



AAPD-OHS Dental Home Initiative Overview

*Partnering to Provide Dental Homes
and Optimal Oral Health for HS/EHS Children
Throughout the U.S.*

Jim Crall, Project Director
Jan Silverman, Project Manager
MSDA Symposium
April 19, 2009



Head Start

- **Head Start:** Established in 1965. Federally funded pre-school for low-income 3-5 year-old children.
- **Early Head Start:** Established 1995. Serves children age 0-3. ~10% of HS children are in EHS.
- Provides grants to local public and private non-profit and for-profit agencies to provide comprehensive child development services to economically disadvantaged children and families.
- Promotes school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, social and other services to enrolled children and families.

FY 2006 Head Start Program Statistics

ENROLLMENT		909,201		
Ages:				
Number of 5 year olds & older		4%	# of Grantees	1,604
Number of 4 year olds		51%	# of Centers	18,875
Number of 3 year olds		35%	# of Classrooms	50,030
Number under 3 years of age		10%		
Racial/Ethnic Composition:				
American Indian/Alaska Native		4.2%	Avg. Cost/Child	\$7,209
Black/African American		30.7%	Paid Staff	218,000
White		39.8%	Volunteers	1,365,000
Asian		1.8%		
Hawaiian/Pacific Islander		.9%		
Bi-Racial/Multi-Racial		6.4%		
Unspecified/Other		16.2%		
Hispanic / Latino		34%		

- 91% of Head Start children had health insurance.
- 87% of those with health insurance were enrolled in Medicaid EPSDT or SCHIP programs.

After 30 years...



- During much of the 1990's, Head Start directors, staff and parents, as well as ACYF Program Specialists reported that **the number one health issue affecting Head Start programs nationwide was access to oral health services.**
- Programs and parents reported children suffering in pain, children who could not eat, or children who had language and speech delays due to their not being able to get needed dental treatment.
- Those able to find a dentist who would accept Medicaid patients would have to wait months for an appointment or travel over thirty miles to keep the appointment.

AAPD Head Start Dental Home Initiative:

Partnering to Provide Dental Homes
and Optimal Oral Health for HS/EHS Children
Throughout the U.S.

Funded: September 30, 2007



Key Objectives

1. Project leadership, administration & organizational support
2. Providing oral health expertise and technical assistance
3. Developing networks of dentists committed to providing dental homes and a full range of pediatric dental services for HS/EHS children
 - State Head Start Dental Home Leadership Teams
 - Head Start Mentorship Teams
 - Local Head Start Dental Home Networks
4. Training for dentists and dental office staff
5. Enhancing HS/EHS staff training and parent education programs

Common Challenges

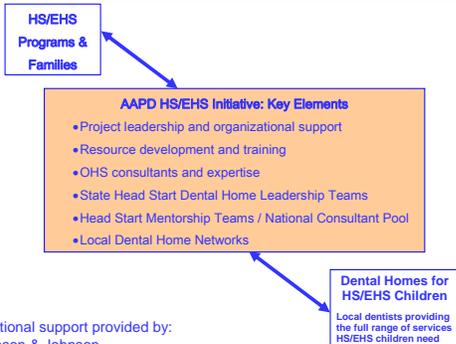
1. Finding dentists willing to serve Head Start families
 - Medicaid (in some States)
 - Some dentists are reluctant to see young children
2. Paying for needed dental services
 - Identifying resources for children who lack coverage
 - Cost of care
3. Overcoming transportation and other barriers
 - Arranging for transportation
 - No shows / missed appointments
 - Limited services in some rural areas
4. Getting parents and HS Staff to understand the importance of oral health and dental care for young children
 - Lack knowledge about modern dental care
 - Negative personal experiences / fear of going to the dentist

Peer-to-Peer Model

Dentists frequently respond to peer-to-peer professional efforts to organize services for various groups, especially if those efforts provide mechanisms for aligning dentists' interests and skills with local community program needs.



