assessing need and implementing plans developed by the Kansas Oral Health Initiative, Project EAGLE applied for the OHI grant to assist with education and dental care provision. The program's four main goals for the OHI are to:

- Provide oral health education and distribute oral hygiene supplies to children, pregnant women, and families
- Conduct dental screenings for children and pregnant women
- Build a network of providers in the community that will serve families on Medicaid so that they have access to regular dental care

- Disseminate information about the program's approach to the greater community

COMMUNITY PARTNERS

Project EAGLE's community partners include: (1) the University of Missouri Dental School, which is a source of referrals and support for outreach efforts; (2) Indian Springs Dental Clinic, a local clinic that serves patients 0–21 years of age and accepts referrals from the program; (3) a free dental clinic in Missouri that occasionally provides services to undocumented families; and (4) several individual providers, including a Spanish-speaking dentist and a practice of pediatric specialists that accept referrals from the program.

STAFFING STRUCTURE

Project EAGLE used the OHI grant to hire an oral health specialist. The oral health specialist oversees the implementation of the OHI, including oral health care education, development of partnerships with providers in the community, and assistance with work on referrals. The specialist is a trained dental hygienist and is able to conduct dental screenings and fluoride varnishes. The Early Head Start director provides oversight and supervision for all OHI activities, and the health coordinator consults with the oral health specialist. The family advocates follow up on the oral health education and assist with referrals.

SERVICES PROVIDED THROUGH THE ORAL HEALTH INITIATIVE

Risk Assessments. The risk-assessment tool includes questions about environmental health and clinical history and is conducted with each family on the oral health specialist's first home visit. A nutritional assessment is also conducted at this time.

Preventive and Treatment Services. The oral health specialist conducts a screening with each child and pregnant woman on the first home visit. The oral health specialist also conducts fluoride varnish treatments with the children once every three months.

Education. Oral health education is primarily conducted during home visits. The oral health specialist demonstrates how parents can visually inspect children's teeth, shows proper toothbrushing techniques, and distributes handouts to parents. She reads books on dental care with children and talks with them about the importance of keeping their teeth healthy. Pregnant women are educated about dental health and its importance for their baby, how to keep bacterial levels low, tooth development in a fetus, and the importance of nutrition to oral health. Family advocates reinforce educational messages during their regularly scheduled home visits.

Supplies. Families receive a variety of oral hygiene supplies, including toothpaste and brushes, dental floss, gauze wipes and finger tip washcloths for infants, disclosing tablets (which show the plaque on children's teeth), and toothbrush covers. Children also receive stickers for accomplishments, and families receive certificates for establishing dental homes.

Support Services. Both the oral health specialist and the family advocates work with families to find a dentist, schedule appointments, and make arrangements for transportation. The program also has bilingual (Spanish-English) staff that can accompany families, as well as translators for Somali families.

RENO COUNTY HEAD START
HUTCHINSON, KS

Reno County Head Start provides Head Start and Early Head Start services for approximately 250 Head Start children, 70 Early Head Start children, and 70 pregnant women. Head Start services are provided through three child care partnerships and in nine Head Start centers. The Head Start centers follow the school district calendar. The child care partnerships provide full-day, year-round slots. Early Head Start services are provided through a home-based program and child care partnerships. The Head Start agency has been in operation since 1966.

TARGET POPULATION AND COMMUNITY NEEDS

The geographic service area of the Head Start agency is Reno County, Kansas. Reno County has a population of approximately 60,000. Hutchinson is the county seat and has a population of 40,000. The remaining 20,000 residents live in rural areas throughout the county. Approximately 10 percent of the children served are Hispanic, and their families speak Spanish as their primary language. The program uses Head Start and Early Head Start funds to purchase dental services for children and pregnant women who are not eligible for Medicaid.

Primary barriers to accessing oral health care include the lack of dentists willing to accept Medicaid and treat children under age 5, and a lack of oral health education or poor oral health practices among families. Only one pediatric dentist in the entire county will accept Medicaid reimbursement. Because of the limited access to dentists in Hutchinson, the agency refers many Head Start families to dentists in Wichita and provides transportation to get them to appointments. Children typically have never had a dental exam when they enroll in the program, and most parents do not put much emphasis on caring for their children's teeth. In addition, many families give their children bottles and sippy cups that typically contain soda or other sweetened beverages. The children also tend to eat candy and other sugary snacks.

GOALS AND DESIGN

The OHI at Reno County Head Start aims to expand an initiative it was already operating through the Kansas Head Start Association. The broad goals of the OHI are to:

- Provide oral health disease prevention services to all children in the program
- Provide needed dental care services to pregnant women
- Prepare parents to care for the oral health of their children
- Ensure that all children receive necessary dental treatment services
- Resolve Medicaid billing issues

COMMUNITY PARTNERS

The program developed partnerships with 14 dentists. Only one of the dentists will accept Medicaid reimbursement, so the program pays partner dentists the full price for treatment services. Because of the partnership, however, the dentists bill Head Start directly for the services. They also treat children under age 5.

STAFFING STRUCTURE

The OHI grant covers one part-time dental hygienist position. The dental hygienist has a state-approved extended care permit that allows her to practice independently in Head Start programs, schools, and nursing homes. The dental hygienist also participates in monthly staff meetings to provide training on oral health topics.

SERVICES PROVIDED THROUGH THE ORAL HEALTH INITIATIVE

Risk Assessments. The dental hygienist conducts routine oral health assessments for all children and pregnant women every six months, in centers and at home for home-based families. The risk-assessment tool is one developed in Kansas for the Kansas Head Start Association's oral health initiative.

Preventive and Treatment Services. Preventive services provided to all children and pregnant women include dental screenings, limited cleanings, and fluoride varnish treatments every six months. These services are provided at centers by the program's dental hygienist; infants, toddlers, and pregnant women receive services during home visits.

Education. The dental hygienist makes presentations at parent meetings that focus on the prevention of early childhood caries, nutrition, use of bottles and sippy cups, brushing and flossing, and visual inspection of the child's mouth. The hygienist also goes on a home visit to each Early Head Start family every six months. When she visits pregnant women, she focuses on instruction about *Streptococcus mutans* and how to avoid transmitting the bacteria from mother to infant through sharing spoons and straws. She also discusses brushing and use of xylitol gum. The dental hygienist visits children in Head Start classrooms every six months. She reads books about oral health and then discusses the book. Teachers document a monthly oral health objective in their lesson plans. The program uses a locally designed curriculum for oral health education, drawing on a variety of resources, included the "I Am Amazing" curriculum.

Supplies. The program provides toothpaste and toothbrushes to all children in Head Start centers. For Early Head Start families, the home visitors bring toothpaste and toothbrushes for pregnant women and developmentally appropriate materials for infants and toddlers, including disposable wipes and finger cloths for newborns, finger brushes once children have teeth, or infant toothbrushes.

Support Services. When the dental hygienist identifies a child or pregnant woman who needs treatment, the program refers the family to one of its partner dentists. If needed, the family service worker takes the family to the appointment. If the parent is not able to attend the appointment due to his or her work schedule, the program will seek parental consent to have the family service worker take the child to the appointment. Two family service workers are bilingual in English and Spanish and can accompany Spanish-speaking families as needed.

BEAR RIVER HEAD START
LOGAN, UT

Bear River is a single-purpose Head Start agency and has been in operation since 1966. The Head Start program serves 361 children through home- and center-based service options, and the Early Head Start program serves 75 children through a home-based service option. A combination program offers both center- and home-based services for 50 children. In all, about 486 families receive services annually.

TARGET POPULATION AND COMMUNITY NEEDS

Bear River Head Start serves three northern Utah counties and five southeastern Idaho counties; all are mostly rural. The service area is characterized by one of the highest birthrates in the nation, with larger than average families having a larger than average number of young children and a lower than average household income. About 25 to 30 percent of families are Spanish speaking. In addition, there is a mix of both single- and two-parent families.

The main barriers to oral health care services include lack of awareness of available services and difficulty accessing services. The area also lacks dentists who can provide translation services. Many families do not have dental coverage because of ineligibility for Medicaid, lack of employee dental benefits, and the high cost of private coverage. Families are often unable to afford service fees. Limited access to transportation with long distances to travel to providers and lack of available child care for appointments are also challenges for service provision.

GOALS AND DESIGN

The goals of Bear River Head Start's OHI program address three broad areas: education, prevention, and access. Strategies to accomplish the program's goals include the following:

- Creating a database of providers willing to see Head Start and Early Head Start children
- Networking with partners and providers by distributing outreach packets to area dental providers
- Providing topical and oral fluoride
- Recording and tracking dental service and outcome data
- Participating in community oral health fairs, including the annual Give Kids a Smile Day
- Providing oral health education to children, pregnant women, and parents through classroom education and home visits

COMMUNITY PARTNERS

Bear River formed partnerships with the following providers and organizations: (1) four local pediatric dentists and other general dentists, who sit on the Head Start advisory board, provide referrals for care and classroom education, help plan health fairs, conduct workshops, and help coordinate fluoride varnish programs; (2) Regence BC/BS Caring Foundation for Children, which provides $1,000 grants to help cover the cost of dental care for uninsured children and helps sponsor the Give Kids a Smile health fair; (3) Logan Regional Hospital, which provides oral surgeries and charity/discounted care for under/uninsured patients; (4) Southeast Idaho Department of Health, which administers fluoride varnishes; and (5) local dental assistant students in Utah, who help apply fluoride varnish and assist with educational field trips.

STAFFING STRUCTURE

The OHI is administered by one full-time and one part-time position; both positions were created for the OHI. These staff coordinate a fluoride varnish program, provide case-management services for families, and network with providers. Additional staff members who work on OHI activities include teachers, family advocates, and home visitors. Staff receives a basic overview of the program's design and goals. The teaching staff and home visitors also receive training on the "Cavity Free Kids" curriculum and on Bright Futures oral health materials.

SERVICES PROVIDED THROUGH THE ORAL HEALTH INITIATIVE

Risk Assessments. Although a visual screening is performed in conjunction with the fluoride varnish treatment, the OHI program focus on finding dental homes for children and families. Providers perform the exams needed to meet performance standard requirements in their offices.

