

A COLLABORATION BETWEEN HEAD START  
PROGRAMS AND PEDIATRIC DENTISTRY RESIDENCY  
PROGRAMS:

IMPROVING ACCESS TO CARE TO MEET FEDERAL  
DENTAL CARE MANDATES

Jill B. Fernandez, RDH, MPH; Neal G. Herman, DDS; Elizabeth Best, BA;  
Courtney Chin, DDS, MPH; Amr M. Moursi, DDS, PhD

Presented by

**NEAL G. HERMAN, DDS, FAAHD**

Diplomate, American Board of Special Care Dentistry

Faculty, NYU Master's Programs in Public Health and Global Public Health

Clinical Professor, Pediatric Dentistry, NYU College of Dentistry

# I. EARLY HEAD START / HEAD START ORAL HEALTH MANDATES



# BACKGROUND

- Head Start (HS) is a federally funded children's pre-school educational program established in 1965. It is the only early childhood program in the country that has mandatory performance standards in oral health.
- Early Head Start (EHS), which began in 1994 with the reauthorization of the Head Start Act, provides services to low-income pregnant women and families with children from birth to age 3.
- Enrolled children are required each year to receive a dental examination, preventive, nutritional and educational services, and follow-up restorative and surgical treatment, if necessary.
- There are 37 EHS/HS grantees in New York City (384 centers, over 26,000 children ages 0-5). Each center must see to it that all of their children comply with these and other standards, at the risk of being cited as deficient in their program review and possibly losing funding.
- To help ensure that EHS/HS children in our area have access to a dental home, we proposed that all pediatric dentistry training programs in the NYC metropolitan area join forces as the **New York City Pediatric Oral Health Consortium for Head Start.**



# Head Start Performance Standards Requirements

- Dental examination by a dentist within 90 days of enrollment
- Optional preventive services (when indicated)
  - Fluoride treatment (varnish included)
  - Prophylaxis (daily classroom brushing helps to reduce the number of children who need this service)
- Complete needed follow-up care (fillings or extractions)
- Oral health instruction and education in the curriculum
- Oral health training for EHS / HS staff
- Oral health education for parents and family

# PROGRAM REPORTING REQUIREMENTS

- All programs must complete annual **Program Information Report (PIR)**
- Along with detailed demographic information, PIR oral health data include the number of children with a dental home; number of children that completed examinations and the number of children that received preventive care
- The PIR also requires programs to report the number of children that are diagnosed as needing treatment and the number of those children that actually receive treatment
- Periodically, EHS/HS grantees are subject to a comprehensive program assessment and review (formerly known as the PRISM); failure to meet prescribed mandates can result in punitive action, can require an action plan to correct deficiencies in a timely manner, or may threaten the operating certificate or future funding for the grantee / program.



## II. American Academy of Pediatric Dentistry Head Start Dental Home Initiative



# ISSUES

- Many children, particularly young, immigrant, poorer and special needs children, have a high incidence of dental disease, great unmet oral health needs, and poor access to dentists able to treat them
- Too few dentists treat children 0-5
- Many areas, particularly rural, lack dental person-power
- There is a “vacuum” or “gap” between access to oral health care for underserved, high-risk and special needs children and high dental needs
  - a clash of social, monetary and professional values
  - too few traditional providers (academic/community/institutional) such as dental schools, CHCs, hospital / residency programs
- Many EHS/HS programs cannot meet their federal Performance Standards, report sufficient PIR compliance, or succeed on PRISM reviews
- Most EHS/HS programs can arrange for examinations and preventive services to meet their 90 day requirement, but cannot identify follow-up restorative or surgical care or establish a true “dental home”.

# Why is Providing Dental Services a Challenging Task

- Many dentists
  - Don't accept patients with Medicaid/State Children's Health Insurance Program
  - Don't accept very young children
- Parents
  - Many parents don't complete exams and treatment prior to enrollment (for many reasons)
  - Parents' can't be required to provide exams and treatment prior to enrollment





# EVOLUTION

- **1970s – 1990s** -USPHS Dental Officers – assigned to each federal region to assist BHS and MCH programs access oral health services – dismantled late 1990s.