Partnering to Provide Dental Homes and Optimal Oral Health for HS/EHS Children Throughout the U.S.



Important Activities for Regional Oral Health Consultants

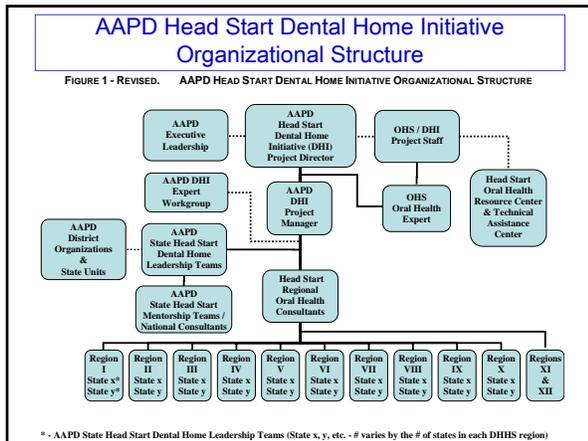
- Provide oral health consultation and technical assistance to Regional Program Offices
- Analyze Head Start program performance data
- Communicate with AAPD DHI Director/Manager on HS regional activities
- Collaborate with AAPD State Head Start Dental Home Initiative Leaders to conduct training programs and develop dental home networks within states
- Develop and implement dental home initiative strategies for Region XI & XII populations
- Other duties assigned by AAPD per consultation with OHS

Important Activities for State Head Start Dental Home Leadership Teams

- Participate in Dental Home Initiative Leadership training
- Collaborate with Regional Oral Health Consultants
- Organize and train Head Start Mentorship Teams (described below)
- Oversee implementation of the Head Start Dental Home Initiative (DHI) in communities throughout their respective States
- Monitor implementation of each State's Head Start DHI and report progress to the AAPD Head Start Dental Home Initiative Project Manager and Director
- Participate in periodic conference calls and meetings of project stakeholders.

Important Activities for Head Start Mentorship Teams

- Help identify leaders for local Head Start dental home networks
- Help local dentists understand HS/EHS program operations and dental home needs
- Help local EHS/HS programs understand local network dentists' operations and capabilities
- Help local dental home network leaders develop mechanisms for distributing HS/EHS children among local Head Start dental home network dentists
- Facilitate ongoing communications and working relationships for local HS/EHS dental home networks
- Provide technical assistance to local EHS/HS dental home programs



Project Time-line

- Year 1:
 - Groundwork for implementation
 - Staffing
 - Recruitment
 - Training programs & materials
 - OHS Oral Health Subject Expert
 - Regional Oral Health Consultants
 - State Leaders & National Consultants
 - Professional Relationship Building
 - Pilot test network development strategy in 6 states
 - CT, MD, MI, TN, TX, WA
 - Leadership Teams / Mentorship Teams
 - Training / Resource development
- Years 2--5:
 - 11 additional states enter into "network development phase"

AAPD-OHS DHI Media Event

Edward C. Mazique Center, Washington, DC (2/28/08)

AAPD Announces Partnership with Head Start To Address Childhood Epidemic

Partnership will work to provide oral care for one million children

Washington, D.C., February 26, 2008 - The American Academy of Pediatric Dentistry (AAPD), the recognized leader in children's oral health, today announced a partnership with the Office of Head Start (OHS) to help combat children's tooth decay, the most common chronic childhood disease.

The OHS has awarded a five-year, \$35 million dollar contract to the AAPD to establish dental homes for one million children enrolled annually in OHS programs. A dental home signifies that children's oral health care is delivered by dentists to children through an ongoing relationship that is comprehensive, continuously accessible, coordinated and family centered.