Preventive and Treatment Services. The OHI program provides fluoride varnish, fluoride supplements, and limited visual screenings on site. The program also provides direct financial assistance to cover follow-up preventive and treatment services performed off site for families in need. All services are provided only to Head Start and Early Head Start clients; however, siblings can also receive a fluoride varnish application.

Education. Parents receive oral health education through home-based services. Pregnant women receive education packets containing information on oral health issues occurring during pregnancy and education on how to keep their teeth and gums healthy during this period. Children receive oral health education primarily through the "Cavity Free Kids" curriculum.

Support Services. The OHI program provides a range of case management services, including appointment scheduling, transportation, and financial and insurance application assistance, to address barriers to care. The program also refers patients needing follow-up care.

COMMUNITY PARTNERSHIP FOR CHILD DEVELOPMENT
COLORADO SPRINGS, CO

Community Partnership for Child Development (CPCD) runs Head Start, Early Head Start, a state-subsidized preschool program, and an early intervention program for children with special needs. The agency serves 1,500 children annually and is funded to serve 977 children in Head Start and 135 pregnant women, infants, and toddlers in Early Head Start. CPCD has been in operation since 1965 and became an official Head Start program in 1987.

The program operates two models, each serving half of the Head Start and Early Head Start children. One is an all-year program that is a combination of classroom and home visiting; the other is a 10-month program that is primarily center based, although each family receives two home visits each year. The program operates 50 centers.

TARGET POPULATION AND COMMUNITY NEEDS

The service area for CPCD and for the OHI is El Paso County, a primarily urban area 60 miles south of Denver. The Head Start population includes a heavy concentration of military families from the three military bases in Colorado Springs. Many military families do not have dental coverage because they must pay for it separately. About half of the Head Start population and about 60 percent of the Early Head Start population are Hispanic.

Barriers to oral health care include lack of dental insurance, dentists who do not see children under age 3 and are not educated about a one-year visit, and the lack of even distribution of fluoride in the water supply. In addition, families are not usually educated about the need for oral health care for young children and engage in common practices that threaten oral health, including using bottles and pacifiers well beyond age 1, putting sweetened drinks in bottles, not prioritizing dental care, and not supervising children brushing their teeth.

GOALS AND DESIGN

The two main OHI goals are to: (1) promote an understanding among parents and staff that oral health is integral to a child's overall health and ability to learn and that dental/oral health diseases are preventable and (2) strengthen the network of community medical and dental providers and partners for the purpose of early assessment, triage, and followup to eliminate access barriers and ensure that children receive services in a culturally appropriate manner. Key components of the OHI include the following:

- Train staff on oral health and its importance in early childhood education
- Provide education through home visits and parent center meetings and in classrooms
- Conduct fluoride varnishes, dental screenings, and exams for uninsured children and pregnant women

- Connect families to a dental home and enroll them in a dental insurance plan

COMMUNITY PARTNERS

The grantee's key partners include: (1) dentists, hygienists, clinics, and pediatricians, who serve on the program's Oral Health Task Force and Health Services Advisory Committee and provide education, dental screenings, exams, and treatment services; (2) Peak Vista Community Health Center, which serves families in need of medical and dental homes; and (3) dental hygienists from the Colorado Springs Dental Hygiene Society, who volunteer for the oral health activities, including providing education at parent meetings.

STAFFING STRUCTURE

A dental hygienist was hired through the OHI to coordinate the OHI, and a bilingual health/dental referral specialist works full time on the OHI. Other staff members that support implementation of the OHI include the health and nutrition manager, nurses, referral and other specialists, teachers, and family advocates.

SERVICES PROVIDED THROUGH THE ORAL HEALTH INITIATIVE

Risk Assessments. Risk assessments are provided by the staff dental hygienist and volunteer dental hygienists. The program uses a basic risk-assessment form to guide discussion with parents about oral health practices and also to indicate the level of urgency of the child's dental needs. Providers also receive a CPCD dental form that includes several risk-assessment questions to encourage the dentist to provide oral health education to the family.

Preventive and Treatment Services. The staff dental hygienist and volunteer dental hygienists provide on-site dental screenings and fluoride varnish applications. Follow-up dental care is also provided by community dentists who accept Medicaid or CPCD reduced rates. The OHI funding is used only to pay for dental care that uninsured pregnant women receive from community providers. Head Start and Early Head Start families also receive care through events for the uninsured.

Education. Parents receive education from teachers, family advocates, and nurses during home visits and parent meetings. Parents also receive oral health education during the program enrollment. Education for parents includes the importance of early dental visits, prevention of early childhood caries, and basic oral hygiene habits. Pregnant women receive oral health education through home visits, socializations, and a literacy program for parents learning English. In the classroom, teachers use the Colgate "Bright Smiles, Bright Futures" curriculum. They also discuss oral health in conjunction with nutrition, and children brush their teeth after snacks and meals. During home visits, children watch a DVD about visiting the dentist and oral care.

Supplies. Each Head Start and Early Head Start family receives a number of oral health supplies, including adult and child toothbrushes and toothpaste, dental floss, oral

health educational materials, dental coloring sheets and toothbrush holders, a plastic mouth mirror, and a pack of xylitol gum.

Support Services. The dental/health referral specialist coordinates referrals and helps families get to appointments if needed. The program can provide translation services and transportation when necessary.

KIDS ON THE MOVE
OREM, UT

Kids on the Move (KOTM) provides Early Head Start, child care, and early intervention services. The early intervention program serves 500 children per month, and an on-site child care center serves 35 children at any one time. Early Head Start, in operation for eight years, is a year-round program that serves 119 children annually. The program is funded to serve 64 children at any one time, eight of whom receive center-based services, and the rest receive home-based services. KOTM also enrolls five pregnant women.

TARGET POPULATION AND COMMUNITY NEEDS

KOTM serves the Utah County area, which is mostly urban with some rural areas. Early Head Start families are low income, and more than half are single-parent families. Approximately 65 percent of families served are white, 20 percent are Hispanic, and 10 percent are American Indian/Alaskan Native, Hawaiian Islanders, or multi- or biracial. The agency serves some Hispanic families that speak primarily Spanish.

There is a high concentration of dentists in Utah County, including pediatric dentists and some dentists who accept Medicaid or will reduce their fees. The families' main barriers to accessing oral health care include lack of education and personal preferences. Families generally believe that it is not important for children to see a dentist until they are older. While many families value oral health, they do not prioritize early oral health care. Furthermore, many families do not access WIC and experience nutritional risks.

GOALS AND DESIGN

The OHI is designed to incorporate two key components: (1) educating children and families about the importance of oral health care and how to take better care of their teeth and (2) working with the medical homes (pediatricians and family practice doctors) to improve referrals to oral health providers at an earlier age. In part, this is achieved through the development of an oral health referral form for providers, as well as through learning collaboratives that bring together pediatricians and family practitioners to educate them about the importance of early oral health care.

KOTM identified four goals for the OHI:

- Increasing the knowledge and skills of medical health care professionals regarding oral health management issues of infants and young children
- Improving the system of referrals between dental and medical providers in the community
- Improving parents' access to education and anticipatory guidance on oral health for infants and young children during visits to their child's primary health care provider

- Improving access to and participation in oral health activities and services for the KOTM Early Head Start infants and young children.

COMMUNITY PARTNERS

Current community partners include: (1) the Utah Pediatric Partnership to Improve Health Care Quality (UPIC), which plays a lead role in coordinating and providing follow-up chart audits for the learning collaboratives; (2) three pediatric dentists, who participate in the learning collaboratives; (3) two pediatricians; (4) the Utah College of Dental Hygiene, which supports the provision of dental varnish applications; and (5) the state health department, which attends the learning collaboratives and trains staff.

STAFFING STRUCTURE

The agency hired a health services specialist whose time is divided between the Early Head Start program and the OHI. The health services specialist prepares and implements training for the family educators, who then go out and share with families what they have learned. The health services specialist also researches and adapts the oral health curriculum.

SERVICES PROVIDED THROUGH THE ORAL HEALTH INITIATIVE

Preventive and Treatment Services. Preventive services primarily include providing fluoride varnishes. KOTM refers families to dental professionals for treatment services.

Education. The health services specialist prepares and implements training for the family educators, who then go out and share with families what they have learned. There is no formal curriculum, but the health services specialist chooses from sources such as the American Academy of Pediatrics (AAP), AAP Dentistry, and the American Dental Association. The AAP-produced curriculum, oral health assessment training, and Bright Futures have been resources for the family educator trainings. Pregnant women and their families receive ongoing education from the family educators.

Supplies. All families are provided with toothbrushes, and staff provides training on how to use them.

Support Services. The agency is implementing a referral form that family educators who notice tooth decay use to make referrals. The health services specialist is encouraging pediatricians to make referrals for dental care, especially so children get a dental exam once a year after age 1.

CHILD DEVELOPMENT RESOURCES OF VENTURA COUNTY, INC.
VENTURA COUNTY, CA

Child Development Resources of Ventura County, Inc. (CDR) is a private, nonprofit corporation that has operated for nearly 25 years and receives state and federal contracts to administer a Child Care Resource & Referral Program. CDR receives federal grants for both Head Start and Early Head Start programs. All children, including those with special needs and those at risk of abuse and/or neglect, benefit from delivery of comprehensive developmental services.

CDR serves 1,066 Head Start children at 24 centers and has seven home-based groups and a family child care option. CDR has offered Early Head Start services since 1998 and serves 160 children and pregnant women. Early Head Start services are offered through a home-based program and a family child care option.

TARGET POPULATION AND COMMUNITY NEEDS

For the OHI, CDR is targeting services in Ventura County to 1,223 enrolled children and pregnant women and their families across all Head Start and Early Head Start program options. Over 80 percent of families are Hispanic and two-thirds of families speak Spanish.

Families' main barriers to accessing oral health care include the lack of dental coverage, a dental home, and transportation to dental appointments. A shortage of dental providers also exists in parts of the county, particularly bilingual and bicultural providers and those willing and trained to see children under age 5. Many of the immigrant families also do not consider oral health to be a high priority because of competing needs, such as employment and housing, and lack of education about the need for and benefits of dental care. Some families allow children to consume sugary drinks and do not require them to floss and brush their teeth regularly.

GOALS AND DESIGN

The overarching goals of CDR's OHI program are to improve enrolled children's and pregnant mothers' dental health by improving oral hygiene habits and attitudes regarding dental health, as well as by providing families with comprehensive and timely delivery of dental health services. To achieve these goals, the program will:

- Provide oral health education to children, pregnant women, and parents, including providing oral hygiene supplies and allowing participants to practice using them

- Ensure timely access to dental care by revising and enhancing referral and tracking systems and increasing the level of support services provided to families

- Strengthen relationships with community partners

COMMUNITY PARTNERS

CDR has partnered with four major stakeholder groups on the OHI program: (1) dentists, who accept referrals for follow-up care and offer oral health education during visits; (2) primary care providers at community clinics, public health departments, and others affiliated with the Medi-Cal (Medicaid) system, who are encouraged to look for oral health problems in children and pregnant women and refer those in need for dental care; (3) school districts, which receive oral health information from CDR; and (4) local and state organizations and existing collaboratives, such as the Ventura County Oral Health Collaborative and the Ventura County First 5 Oral Health Collaborative, through which CDR is promoting oral health in children, disseminating information, and advocating for oral health–related Medicaid policies.

STAFFING STRUCTURE

No new staff positions were created for the OHI program; rather, duties of existing staff were expanded. The program services manager's duties include training staff, conducting family education workshops, performing community outreach, and overseeing the overall program. Her work is supported by administrative support staff members who obtain oral health education supplies, a health services coordinator who conducts staff training and community outreach, and teaching staff and child care providers who deliver oral health education. An oral health consultant has been hired to conduct a pre- and posttest evaluation of the OHI grant program.

SERVICES PROVIDED THROUGH THE ORAL HEALTH INITIATIVE

Risk Assessments. Community dentists are asked to complete a formal assessment that CDR developed and submit this information to CDR staff. This information is then entered into and tracked in a database and is used to make referrals for follow-up care.

Preventive and Treatment Services. Only a basic visual screening is conducted on site by CDR staff. All other clinical services are provided off site by community dental providers as a result of referrals for care. Most clinical services are billed to insurance, but OHI funds may be used to cover the cost of care for uninsured or underinsured clients.

Education. Oral health education is provided to children, pregnant women, and parents and is based on the "Easy Steps to Oral Health" video set, the First Five Commission's "Cavity Free Kids" curriculum, and other materials. Education is tailored to specific populations and age groups and covers three main areas: nutrition, oral hygiene, and dentist visits. Parents and pregnant women read materials and watch videos at home, receive individual counseling from teachers and child care providers about applying what they learned, and participate in the annual Oral Health and Nutrition Workshop, which includes four 30-minute lessons. Teachers and child care providers deliver education to children during classroom time and during home visits.

Supplies. The program currently provides toothbrushes (some with built-in two-minute timers), dental floss, timers, and other items to all family members. Enrolled

children periodically receive red disclosing tablets that highlight areas of plaque on the teeth when chewed.

Support Services. The OHI program makes referrals, sends out appointment reminders, provides transportation and translation assistance, helps families understand dental treatment plans, and helps families apply for community sources of funds (i.e., Medi-Cal or special pools of funds) to pay for dental care.

COMMUNITY ACTION PARTNERSHIP OF KERN
BAKERSFIELD, CA

Community Action Partnership of Kern is a private, nonprofit community action agency that, in addition to Head Start and Early Head Start, operates a family health clinic, WIC, HIV/AIDS education and prevention services, a food bank, home energy assistance, homeless transportation and supportive housing, Migrant Childcare APP, Shafter Youth Center, a weatherization program, and help line referral services. The agency has operated for more than 40 years and offers both Head Start and Early Head Start programs, which serve 2,593 families each year. Service options include both center- and home-based programs. The agency operates 53 centers.

TARGET POPULATION AND COMMUNITY NEEDS

The OHI is targeting all children enrolled in the Head Start and Early Head Start programs in Kern County, which covers a geographic area of 8,000 square miles and includes a mix of urban and rural areas. Seventy percent of families are Latino, and Spanish is the primary language for about 40 percent of them.

Dental services are available throughout the county because the grantee has worked over the past 16 years to develop a roster of dental providers to serve the Head Start and Early Head Start populations. In total, 52 providers, including a mix of clinics, private practitioners, and a mobile dental van, agree to see children ages 13 months to 5 years and accept the Head Start dental fees as payment for those children who do not have insurance. Despite the availability of providers, many families face barriers to care including a lack of transportation. In addition, many parents are fearful of dentists because of painful or negative experiences. As a result, many parents are reluctant to bring their children to a dentist.

GOALS AND DESIGN

The grantee was concerned with the low treatment rates among the Head Start and Early Head Start populations. The two main goals of the OHI are to: (1) improve oral health access and services to Head Start children and pregnant women and (2) improve oral health education to children, parents, and pregnant women. To address these goals, Community Action Partnership of Kern identified the following strategies:

- Utilize an established expanded network of providers and the Kern County Children's Dental Health Network to enhance delivery of service
- Use a train-the-trainer model, targeted at Head Start staff
- Incorporate oral health topics into parent meetings
- Revise lesson plans to include more references to oral health during classroom activities

COMMUNITY PARTNERS

The grantee established formal partnerships with the Kern County Children's Dental Health Network, Dedicated Dental System, and Clinica Sierra Vista (FQHC) to serve as referral sources and dental homes for Head Start children. Providers from these clinics and networks are included in the dental roster, which is updated at the beginning of each school year by the support services nurse. The providers on this roster agree to accept referrals for young children and also agree to accept the Head Start fee schedule payment for those who are uninsured or have no source of payment. Other partners, such as the health department and WIC, provide support services for families and oral health education in the community.

STAFFING STRUCTURE

The majority of program staff are involved in implementation because the education is integrated into the classroom activities every day. The health manager, support services nurse, and the health program assistant oversee implementation of the OHI, conduct trainings, and enter data. The education manager oversees and supports oral health education and the curriculum and conducts staff trainings.

SERVICES PROVIDED THROUGH THE ORAL HEALTH INITIATIVE

Preventive and Treatment Services. The program provides fluoride tablets with a prescription in the Head Start center and xylitol wipes for the Early Head Start home-based program participants. All other preventive and/or clinical services for children are performed in a dental office.

Education. The grantee has chosen the "Cavity Free Kids" curriculum to provide its oral health education. The information that home visitors provide to pregnant women focuses on caring for the mothers' teeth and the oral health of their babies. Information for Head Start parents is delivered during parent meetings and home visits or through newsletters. The curriculum also includes a "tooth kit" that home visitors and staff can use as a guide for a discussion on oral health and for presentations/activities at parent meetings. The Head Start teachers present the oral health education for children in the form of interactive lessons that use stories, songs, or demonstrations (using puppets). This curriculum is also available in Spanish. The "Cavity Free Kids" PowerPoint trainings are provided to staff and parents and have also been shared with the WIC program to be used with pregnant women and children from birth to age 5.

Supplies. The grantee provides oral health supplies, such as toothbrushes and toothpaste, to families. The home visitors provide xylitol wipes for the Early Head Start program. The program also distributes fluoride tablets for children ages 3 to 5 with a prescription. In addition, the program purchased dental gift bags, colorful reminder postcards, dental floss, toothbrushing timers, classroom toothbrush animals, and tooth puzzles to support the OHI.

Support Services. The grantee closely monitors the services children receive and enters this information in a database in order to track children needing follow-up services. The family advocates and the home-based educators assist parents in making dental appointments; they follow a protocol that includes key talking points to encourage families to make appointments and to problem solve with families about barriers to doing so. The grantee also purchased a van that is used to transport families to dental appointments.

INSTITUTE FOR HUMAN AND SOCIAL DEVELOPMENT, INC.
SOUTH SAN FRANCISCO, CA

The Institute for Human and Social Development, Inc. (IHSD), incorporated in 1983, provides services for children and families, including child development programs, such as Head Start and Early Head Start, and state preschool and family support services, such as socialization opportunities, family literacy programs, parent training, and community resource referrals.

IHSD has offered Head Start services since 1985 and serves 632 children annually. Early Head Start services have been offered since 1994, with 98 children and pregnant women receiving services annually. Both Head Start and Early Head Start offer center-based, home-based, and family child care service options.

TARGET POPULATION AND COMMUNITY NEEDS

The OHI program services are offered to all enrolled children and pregnant women, parents, and staff. Families served reside in San Mateo County, which spans the Pacific coast to the San Francisco Bay and includes a mixture of urban centers densely populated with low-income communities, wealthy suburbs, and rural agricultural communities. Head Start/Early Head Start families represent a greater proportion of racial/ethnic minorities than in the general population and nearly 80 percent of families' primary language is not English.

San Mateo County has a shortage of providers who serve young children, children with special health care needs, and pregnant women or who accept Medi-Cal (Medicaid), Healthy Families, or Healthy Kids coverage. In addition, a large number of children lack dental insurance and those on public insurance have difficulty scheduling dental appointments. There is also a need for parent education on the importance of oral health, oral hygiene practices, and dental insurance benefits.

GOALS AND DESIGN

The overarching goal for the OHI program is to implement a five-point approach to address the oral health needs of families in Head Start and Early Head Start and low-income families in the county at large. To achieve these objectives, the program identified the following strategies:

- Raise the awareness of providers, community service organizations, and other community members of oral health needs and service availability
- Train staff to provide oral health education to children, pregnant women, and parents
- Implement xylitol-based programs for children and adults to address transmission of dental disease

- Create and implement a dental disease risk assessment for families and pregnant women to be completed at intake that will help facilitate case management and followup

- Collaborate with the San Mateo County Children's Dental Program to improve the public/private provider referral network and build partnerships with dental providers.

COMMUNITY PARTNERS

The agency partnered with three main groups on the OHI program: (1) Children's Health Initiative (CHI), which helps conduct staff and parent training; (2) San Mateo County Children's Dental Health Program, which provides staff training, parent oral health workshops, and oral health education in the classrooms and at socializations and works to expand the public/private referral network; and (3) San Mateo County Dental Coalition, which provides resources on community dental clinics, advocates for dental services in the community, and unites many dental professionals, including members of San Mateo Dental Society.