EPSDT

Early Periodic Screening, Diagnosis and Treatment

- Required services for individuals under the age of 21 years on Medicaid
- Periodicity is determined by each state
- Must be frequent enough to identify dental problems
- Must include:
 - Relief of pain and infections
 - Dental fillings
 - Maintenance of dental health

Rhode Island EPSDT Periodicity Schedule for Oral Health Care

AGE	Infancy					Early Childhood									
	Newborn	3-5 days ⁵	8y 1 Mo	2 Mo	4 Mo	6 Mo	9 Mo	12 Mo	18 Mo	24 Mo	30 Mo	36 Mo	48 Mo	72 Mo	24h
Clinical oral examination ^{1,2}															
Assess oral growth and development ³	*														
Caries-risk assessment ⁴															
Radiographic assessment ⁵															
Prophylaxis and topical fluoride treatment ^{1,3}															
Fluoride supplementation ^{1,2}	*														
Anticipatory guidance/counseling ⁶															
Oral hygiene counseling ⁶															
Dietary counseling ⁶															
Injury prevention counseling ⁶															
Counseling for nonnutritive habits ⁶															
Counseling for speech/language development ^{1,3}															
Alcohol and drug use assessment ^{1,3}															
Counseling for intraoral/perioral piercing															
Assessment and treatment of developing malocclusion															
Assessment for pit and fissure sealants ^{1,3}															
Assessment and/or removal of third molars															
Transition to adult dental care															

5 - Timing, selection, & frequency determined by child's history, clinical findings, and susceptibility to oral disease

Determining If a Child Has a Dental Home and Is Up-to-date with EPSDT

- Determination can be challenging!
- When and How
 - At intake, through questioning parents
 - Has this child visited the dentist?
 - When did they visit the dentist?
 - Who is the dentist?
 - What care did they receive?
 - Is all their care complete?
 - When are they scheduled to go again?
- Documentation
- Follow-up

PIR Dental Components 3-5-yr-olds

- Have a Dental Home:
 - An ongoing source of care under the direction of a dentist
- Completed a Dental Examination:
 - Must be completed by dentist
 - Dentist signature must be on tracking form
- Received Preventive Care
 - Cleanings, fluorides etc
- Diagnosed as needing treatment
 - Needing fillings, extractions etc
- Received treatment
 - Expressed as percentage of those who needed Tx

MD 2007 PIR Data

• Funded Enrollment:	9,520
• Children Enrolled:	10,996
• Completed Dental Exams:	9,141
• Needs Treatment:	1,687
• % Needing Treatment:	15%
• Received Treatment:	1,209
• % Received Treatment:	72%

Results of a MD State-wide Survey of Head Start Children

- 52% of children in Head Start centers had untreated tooth decay
 - 43% of 3 year-olds
 - 62% of 4 year-olds
- Over 5 decayed tooth surfaces per child with decay

Vargas CM, Monajem N, Khurana P, Tinanoff N. Oral health status of preschool children attending Head Start in Maryland, 2000. *Pediatr Dent* 2002 May-Jun;24(3):257-63.

NY 2008 PIR Data

• Children Enrolled:	55,907
• Completed Dental Exams:	46,424
• Need Treatment:	8,554
• % Needing Treatment:	13%
• Received Treatment:	6,986
• % Received Treatment:	82%
• Ongoing Source of Care:	49,585

NY Surveillance Study Findings: HS Children's Oral Health Status

- Overall, 41 percent of children had evidence of caries experience and 30% had untreated decayed teeth.
- The agreement between caries experience assessed from dental records and screening data was poor.