STAFFING STRUCTURE

The OHI project coordinator is responsible for providing staff training, coordinating the xylitol prevention program, maintaining community partnerships, and tracking progress toward goals. The health services coordinator supervises the OHI project coordinator and the health services assistant. Family advocates, home-based specialists, family child care coordinators, and teachers distribute information and resources to families.

SERVICES PROVIDED THROUGH THE ORAL HEALTH INITIATIVE

Risk Assessments. Staff administers a formal risk assessment during intake that is tailored to the agency's needs but is based on the "Caries Risk Assessment Form for Ages 0 to 5 Years." The OHI staff reviews the information and arranges for care based on families' risk levels.

Preventive and Treatment Services. Currently, clinical preventive and treatment services are provided off site by community providers as a result of referrals for care.

Education. Oral health education is provided to children, pregnant women, parents, and staff. Children's education is delivered in the classrooms and during home visits and oral health–themed socializations. The curriculum presents lesson plans from the "Cavity Free Kids" curriculum. Oral health presentations and workshops are held with pregnant women to provide an overview of oral health issues encountered during pregnancy and among newborns. Parent education on topics such as preventive oral health methods that can be done at home and the benefits of fluoridated products is provided through workshops and home visits.

Supplies. The program provides goodie bags during all parent presentations and to all parents of children enrolled in Head Start and Early Head Start. Supplies include toothpaste, toothbrushes, dental floss, toothbrush covers, gauze to clean infants' gums and teeth, xylitol wipes, xylitol mouth rinses and mints, stickers, and oral health pamphlets. All classrooms, child care provider homes, and home-based staff have received zoo animal teaching aids, brushing buddy puppets, dress-up dentist aprons, dental health posters, and children's dental books.

Support Services. The OHI program makes referrals, sends out appointment reminders, sends out dental exam reports, coordinates translation services, provides case management, and coordinates transportation assistance.

SHASTA HEAD START
REDDING, CA

Shasta Head Start operates a Head Start program and an Early Head Start program. The program serves about 1,000 families annually including 672 children in Head Start and about 192 children and pregnant women in Early Head Start. The agency offers a home-based program option for Early Head Start families and a center-based program option for Head Start children. The agency has been in operation since 1965.

TARGET POPULATION AND COMMUNITY NEEDS

Shasta Head Start serves a large, geographically diverse area composed of three mostly rural, mountainous counties. The largest city in the service area, Redding, has a population of 85,000. Sixty-five percent of families in the service area are white and about 13 percent are Hispanic/Latino. Many families in the area, particularly in Redding, are transient throughout each year.

The two largest barriers to accessing oral health care are a lack of dental providers who accept Medicaid and a lack of pediatric dentists in the service area. Additional barriers include obstetrical providers who do not offer dental education to or make referrals for dental care for pregnant women, lack of family education regarding the importance of children's oral health, lack of access to dental insurance for children, lack of oral health educators who speak Spanish, and lack of dental service coordination across counties. Family oral heath practices of particular concern include allowing children to consume sugary liquids, particularly at bedtime.

GOALS AND DESIGN

The three primary goals of the OHI are to:

- Provide oral health education and prevention activities
- Increase access to dental services for children and families
- Build upon and strengthen community partnerships

COMMUNITY PARTNERS

The OHI program has developed partnerships with: (1) Shasta Community Health Center, which provides on-site dental clinics at the Head Start sites, helps put on the annual Give Kids a Smile Day, and provides access to a dental van that offers some treatment services; (2) Hill Country Community Clinic, which provides a dental hygienist who conducts dental screenings and fluoride varnish applications at Head Start sites; (3) Regional Occupational Program (ROP) Clinic, which provides supplies and other support for on-site dental clinics; (4) Shasta County Health Department, which partners with Head Start to participate in the health task force, encourage dentists to accept Medicaid, put on the annual Give Kids a Smile Day and other health fairs, and put together the "Cavity Free Kids" oral

health kits; (5) First Five Shasta, which provides access to a dental van that offers basic clinical prevention services; (6) Perinatal Council and Infant Mental Health Taskforce, which receives oral health training from Head Start staff; and (7) Mountain Community Medical Services, which provides a dentist and dental assistant to deliver clinical preventive services at Head Start sites.

STAFFING STRUCTURE

The oral health coordinator, a position created for the OHI, administers all OHI activities. Other staff members who work on OHI activities include the curriculum specialist, teaching staff, family workers, home visitors, and child care providers, who deliver the "Cavity Free Kids" curriculum; bilingual aides, social service staff, nurse consultants, and health specialists, who provide on-site support to clinicians; dietician and nutrition assistants, who conduct nutritional assessments and provide education on nutrition; and a dentist on the health advisory committee, who helps plan dental services.

SERVICES PROVIDED THROUGH THE ORAL HEALTH INITIATIVE

Risk Assessments. Local dental hygienists assess and report levels of risk for children.

Preventive and Treatment Services. Clinical preventive services offered to Head Start and Early Head Start children and pregnant women include cleanings, screenings/health exams, fluoride varnish, topical fluoride, and fluoride tablets. Services are provided on site at Head Start sites and in dental vans that come to the sites.

Education. Oral health education for parents and pregnant women consists of providing oral health education workshops and distributing oral health–themed bags containing educational materials. Oral health education for pregnant women focuses on dental caries, the types of dental services that can safely be provided during pregnancy, and the oral health concerns women typically encounter during pregnancy. Staff presents adult oral health education workshops in Spanish and distributes educational materials written in Spanish. Oral health education for children uses the "Cavity Free Kids" curriculum.

Supplies. Staff distributes xylitol wipes, two-minute timers, toothbrushes, dental floss, fluoride tablets, fluoride toothpaste, and gauze to wipe infants' and toddlers' teeth and gums.

Support Services. A referral system is in place to track screenings, exams, need for follow-up care, referrals, and outcomes. Staff also provides assistance with coordination, transportation, and lodging for overnight stays if needed.

THE COLLEGE OF SOUTHERN IDAHO-SOUTH CENTRAL HEAD START
TWIN FALLS, ID

The College of Southern Idaho is a community college that serves the diverse needs of a rural population. In addition it operates several social programs including Head Start, Adult Basic Education, Trans IV transportation system, an early childhood program and child care center, a foster grandparent program, and a program for Bosnian refugees.

The agency is funded to serve 573 children and their families through Head Start. The program operates 17 classrooms in ten centers. The South Central Head Start program has been in operation since 1965.

TARGET POPULATION AND COMMUNITY NEEDS

South Central Head Start operates throughout southern Idaho. The region is rural, with the exception of Twin Falls, the urban area. About 40 percent of the families are single parent households. A little less than half of the children are from Latino background, and the main languages spoken by families are English and Spanish. There are a small number of children from Bosnian refugee families enrolled in the program in Twin Falls, whose home language is Russian.

The program's greatest challenges in the area of oral health care are the lack of Medicaid dental providers in the region, accessibility of providers, and awareness of oral health care. Most dentists do not accept clients covered by Medicaid, and only a few of the dentists and their staff speak Spanish, which is a barrier for many of the Spanish-speaking families served by Head Start. Because public transportation is limited, access to most health and social services in the rural areas is difficult. Many of the families do not have a tradition of practicing preventive oral care, especially with preschool age children, and few parents are aware of the long-term benefits of providing fluoride treatments to children.

GOALS AND DESIGN

The program's OHI has six main goals:

- Establish a dental home for Head Start children and families.
- Ensure that all children in the program receive a dental exam and treatment needed
- Provide all children in the program with fluoride treatments 3 times a year
- Establish formal contracts with dentists to provide dental exams and treatments to Head Start children
- Educate parents about the importance of oral health and its impact on children's development, and ways to implement healthy oral care strategies

- Educate children about the importance of oral health and instill good oral hygiene habits

COMMUNITY PARTNERS

For the OHI, South Central Head Start has established formal partnerships with the following four types of agencies: (1) Family Health Services, which provides the Mobile Health Clinic that travels to the most rural centers to provide dental exams and simple fillings to the children enrolled in Head Start; (2) sixteen local dentists that provide dental exams and treatment to Head Start children and one pediatric dentist that provides dental services to Head Start children that are in need of extensive treatment; (3) two local departments of health that provide fluoride treatments for Head Start children; and (4) dietitians from the public health department to provide guidance on nutrition and food choices for healthy teeth.

STAFFING STRUCTURE

The part-time health coordinator is responsible for developing the OHI curriculum, working with community partners, parents and staff, and collecting data. Other staff working on the OHI include an operations manager, a technology assistant, center supervisors, and family advocates. In addition, classroom staff spend about four hours per week delivering the oral health curriculum and supervising toothbrushing.

SERVICES PROVIDED THROUGH THE ORAL HEALTH INITIATIVE

Risk Assessments. Risk assessments are conducted during home visits by family advocates. They include a parent questionnaire that covers the child's medical history, nutrition history, tooth brushing and flossing habits, and dental needs. Dental hygienists also conduct risk assessments at each center to help the staff prioritize the dental care needs of each child.

Preventive and Treatment Services. The Family Health Services Mobile Health Clinic conducts dental exams, x-rays, and simple fillings. Children with extensive dental treatment needs are referred to local dentists that have agreed to accept Head Start children. The local department of health provides fluoride varnishes.

Education. Dietitians, local dentists, and the health coordinator conduct oral health education and training and nutrition education at parent meetings and to staff at staff trainings. Home visitors and Family Advocates conduct oral health education on home visits. The program uses the Bright Smiles curriculum for oral health education for children, which includes puppets to demonstrate correct brushing and flossing. The Smiles Count Curriculum was created by the programs' health coordinator and is used on home visits with parents. It is simple, clear and easy for parents to understand. It includes a risk assessment, a dental plan based on answers from the risk assessment, two dental lessons, and a nutrition lesson.

Supplies. The program provides toothbrushes, toothpaste, dental floss, and disclosing tablets twice a year. Oral health educational flyers are given to parents on home visits and DVDs on oral health and nutrition are available to show on home visits to families. Posters were created to explain the Oral Health Initiative to parents and dental providers.

LOWER COLUMBIA COLLEGE HEAD START
LONGVIEW, WA

Lower Columbia College (LCC), a community college in Cowlitz County, has operated since 1934. LCC enrolls more than 4,000 students each quarter. In addition, LCC is a Head Start grantee and operates an Early Childhood Education and Assistance Program (ECEAP), a state-funded preschool program. The ECEAP is funded to serve about 100 children annually.

LCC has been a Head Start grantee since 1969 and is funded to serve 260 children annually in four centers. Three centers operate part-year, part-day classes. However, one center, serving about 30 children, operates a full-day, full-year program.

TARGET POPULATION AND COMMUNITY NEEDS

The OHI targets all 260 children enrolled in Head Start, as well as their younger siblings and pregnant mothers. The majority of families are white, non-Hispanic, and English speaking. However, the population of Hispanic, Spanish-speaking families has been growing. Spanish is the primary language for many of these families. The program also serves a small proportion of African American, Asian, Russian, and American Indian families.

The LCC Head Start service area is rich in social services, and the medical care system sufficiently meets the needs of children. Dental providers, however, are less accessible than medical providers. Many dentists do not accept Medicaid, and few are willing to serve young children. The state Oral Health Advisory Board released data indicating that people in Cowlitz County needed more dental care requiring operating room visits than did people in other counties. Families' cultural norms about oral health care further put some children at risk. Many families are unaware of the importance of children's primary teeth. Many Hispanic families, concerned about the safety of fluorinated community water, use unfluorinated bottled water.

GOALS AND DESIGN

LCC Head Start's main goals for the OHI are that: (1) all children diagnosed as needing treatment get treatment; (2) pregnant women receive oral health care during pregnancy and are educated on how their oral health affects the health of their babies; and (3) staff are educated on the right messages to send to families regarding oral health. Another overarching goal of the OHI is to build the systems and partnerships the community needs to bring the Access to Baby and Child Dentistry (ABCD) project to the community.[6] To meet these goals, LCC Head Start identified two main strategies:

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[6] ABCD is a statewide initiative that focuses on increasing access to preventive and restorative care for Medicaid-eligible children and families by educating dental professionals on early pediatric dental techniques. Dentists who receive training are eligible to receive enhanced reimbursement for selected Medicaid preventive service codes for enrolled children. Eligible communities need a local dental society (and state dental

- Hire a dental hygienist
- Team with Clark College and Lower Columbia College to provide fluoride varnishes and education to children and families

COMMUNITY PARTNERS

LCC Head Start's community partners for OHI include: (1) Family Health Center, a dental clinic that offers appointments to Head Start children; (2) the county health department, which works closely with the Head Start program to bring the ABCD project to the community; (3) two dental providers, who make appointments available for Head Start children with an immediate dental care need; (4) Clark College Department of Dental Hygiene, whose dental hygiene students apply fluoride varnish to children and educate parents at Head Start organized events; and (5) Lower Columbia College Nursing Program, whose students are trained by the Head Start program to provide training on oral health care to pregnant women.

STAFFING STRUCTURE

LCC Head Start hired a registered dental hygienist, using OHI funds, who is responsible for coordinating risk assessments, scheduling appointments for children, training staff, providing classroom education and presentations at parent meeting, coordinating transportation, and developing and maintaining professional collaborations. LCC Head Start's health/nutrition specialist oversees all OHI-related activities.

SERVICES PROVIDED THROUGH THE ORAL HEALTH INITIATIVE

Risk Assessments. At intake, staff conducts a risk assessment with families and provides insight into families' oral health practices.

Preventive and Treatment Services. The dental hygienist conducts dental screenings and applies fluoride varnishes for Head Start children and their younger siblings and pregnant mothers. For all other dental services, children are referred to dental providers.

Education. Oral health education is provided to children and families. Teachers are required to include one lesson on oral health every week, using the "Cavity Free Kids" curriculum. "Bright Futures, Bright Smiles" is also used as a supplement. Parents are educated on how to care for their children's teeth, developmental milestones, the importance of oral health to overall health, the role of nutrition in oral health, and proper etiquette at a

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(*continued*)
association) to encourage its members to participate; at least half of the local general dentists to agree to be ABCD providers; a dental school to develop and deliver the training, certification, and ongoing monitoring of participating dentists; a local government entity, such as a health department, to provide outreach and case management; and an oversight task force composed of representatives from each of the involved entities.

dental appointment. Training for pregnant mothers is provided by Lower Columbia College nursing students.

Supplies. The program distributes kits with toothbrushes and toothpaste and informational handouts to all families.

Support Services. The program maintains and makes available to all families a list of dentists who accept Medicaid. The program helps families make appointments and coordinates transportation. An interpreter is available for Spanish-speaking families.

PUGET SOUND EDUCATIONAL SERVICE DISTRICT
RENTON, WA

Puget Sound Educational Service District (PSESD) is one of nine regional educational agencies serving school districts and state-approved private schools in the state of Washington. PSESD serves 35 school districts and about 200 private schools in Pierce and King counties and Bainbridge Island. The agency operates more than 70 programs and functions primarily as a support agency. PSESD operates Head Start, Early Head Start, and Early Childhood Education and Assistance Program (ECEAP), a state-funded preschool program.

PSESD has been a Head Start grantee for more than 35 years and serves 1,925 families annually, including 125 Early Head Start families. Head Start offers both center-based and family child care options, and Early Head Start offers both center-based and home-based options. PSESD operates 44 centers and 11 family child care centers.

TARGET POPULATION AND COMMUNITY NEEDS

For the OHI, PSESD is targeting services to 290 Head Start and Early Head Start families located in part of Pierce County. These families reside largely in urban and suburban areas outside Tacoma. Most speak English or Spanish as their primary language; other languages include Korean, Russian, and Somali.

The area of Pierce County targeted for the OHI has fewer services available for families than do other parts of the PSESD service area. The area lacks an adequate level of dental services for patients with Medicaid. PSESD's Program Information Report data indicate that children from this area completed dental exams at a lower rate than the rest of Pierce County. In addition to the access barriers that families experience, many also lack an understanding of the need for preventive oral health care for children. Overall, families are less likely to seek out oral health services as compared to physical health services. This is especially true for recent immigrants.

GOALS AND DESIGN

PSESD's overarching goals for the OHI are for all children and pregnant women enrolled in Head Start and Early Head Start in Pierce County to establish dental homes and receive dental exams and needed treatment. In addition, the program aims to increase families' knowledge of oral health prevention practices and their impact on children's development. To achieve these goals, PSESD identified three main strategies:

- Train peer health leaders to educate parents about oral health prevention
- Develop community partnerships to increase Head Start families' access to oral health services

- Partner with the Access to Baby and Child Dentistry (ABCD) program of the Tacoma–Pierce County Health Department (TPCHD) to develop a referral system for families[7]

COMMUNITY PARTNERS

PSESD's community partners for OHI include: (1) ABCD, which provides a direct referral system; (2) Washington Dental Service Foundation, which provides training for staff on the "Cavity Free Kids" curriculum; and (3) Tooth Fairies, a private group of dental hygienists, which conducts oral health screenings, provides fluoride varnishes, and provides oral health education.

STAFFING STRUCTURE

PSESD's peer education/health initiatives manager oversees the OHI and works with the dental community to increase access to care for Head Start families. The manager is also responsible for supervising the peer oral health mentors. Four mentors work directly with families to educate them on the importance of preventive and restorative dental care for young children. A program specialist is responsible for data entry.

SERVICES PROVIDED THROUGH THE ORAL HEALTH INITIATIVE

Risk Assessments. Dentists and dental hygienists from the TPCHD and Tooth Fairies conduct risk assessments.

Preventive and Treatment Services. Tooth Fairies and TPCHD dental professionals conduct on-site dental screenings and fluoride varnishes. Families are referred to dentists in the community for all other services.

Education. The classroom component of oral education includes monthly lessons on oral health care and preventive skills. The lessons are adapted from the "Cavity Free Kids" curriculum and are carried out by the teachers and the peer oral health mentors. Parents receive training and education during parent meetings and socializations on topics such as preventive care, the connection between nutrition and oral health, developmental milestones related to oral health, proper toothbrushing techniques, and gum massages for infants.

[7] ABCD is a statewide initiative focusing on increasing access to preventive and restorative care for Medicaid-eligible children and families by educating dental professionals on early pediatric dental techniques. Dentists who receive training are eligible for enhanced reimbursement for selected Medicaid preventive service codes.

Supplies. The program currently provides toothbrushes, toothpaste, and dental floss to families and children. Peer oral health mentors and other program staff provide training on their use.

Support Services. PSESD makes referrals through ABCD, assists families with scheduling appointments, and makes arrangements for translation services, as needed.

ALEUTIAN PRIBILOF ISLANDS ASSOCIATION, INC. (APIA) HEAD START
ANCHORAGE, AK

The Aleutian Pribilof Islands Association, Inc. (APIA) is the federally recognized nonprofit tribal organization of the Aleut people in Alaska. The organization provides a wide variety of services including cultural heritage, health, education, social, psychological, employment, and public safety services. APIA has a staff of approximately 124. APIA was formed in 1976 as a result of the Alaska Native Claims Settlement Act. The agency operates a Head Start program that serves 72 children and their families in four centers. The APIA Head Start has operated since 1998 and has 17 people on staff.

TARGET POPULATION AND COMMUNITY NEEDS

The program operates in a large and isolated area in Alaska and has only four centers because many communities are too small to support a local Head Start center. The OHI is implemented in all the Head Start centers. Approximately 70 percent of the families served by the OHI are tribal members. A majority of the remaining families are of Filipino, Vietnamese, and Hispanic ethnicity. Many families speak English in their homes, although some speak a native Alaskan language (Unangam Tunuu), and there are Head Start families whose home languages are Spanish or Tagalog.

Access to most health and community services in the area is difficult, and many people need to travel by boat or small aircraft to reach services in Anchorage, weather permitting. One community has a family doctor on a long-term basis and another doctor for several months of the year. The communities receive visits (often no more than twice a year) from itinerant medical, dental, and mental health providers, but these visits can be disrupted by weather and travel conditions. Travel for more specialized care involves a round-trip of some 2,500 miles to Anchorage. All the itinerant dentists work for the Indian Health Service (IHS), so services for nontribal members are limited.