Partnering at the National Level

- AAPD-OHS
- Expert Workgroup
- Professional Partners
- Policy Analysis
- Project Evaluation

Partnering at the Regional Level

- Regional Oral Health Consultants

Partnering at the State Level

- AAPD HS DHI State Leaders
- State Leadership Teams
- Head Start Mentorship Teams

Partnering at the Local Level

- Local dental home networks

Partnering at the National Level

OHS Oral Health Webcast – Feb. 26, 2009

(link available on AAPD website: www.aapd.org/headstart and on ECLKC)

Professional Partners

(ADA, AGD, ADEA, SAID, HDA, NDA, AAP, ASTDD)

Expert Workgroup

(Office of Head Start, ECLKC, Centers for Medicare & Medicaid Services, National Maternal and Child Oral Health Resource Center, WIC, OHI grantees, National Head Start Association, Zero to Three, Johnson & Johnson, Sesame Workshop, Delta Dental, JMH Education Marketing, Inc., Indian Health Service)

Expert Workgroup 2009: Communication

Stakeholders

Head Start programs, families and staff
Head Start community partners
Dental community, including professional partner organizations, current providers and future providers
Policy makers

Strategies

Outreach efforts should include all stakeholders
Messages should be communicated consistently and should address topics such as good oral hygiene, caries and dental home
Messages for staff and families should be culturally and linguistically relevant
Identify and utilize opportunities to spread information through collaborative events with professional dental partners, for example, partnering with the ADA on Give Kids a Smile events

Goals

Identification of local champions and dentists who are currently working with Head Start programs.
Identification of new dentists to provide dental homes to Head Start children, including outreach and information to dental office staff.
Grantees have access to assistance from AAPD Head Start state leaders.
Grantees have access to current information on a variety of oral health topics

Partnering at the Regional Level: Regional Oral Health Activities

- Consultation to Regional Program Office Staff
- Presentations for regional and state Head Start meetings
- Individual technical assistance to Head Start programs
- Working with state leaders for successful implementation

State Leadership Network Development Activities

- Active State Leadership Teams
- State Dental Association presentations and Resolutions of Support
- Oral Health presentations to Head Start groups
- Network development and linkage
- Identifying new providers through peer-to-peer contacts
- Working with existing coalitions
- Utilizing service events to engage new providers

State Leadership Teams

- HS Collaboration Director
- State Dental Association
- Representatives from professional partners
- State Dental Director
- State Medicaid Official
- Representative of Native American/Alaska Native and Migrant & Seasonal populations
- Dental school(s) / Safety net providers
- Foundations or other oral health funding sources
- Others as appropriate to state-specific activities

North Dakota Dental Association Resolution of Support

- Whereas, Head Start programs list access to oral health services as the #1 health issue affecting their enrolled children, and
- Whereas, about 90% of Head Start children are Medicaid-eligible and have difficulty accessing dental services, and
- Whereas, a dental home is defined as a place where children can get comprehensive, continuously accessible, coordinated and family-centered oral health care provided by a dentist,
- Be it resolved that the North Dakota Dental Association supports the Office of Head Start-American Academy of Pediatric Dentistry Dental Home Initiative, which strives to find dental homes for the 2300 Head Start children in North Dakota.

State Leaders: Dr. Brent Holman

Feedback from Grantees

“I do know that your and Mike’s talking to the dentists made a big difference in the speed with which they responded to appointment requests. They’re also much more willing to come to the center to do the preliminary exams next fall.”

- Kansas Grantee

Thank you Dr. Nick Rogers, Region VII

TN State Leader Dr. Pitts Hinson



Local Champions: Personal Experiences Lead to New Providers

“Working with a dedicated group of dental health care providers and Head Start officials made me aware of the need for dental homes to provide the dental treatment that our team of volunteers discovered in the mouths of the children we examined and triaged. Since over 90% of the children in Head Start are Medicaid eligible, it became obvious to me that I needed to take the next step and become a Medicaid provider.”

Thomas C. “Tommy” Harrison, D.D.S.