GOALS AND DESIGN

The program's OHI goals include providing dental screenings and fluoride varnish treatments for all children in the program and implementing the "Cavity Free Kids" curriculum for children and families. APIA identified the following four strategies to achieve its goals:

- Provide dental exams for all children in the Head Start program within 90 days of enrollment, including referrals for follow-up care when needed
- Train community health advocates and Head Start Staff in fluoride varnish application, and provide children with two to three fluoride varnish treatments per year
- Provide workshops/training sessions for parents and community partners at each center

- Provide lectures for pregnant and lactating women in cooperation with the APIA Women, Infant, Children (WIC) coordinator.

COMMUNITY PARTNERS

APIA Head Start identified the following partners on the OHI: (1) Indian Health Services (IHS), which provides medical and dental services, including dental and medical homes, for many of the children in the program; (2) The Iliuliuk Health clinic, which provides dental exams, oral care education for parents, and routine treatments for children; (3) the Alaska Department of Education and Early Development, which provided the "Cavity Free Kids" curriculum free of charge; (4) staff members from the Bristol Bay Native Association, who partner with APIA staff for training on fluoride varnish and oral health; (5) WIC, which conducts nutrition and oral health education for families enrolled in Head Start; and (6) Eastern Aleutian Tribes and the APIA Health Department, which operate local clinics in the community and participate in the fluoride varnish application training.

STAFFING STRUCTURE

The health and nutrition coordinator leads the OHI. Her work is supported by the child development coordinator, who works with classroom staff on incorporating the "Cavity Free Kids" curriculum into their daily activities. Staff discuss oral health issues at parent meetings. Classroom staff supervise children's oral health activities in the classroom and implement the curriculum.

SERVICES PROVIDED THROUGH THE ORAL HEALTH INITIATIVE

Risk Assessments. Each child gets a dental exam at the start of the program year, and a follow-up exam later in the year if possible. Children are referred to IHS or local clinics for exams.

Preventive and Treatment Services. Preventive services provided through the OHI include dental exams, fluoride varnish treatments, and parental guidance. Urgent clinical treatments are typically provided at the Anchorage Alaska Native Medical Center or local dental providers. Children needing advanced treatment, including care under sedation, may receive assistance for travel and lodging costs for themselves and an accompanying parent.

Education. As part of the OHI, the program conducts parent workshops on oral health education and training. All aspects of oral care for children are covered at the workshops. Good nutrition is stressed, as it is one of the main factors that contribute to tooth decay in this population. Head Start staff, as well as dental professionals, lead these parent workshops, which include special sessions for pregnant and lactating women, cosponsored by WIC. The program is using the "Cavity Free Kids" curriculum in the classroom and also for meetings with parents. Teachers incorporate dentist office equipment and materials into dramatic play centers to familiarize children with them.

Supplies. The program provides toothbrushes, toothpaste, dental floss, and tooth mirrors to Head Start children and families in the classroom and on home visits.

Support Services. The program provides dental referrals based on the children's dental exams. IHS provides transport and per diem for tribal children and a parent, if needed. Throughout the year, the itinerant dentist appointment schedule and outcomes are tracked by the health/nutrition coordinator.

INTER-TRIBAL COUNCIL OF NEVADA
RENO, NV

The Inter-Tribal Council of Nevada (ITCN) provides services for the Native American tribes of Nevada. It runs programs and provides social services, including child care and development; employment and education; Indian Health Board; WIC; a domestic violence and abuse program; elder programs; housing, legal, environmental, and alcohol and drug programs; and VISTA.

The agency's Head Start program serves 220 children and their families in 10 centers with 17 classrooms from September through May. Four of the centers operate double sessions, while the others operate a half-day program. ITCN has operated Head Start for more than 35 years.

TARGET POPULATION AND COMMUNITY NEEDS

The program serves all of Nevada's primarily rural tribal areas. More than 70 percent of ITCN's Head Start children are tribal members and receive services from the Indian Health Service (IHS). Most of the children whose families are not tribal members are Hispanic, with a small number of white and African American families, and are covered by Medicaid.

Access to most health and social services in the rural areas is difficult. Few dentists accept Medicaid and only three pediatric dentists practice in the tribal areas. Most children need to travel to Reno or to neighboring states for treatment. Public transportation is virtually nonexistent. Few dentists have Spanish-speaking staff. Furthermore, many families do not have a tradition of practicing preventive oral care with young children.

GOALS AND DESIGN

ITCN's main OHI goals are to reduce caries and other oral decay in the program's children. The key components of the OHI include the following:

- All children will receive two dental screenings per year and be provided with referrals for follow-up care when needed.
- With the exception of one center,[8] children will receive three fluoride varnish applications during the year.
- Parents will receive training sessions covering the importance of oral health and its impact on children's development, the benefits of fluoride and xylitol, and the relation between nutrition and oral health.

[8] The children at one center will not receive these treatments because it is located in an area with high natural fluoridation in the groundwater.

- Children will be educated about the importance of oral health and good oral hygiene habits through classroom activities.

STAFFING STRUCTURE

The program's health manager works part-time on the OHI doing data entry, curriculum planning, and additional training. Staff members who support the health manager's work on the OHI include the education manager, the family services manager, and the disability manager. Classroom staff spends time each day supervising children's oral health activities (use of xylitol gum and twice-daily teeth brushing) and teaching the curriculum.

COMMUNITY PARTNERS

ITCN developed two partnerships in the area of oral health: (1) IHS, which operates several dental units at regional health clinics in tribal areas and (2) the "Miles For Smiles" van, which visits centers to provide dental exams, oral care education, and treatments for the children. In addition, the program has identified local dentists who will provide services to children with referrals from Head Start.

SERVICES PROVIDED THROUGH THE ORAL HEALTH INITIATIVE

Risk Assessments. Assessments include a parent questionnaire that also covers the child's medical history. Each child receives a dental exam from a dentist with the IHS or the state's oral health program at the beginning of the year.

Preventive and Treatment Services. Preventive services include dental screenings and fluoride varnishes. Clinical treatments are usually provided by community partners and are usually covered by Medicaid or IHS.

Education. Parents are invited to attend three meetings on oral health care conducted by the health manager and local dental professionals. The first meeting covers the importance of oral health and its impact on children's development, as well as best practices to implement healthy oral care strategies. Parents are also instructed on the "Lift the Lip" technique of oral inspection. The second meeting covers the benefits of using fluoride and xylitol in children's oral health care, and the third meeting emphasizes the connections among nutrition, obesity, and oral health. Teachers use the "Bright Smiles, Bright Futures" curriculum in the classroom with children and at parent meetings.

Supplies. The program provides toothbrushes, toothpaste, dental floss, and toothbrushing timers for children to use at home. Family members also receive dental care kits.

Support Services. Dental staff notifies the program if children need further services. The program then provides referrals, and the appointment schedules and outcomes are

tracked. The program will assist children's families in obtaining Medicaid coverage. If Medicaid coverage is denied, the program helps families cover expenses as needed.

SAN FELIPE PUEBLO HEAD START
SAN FELIPE PUEBLO, NM

San Felipe Pueblo is a tribal organization that provides general social services to the community through social welfare programs, social work, human services, and community development. More than 340 families are served annually. The agency operates one Head Start center that serves 96 children. It has a staff of 23 and operates from August through May, with a four-week summer program during June and July.

TARGET POPULATION AND COMMUNITY NEEDS

The program operates in a rural area of New Mexico. Nearly all families of San Felipe Pueblo Head Start children are tribal members. Most families speak their native language, Keres, in their homes, and English as a second language.

Access to dental care is limited. Only one dental clinic in the area provides services to children covered by the Indian Health Service (IHS). Cultural norms around preventive care also threaten oral health. Many of the families do not have a tradition of practicing preventive care, especially with young children, who are often given sweetened drinks. Younger and better-educated parents are generally more aware of oral care issues.

GOALS AND DESIGN

San Felipe Pueblo Head Start's OHI has as its main goals to improve children's oral health and reduce the rate of decay by providing a combination of education and treatment to children and parents. To reach these goals, the OHI has four main components:

- Provide dental screenings for Head Start children
- Provide referrals for follow-up care when needed
- Provide basic dentist services on site two days a week
- Provide dental education for Head Start staff, children, and parents

COMMUNITY PARTNERS

San Felipe Pueblo Head Start has long-standing partnerships with San Felipe Pueblo's Health and Wellness Department, the Indian Health Service in San Felipe, and the Albuquerque Indian Health Service Dental Clinic (AIDC). For the OHI, these partners provide dental services to children and serve as dental homes for many children in Head Start. The program also works with Native American Pueblo–Parent Resources (NAPPR) on early intervention screenings. Other partners include the Albuquerque Area Dental Support Center and the Area Pediatric Dental Specialist (APDS), which provide care for children with advanced dental decay.

STAFFING STRUCTURE

The oral health educator is responsible for implementation of the OHI. Her work is supported by classroom teachers.

SERVICES PROVIDED THROUGH THE ORAL HEALTH INITIATIVE

Risk Assessments. Each child receives a dental screening from a dentist at the beginning of the year. Most children receive screenings at an IHS clinic. The dentist and the oral health educator track appointments and outcomes.

Preventive and Treatment Services. Preventive services provided through the OHI include fluoride varnishes, dental screenings, cleanings, and sealants. Some restorative treatments, such as simple fillings, are available on site. More intensive clinical treatments are normally provided by community partners and are usually covered by Medicaid.

Education. As part of the OHI, the program scheduled a parent workshop and luncheon to conduct oral health education and training. Another parent workshop was presented at Head Start's annual Parent-Family Training Conference. The program makes presentations for the Policy Council. Staff training is held throughout the school year to familiarize teaching staff with appropriate toothbrushing techniques and the importance of establishing preventive care habits and routines with children. Parents are invited to attend these sessions. Teachers incorporate lessons on oral health into the classroom curriculum.

Supplies. A few times a year, San Felipe Pueblo Head Start distributes toothbrushes, toothpaste, and toothbrushing charts to children and families. Portable dental equipment has been purchased through the OHI to provide dental care on site at the Head Start center.

YUROK TRIBE HEAD START
KLAMATH, CA

The Yurok Tribe of Northern California is California's largest Native American tribe with more than 4,500 members. The tribal organization provides a wide variety of services, including child care, social services, employment services, education, Temporary Assistance for Needy Families (TANF), and the Indian child welfare program.

The agency operates a Head Start program that serves 50 children and their families in two centers and a home-based program that serves an additional 10 children. Both the centers and the home-based program operate from September through May. Yurok Head Start has been in operation since 1994.

TARGET POPULATION AND COMMUNITY NEEDS

Yurok Head Start operates in a rural area of Northern California. Nearly all families served live in tribal areas. Most families speak English in their homes, although there is an effort by the tribe to revive the Yurok language. Access to dental care is limited. Two dental clinics operate in the service area, but both are open only two days per week and have long waiting lists for appointments. The majority of the children are covered by the Indian Health Service (IHS) and/or Medicaid. Transportation is often a barrier for families, as is child care for siblings if a parent needs to travel with a child to a clinic. In addition, many of the families do not have a tradition of practicing preventive oral health care with young children. Problems with "baby teeth" are often not treated; many parents believe that it is not important to care for primary teeth that will fall out.

GOALS AND DESIGN

The main goal of the OHI is to create an educational program for parents that serves as the main instrument to improve children's oral health. To reach its goal, Yurok Head Start identified three main components:

- All children in the Head Start program will receive dental screenings and referrals for follow-up care when needed.
- The program will provide monthly workshops/training sessions for parents.
- Parents will receive financial incentives for their participation in workshops and documented work in their child's Oral Health Initiative Project Book.

COMMUNITY PARTNERS

Yurok Head Start partnered with the IHS. Among other activities, IHS provides training for program staff. A local dental clinic is also a partner and provides dental screenings for all Head Start children.

STAFFING STRUCTURE

The Head Start director is responsible for implementing the OHI, including monthly workshops for parents. The family services coordinator, as well as other supervisory staff, participates in the OHI curriculum activities and presentations. Classroom teachers carry out oral health activities and lessons with children on a daily basis.

SERVICES PROVIDED THROUGH THE ORAL HEALTH INITIATIVE

Risk Assessments. Each child receives a dental screening from a dentist at the beginning of the program year. Most children go to an IHS clinic for exams, and parents and the program are informed when results indicate that a child should be seen by a dentist for further treatment.

Preventive and Treatment Services. Preventive services provided through the OHI include dental screenings and parental guidance. Other preventive and treatment services are provided by community partners and are usually covered by Medicaid.

Education. As part of the OHI, the program holds monthly parent workshops for oral health education and training. All aspects of oral care for children are covered at the workshops. The Head Start director is the principal speaker at these meetings, but other Head Start staff, as well as dental professionals and others, also speak to parents. The program is using Colgate's "Bright Smiles, Bright Futures" curriculum in the classroom and also for meetings with parents.

Supplies. Yurok Head Start's community partners provide toothbrushes, toothpaste, dental floss, and toothbrushing timers for Head Start children to use at home. Training for parents on the proper use of these items is conducted at monthly parent meetings.

Support Services. Dental staff members from the community partners who examine Head Start children notify Head Start staff of referrals for further services. The program then provides these referrals, including to periodontists, and the appointment schedule and outcomes are tracked.

COMMUNITY ACTION COUNCIL FOR LEXINGTON-FAYETTE, BOURBON, HARRISON, AND NICHOLAS COUNTIES—MIGRANT HEAD START LEXINGTON, KY

The Community Action Council for Lexington-Fayette, Bourbon, Harrison, and Nicholas Counties operates a range of services and assistance programs through a network of nine neighborhood and community centers in north-central Kentucky. Services include energy assistance, emergency services, family development programs, and child development programs. The agency, which has been in operation since 1964, employs 280 staff in its Head Start, Early Head Start, and Migrant Head Start programs.

The operates Head Start, Early Head Start, and Migrant Head Start. The focus of the OHI is the Migrant Head Start population.[9] Through its Migrant Head Start program, the Council serves 145 children in eight centers across Kentucky and operates between April and December.

Target Population and Community Needs

Access to oral health care in the Council's Head Start service area is limited. According to program data, only 67 percent of children have access to ongoing dental care, and many children each year require extensive treatment beyond preventive care. Many families go without dental care because of their lack of insurance coverage, the high cost of care, shortages of dental providers, and fear of dentists. In addition, many families practice behaviors that put children at increased risk for dental caries, including putting children to sleep with bottles and giving them bottles that contain sugary drinks, such as soda or sweetened juices. Also, many of the families in the Migrant Head Start program do not understand the importance of caring for children's primary teeth.

Most of the Migrant Head Start families are Hispanic, and almost all speak Spanish in the home. Most of the children are covered by Medicaid, and adults have access to some health care services through the Bluegrass Farm Workers Clinic.

Goals and Design

For the OHI, the Council expanded its existing oral screening and fluoride varnish program into a comprehensive education and prevention program called "Smile Right." The goals of "Smile Right" are to:

- Increase parents' understanding of prevention and the importance of toothbrushing, screening, and fluoride

[9] Community Action Council for Lexington-Fayette, Bourbon, Harrison, and Nicholas Counties was awarded two OHI grants; one serving the Head Start and Early Head Start programs and a second grant serving the Migrant Head Start populations. For purposes of the OHI Evaluation, information on the two grants is presented separately.

- Increase staff understanding of the importance of preventive care and how to convey that message to parents and children
- Decrease the incidence of urgent oral health problems
- Decrease the incidence of early oral health problems
- Increase the number of children receiving follow-up care

Community Partners

The Council partnered with the University of Kentucky Division of Dental Public Health, which provides oral screenings and fluoride varnish treatment for children in the Council's Migrant Head Start programs. In addition, the University of Kentucky Division of Dental Public Health will assist the Council in developing and conducting training sessions for program staff.

Staffing Structure

The Council expanded the roles and responsibilities of existing staff to include the "Smile Right" program. The Migrant Head Start director has oversight responsibility of the OHI, and the day-to-day operations of the OHI are carried out by the health specialist. Family service workers and teachers implement Smile Right with the families and children.

Services Provided Through the Oral Health Initiative

Preventive and Treatment Services. Children and pregnant women enrolled in Migrant Head Start receive dental exams. Children are also eligible to receive fluoride varnish treatments through "Smile Right." A mobile dental van, operated by the University of Kentucky Division of Dental Public Health, visits centers to offer these services. Children in need of follow-up surgical treatment are referred to the University of Kentucky Dental School.

Education. At enrollment, pregnant women and parents are shown a 10-minute video on oral health. The video was developed by the Regional Oral Health Strategic Initiative in Northern Kentucky and Cincinnati, Ohio. The video, available in English and Spanish, educates parents on the importance of toothbrushing and fluoride. Families are also provided with a book on oral health (in English or Spanish) at enrollment.

Supplies. Migrant Head Start children and families are provided with individual kits that include a toothbrush, toothpaste, and dental floss.

Support Services. The Council schedules and tracks follow-up appointments and treatments and cover costs for non–Medicaid-eligible children using OHI grant funds. Translations services are available, as needed.

EAST COAST MIGRANT HEAD START PROJECT
RALEIGH, NC

The East Coast Migrant Head Start Project (ECMHSP) provides Migrant and Seasonal Head Start (MSHS) services and operates in 11 states, with more than 2,900 staff serving some 8,000 children and 5,700 families at 86 centers. ECMHSP has provided services to the children of migrant farm workers since 1974.

In North Carolina, the agency has 135 staff serving more than 400 children at four MSHS centers that operate between May and October. Delegate agencies operate additional centers.

TARGET POPULATION AND COMMUNITY NEEDS

The OHI is funded to serve the centers in North Carolina, which are in rural areas. The families served are agricultural migrant workers, who may work in a number of states over the course of a year, from Florida to New York or Wisconsin. Most of the children live in two-parent households. In recent years, more families have been new arrivals in the United States, with many coming from regions in southern Mexico where tribal culture and dialects are still prevalent. Most are impoverished, and the parents' average level of education is third grade.

Although a number of community health centers throughout the state provide health care, including pediatric care, to patients with Medicaid, several barriers to sustaining good oral health care exist. Medicaid eligibility is not portable across state borders and many children do not receive adequate health care if they are not enrolled in Head Start because they travel between states. One of the challenges of providing adequate care is the short time that children are in an area. In addition, few dentists speak Spanish, although several have bilingual staff. Finally, many families do not have a tradition of practicing preventive oral care with young children and are unaware of the long-term benefits of cleaning babies' mouths and teeth after they are fed.

GOALS AND DESIGN

The OHI's main goal is to research and develop oral health education teaching tools and materials, including a video/DVD and booklets using pictures and limited text to teach parents about oral health. To achieve its goals, ECMHSP identified the following strategies:

- Research existing curricula and develop non-written parent training materials such as picture stories on preventive oral care for infants, toddlers, and preschoolers

- Research and develop a colorful brochure and poster that is culturally and linguistically, as well as at an appropriate literarcy level, for families

- Research and develop a culturally and developmentally appropriate video for preschool children that demonstrates important aspects of preventive oral health care

- Develop Public Service Announcements, with the assistance of state level liaisons, to be aired on the local Hispanic radio and television stations

- Assemble oral health care teaching kits for each Migrant Head Start center

COMMUNITY PARTNERS

ECMHSP has developed partnerships with the four organizations: (1) the UNC School of Public Health, which helped craft the core message of all OHI materials; (2) Wake Forest University's Department of Family and Community Medicine, which designed the graphics for the OHI materials; (3) the UNC School of Dentistry, which provides much of the extensive care and surgical procedures for children in ECMHSP's program in North Carolina; and (4) the NC Department of Health and Human Services (NC DHHS), which provides fluoride varnish treatments through its "Into the Mouths of Babes" project.[10] In addition, the agency partnered with local community health centers and private dentists, who provide dental services to children.