Local Partnerships

Participation may include:

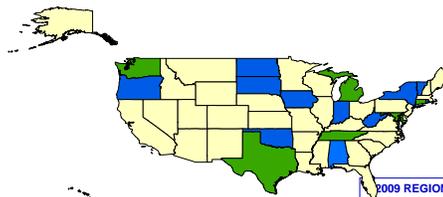
- Providing a dental home for a defined number of Head Start children
- Participating in regular communication with your partnering Head Start program to overcome family-related barriers to dental care
- Participating in the Head Start program’s Health Advisory board
- Providing on-site oral health information to Head Start staff, children and/or parents

Local Partnerships



Pediatric Dentist Scott Thompson performs exams at his local HS center

2008-2009 Roll-out States



2008 REGIONS / STATES
 I: Connecticut
 III: Maryland
 IV: Tennessee
 V: Michigan
 VI: Texas
 X: Washington

2009 REGIONS / STATES
 I: Rhode Island / Vermont
 II: New York
 III: West Virginia
 IV: Alabama
 V: Indiana
 VI: Oklahoma
 VII: Iowa
 VIII: South Dakota
 IX: Hawaii
 X: Oregon

HS DHI State Launches

- Official 'launch' of AAPD HS DHI in states
- 1st opportunity to convene state HS DHI Leadership Teams & Mentorship Teams for some states
- Information sharing / education / planning



Governor's Commendation



is hereby presented to
**The Parents, Staff of Early Head Start, Head Start
 Program of the Dentists of Oklahoma**

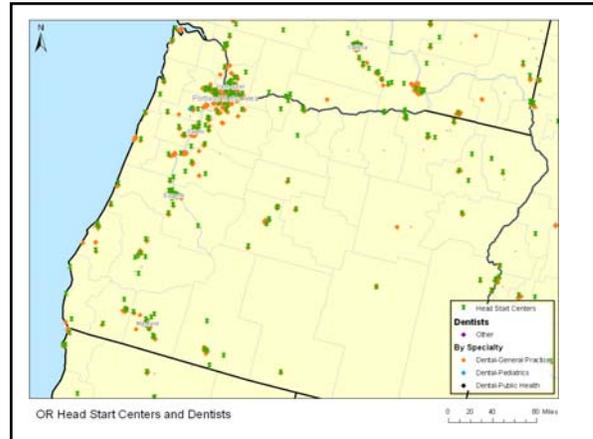
in recognition of implementing the "Head Start Program," the program will insure
 that every Oklahoma child has a Dental Home that provides the children
 with early prevention, education and treatment on a regular basis.
 Congratulations to you all for your efforts.

Given March 20, 2009

Brad Henry
 Brad Henry
 Governor of Oklahoma

State Leadership Team Meetings: Common Themes

- Importance of communication between Head Start agencies and dental offices
- Need to provide oral health information for Head Start staff and families
- Need to provide information about Head Start to the dental community
- Identification of strategies to overcome barriers specific to the culture and environment of individual communities.



<http://www.aapd.org/headstart/>

Head Start Dental Home Initiative

Program Updates

The American Academy of Pediatric Dentistry (AAPD) is pleased to announce the initiation of the 10 states to enter the national development phase to provide dental health services to Head Start children. State leaders for these states will meet during spring 2009.

The initiation of the model between the Office of Head Start and AAPD represents an extremely important opportunity for our members to work with the mission and vision of the AAPD. The states participating with the Head Start Dental Home Initiative will allow access to a Dental Home to the 7 million children in the Head Start program. This initiative will provide the opportunity to help 100,000 more children benefit from preventive, educational and dental services and bring a healthy smile to each and every child.

Please contact the state leads for your state. Your site director is participating in the initiative.

Regional Information

- Region I: Rhode Island and Vermont
- Region II: New York
- Region III: West Virginia
- Region IV: Louisiana
- Region V: Indiana
- Region VI: Tennessee
- Region VII: Iowa
- Region VIII: South Dakota and North Dakota
- Region IX: Oregon
- Region X: Chicago

About Our Initiative

Program Objectives

Head Start Dental Home Leaders and Program Coordinators

Member's Story

Click to view oral Head Start child's oral health story.

The Importance of Oral Health