STAFFING STRUCTURE

The child and family manager provides training, advocates for families, and recruits community partners. The health/disability services specialist provides training to center-level staff, assures that services to children meet standards and license requirements, and works with community partners to provide services. Head Start teachers implement oral health education with children.

SERVICES PROVIDED THROUGH THE ORAL HEALTH INITIATIVE

Risk Assessments. As part of Head Start, ECMHSP conducts medical and dental risk assessments for children at the earliest possible age. A dentist examines each preschool-aged child within 30 days of enrollment. Every effort is made to provide examinations for infants/toddlers as well. If a dental exam is not possible, infants/toddlers do receive an oral health screening as part of their well-child exam from their physicians, who have been trained to perform a dental screening as part of the "Into the Mouths of Babes" project. The assessments are conducted at the providers' offices or on site at the Migrant Head Start Center's two locations.

[10] "Into the Mouths of Babes" project is the collaborative effort of six partners: The NC Academy of Family Physicians, the NC Pediatric Society, the NC Division of Medical Assistance, the NC Oral Health Section, the UNC School of Dentistry, and the UNC School of Public Health. The project trains medical providers to deliver preventive oral health services to high-risk children from the time of tooth eruption until age 3, including oral screening, parent/caregiver education, and fluoride varnish application.

Preventive and Treatment Services. Children receive dental screenings, clinical exams, and fluoride varnishes. Medical providers who have received training through the "Into the Mouths of Babes" project apply fluoride varnish and conduct screenings. Community dentists can do fillings and extractions, while more serious cases requiring hospitalization are referred for care at UNC.

Education. As part of their regular orientation and meetings, parents receive preventive oral care information, including the need for brushing, nutrition that helps prevent tooth decay, and the importance of regular dentist visits and good oral health practices. At the centers, children's daily routines include toothbrushing and constant reinforcement of healthy oral care. The program is developing culturally and linguistically appropriate oral health education materials.

Supplies. The program provides kits that include toothbrushes, toothpaste, dental floss, and xylitol wipes for Head Start children and their families to use at home.

Support Services. Local oral health care providers inform the program about needed referrals and treatments. The program will provide all required services for the children, including appointment scheduling, transportation, and translation services if needed.

TELAMON CORPORATION MICHIGAN MIGRANT HEAD START PROGRAM
RALEIGH, NC

The Migrant and Seasonal Head Start (MSHS) program has been in operation for approximately 20 years. The Telamon Corporation's Michigan Migrant Head Start (MMHS) program's service area is the entire state of Michigan.

The program is funded to serve 1,471 children. There are approximately 950 families across 17 centers in the Lower Peninsula of the state. The agency is exclusively a Migrant Head Start program and operates during the farmworker season. The operation varies from eight weeks to seven months, depending on the center and on the agriculture in the state.

TARGET POPULATION AND COMMUNITY NEEDS

The MMHS program operates centers located in the rural Lower Peninsula of Michigan. Ninety-eight percent of the families are Hispanic. Approximately 1 percent of families are African American and 1 percent are white. Almost 80 percent of families speak Spanish or some dialect of Spanish, and some are bilingual. Children predominantly live in two-parent households.

Lack of insurance is a major obstacle for migrant families, many of which are not eligible for Medicaid because of their immigration status. This, combined with their inability to pay for treatment, results in most medical and dental problems going untreated until they are severe enough to require emergency care. In addition, access to providers is limited. Only 49 community-based, low-income dental clinics operate in Michigan, and only 32 percent of Michigan's dentists accept Medicaid as payment for oral health services. Other barriers to care include work hours that make it difficult to receive care, few dentists or dental staff who speak Spanish, limited access to transportation, and lack of education about the overall impact of oral health care.

GOALS AND DESIGN

The primary focus of the OHI is the provision of care through oral health clinics for the MSHS families, including older siblings (ages 6 through 18) and adults, who want to receive treatment, cleanings, and fillings. Specific goals and objectives include:

- Providing education to the families, since parents are the first teachers
- Providing additional on-site dental service clinics to the families
- Distributing interactive toys and books for young children to bring oral health into their daily lives
- Introducing daily toothbrushing in the MSHS program
- Providing toothbrushes, toothpaste, rinse, and dental floss for adults

- Providing xylitol gum, toothbrushes, toothpaste, and dental floss for children ages 0–18

COMMUNITY PARTNERS

Telamon partners with InterCare, a Migrant Health Center that operates oral health clinics for the older children of farmworker families and farmworker adults. Additional partners include the Michigan Department of Health, which is implementing a fluoride varnish program for children enrolled in the MSHS four clinics and other private providers.

STAFFING STRUCTURE

The oral health specialist, funded by the OHI, works part-time and administers the OHI. Other staff members who work on the OHI include the health and disabilities coordinator and classroom teachers. Center staff is trained on how to use oral health care materials and on how to brush properly. The oral health specialist conducts most of the training.

SERVICES PROVIDED THROUGH THE ORAL HEALTH INITIATIVE

Risk Assessment. Families receive screenings and exams by dental providers, including InterCare. An assessment of oral health status is provided by the registered oral hygienist or dentist. Providers also administer surveys pertaining to oral health practices to clients receiving services.

Preventive and Treatment Services. As part of the MSHS's ongoing program, enrolled children ages 0–5 receive all dental services, including follow-up care. Older children and adults receive dental screenings, clinical exams, cleanings, and X-rays. Medicaid is billed for services, but Telamon will pay up to a certain amount if Medicaid does not cover the cost of services.

Education. Education is provided through parent meetings and at oral health clinics. Teachers use puppets and other materials to provide oral health education to children in the classroom. The oral health specialist finds different sources available in Spanish and at appropriate literacy levels so that families are able to read and understand them. The program developed colorful, bilingual posters that are posted close to where the children brush their teeth.

Supplies. Oral health kits that include toothbrushes, toothpaste, and dental floss are provided to families of the MSHS children.

Support Services. The program is developing a referral system and trying to secure private providers who will accept Medicaid or bill Telamon. Staff helps families schedule appointments for oral health care services. Center staff provides translation services if an oral health clinic does not have bilingual staff. Program staff cannot transport families on

agency buses but do try to help set up carpools or other modes of transportation to assist families.

CHICANOS POR LA CAUSA EARLY CHILDHOOD DEVELOPMENT, ARIZONA MIGRANT AND SEASONAL HEAD START PHOENIX, AZ

Chicanos Por La Causa (CPLC) is a social service corporation that has operated since 1969. It started as an advocacy group and now provides housing and social services. CPLC has charter schools and provides HIV outreach; domestic violence support; behavior health care (in and out patient); parenting programs; residential substance abuse programs; elderly care; immigration services; low-income housing assistance; and migrant and seasonal Head Start services. CPLC is the largest nonprofit organization in Arizona.

CPLC's Migrant and Seasonal Head Start (MSHS) is the statewide grantee with nine centers. The MSHS is funded to serve 684 children. Most sites operate from mid-August to May, though several sites operate short summer programs for migrants. CPLC has provided Migrant and Seasonal Head Start services since 1996.

TARGET POPULATION AND COMMUNITY NEEDS

The geographic service area for the program includes all of Arizona, with centers in Yuma, Maricopa, Cochise, and Pinal. The centers are located in primarily rural areas. The MSHS families are primarily Hispanic and speak Spanish at home. Most parents work in agriculture; in order to qualify for MSHS services, at least 50 percent of their income must come from agricultural work. The majority of the families are single parent, and some are undocumented.

Barriers to care include limited transportation; lack of health insurance, particularly for undocumented families; a decreasing number of dentists; and cultural, literacy, and language barriers. Another significant barrier is fear about documentation status because a recent state law requires state or government employees to report suspected undocumented individuals or the employee will face criminal charges. Knowing that there is a strong presence of immigration authorities, families are often fearful and reluctant to travel to appointments.

GOALS AND DESIGN

Specific goals and objectives for CPLC's OHI are:

- Oral health education for children and parents and ongoing training for staff
- On-site oral health screenings and fluoride varnish treatments for all children
- Oral health care products for all families

The program also aims to provide culturally appropriate parent education on oral health and nutrition, support education attainment through followup and review, improve prevention and oral hygiene for the target population, and provide oral health assessment for pregnant women whose children are enrolled in the program.

COMMUNITY PARTNERS

CPLC partnered with five main groups: (1) the Department of Oral Health, which provides oral health assessment training for the MSHS staff; (2) the Arizona Physicians Group, which provides age-appropriate oral health education for children in the MSHS, as well as oral hygiene supplies for the children and their older siblings; (3) the Arizona State Dental Hygienists' Association, which develops agreements with local dentists to provide on-site services for the MSHS children; (4) Comienzo Sano, a prenatal education program working with bilingual lay health workers/home visitors, who will be trained on early childhood caries education and prevention; and (5) the Regional Center for Border Health, whose mission is to improve the recruitment, minority representation, distribution, and retention of health professional personnel in Arizona's rural and medically underserved communities.

STAFFING STRUCTURE

CPLC's development coordinator manages the OHI grant. The health and nutrition coordinators, provide ongoing monitoring and followup, respond to family and staff questions, and work with dental hygienists to schedule visits. The MIS (management information systems) coordinator assists with data entry, analysis, and reporting.

SERVICES PROVIDED THROUGH THE ORAL HEALTH INITIATIVE

Risk Assessment. Dental hygienists complete a dental assessment and complete a form that tracks the caries and evaluates the risk and status for care. Family service workers use a family data-collection form that assesses how often parents and siblings brush, whether they floss, and whether they have any complications.

Preventive and Treatment Services. Dental hygienists conduct on-site fluoride varnish applications three times per year. By returning at regular intervals, they are able to serve children who may have been missed at earlier visits because of absenteeism or other issues, as well as to have three data points to track changes in behavior and in oral health/hygiene.

Education. Staff educates parents about the importance of prenatal care and care of infants' teeth during home visits. Classroom teachers include oral health in their daily lesson plans. Staff members have monthly trainings on oral health. The Arizona Physicians Group also visits classrooms to teach proper toothbrushing techniques.

Supplies. All family members receive toothbrushes, toothpaste, and dental floss and training on their use, so that children have positive models for oral health care at school and in the home.

Support Services. The family service workers help parents set up dental appointments and follow up with families to ensure that care is received.