- **Late 1999 -2004** – In 1999, at the Head Start and Partners Oral Health Forum, HRSA and ACF re-establish the formal partnership that had existed from 1966 to the mid 1990's. The Inter-Agency Agreement (IAA) was signed in September 2001 and was renewed July 2004. The overall goal of the IAA was to achieve optimal oral health for Head Start children.

...out of this came...

- **2004 – 2008** - Head Start Regional Oral Health Consultants, one per region, to provide on-going technical support to EHS/HS grantees and local programs, as well as work with Regional Offices, State and local oral health agencies and providers to help EHS/HS programs meet their mandates by increased access to services . Contract ended February 2008.

- **2008** – present – Dental Home Initiative, a 5 year contract awarded by the BHS to the AAPD to identify and recruit pediatric dentists to treat EHS/HS kids, and provide dental homes for every EHS/HS enrollee.

# AAPD Head Start Dental Home Initiative:

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





# Dental Home Initiative

AAPD and Head Start are partnering at the national, regional, state and local levels to develop a network of pediatric and general dentists to link Head Start children with a “**dental home**” – a place where each child's oral health care is delivered in a comprehensive, ongoing, accessible, coordinated, and family-centered way



# Dental Home Initiative

- Regional Consultants are working to create state leadership teams and develop collaborative networks
- State Leaders are working to form networks and engage local dentists and HS personnel as well as other community stakeholders to identify strategies to overcome barriers to accessing dental homes



## Dental Home Initiative - Key Components

1. Provide project leadership, administration and organizational support
2. Provide oral health expertise and technical assistance
3. Develop networks of dentists to provide access to dental homes
4. Train dentists to enhance their capability to meet the oral health needs of young children and their understanding of HS/EHS programs
5. Enhance HS/EHS oral health staff training and parent education programs

## **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



# Dental Home Initiative Efforts in NY

- 1. Outreach to General and Pediatric Dentists**
  - Promotion at Local AAPD Chapter Meeting (Oct 2009)
  - Promotion in NYSDA District publications (Winter 2009)
  - Promotion and Booth at the GNYDM (Nov 2009)
  
- 2. Outreach to Pediatric Dental Training Programs and Dental Safety Net**
  - Formation of the New York State Head Start Oral Health Consortium which includes pediatric dental training programs (Nov 2009)
  
- 3. Outreach to Dental Residents**
  - Regional Leadership in Pediatric Dentistry Convocation: Alternative Dental Practices Dental Residents in New York region – (April 2010)
  
- 4. Outreach to Policymakers and Oral Health Advocacy Groups**
  - Policy and Advocacy Meeting: “Contracting between private dentists and FQHCs to serve Head Start populations” – (Fall 2010)

### III. NEW YORK CITY PEDIATRIC ORAL HEALTH CONSORTIUM FOR HEAD START





# GOALS OF THE CONSORTIUM

- Improved access to the pediatric dentistry community and oral health services for all local EHS/HS programs
- Provide potential Dental Homes for these children within their neighborhood
- Increased participation of pediatric dentists with the underserved – eventually to include general dentists and GPRs, AEGDs and private sector
- Improved communication between pediatric dentists and EHS/HS programs – dentists will better understand needs, programs have better access to educational, advisory and treatment resources
- Develop a geographic information system (GIS) / network of referral sites, available to the entire EHS/HS community, and a patient tracking system to help EHS/HS programs comply with their mandates and achieve better utilization of services

# METHODOLOGY

- There are sixteen (!) pediatric dentistry residency or graduate programs in the Greater New York City Metropolitan area; to our knowledge, nothing like it exists anywhere else in the country, probably the world.
- What a concentration of talent and expertise! It occurred to us “why not “pool” our collective resources and devise a network to partner with the EHS / HS community to provide Dental Homes for each and every child enrolled in an EHS / HS program in our area?”
- In October 2009, a letter was sent to the program director and residency / graduate director of every facility in the Greater New York City area with an Advanced Education Program in Pediatric Dentistry, explaining the initiative and asking them to attend the inaugural meeting of the Consortium on November 18, 2009 at New York University.

# PROGRESS

- 15 of 16 programs attended – the lone straggler has since joined the group.
- After presentations defining the project, there was unanimous agreement that the project was both worthwhile and beneficial to all concerned, and it was proposed that a steering committee would be convened to move forward with implementation.
- Data sheets have been sent to each of the participating pediatric dental training programs for verification of information before being distributed to the EHS / HS programs.
- A Region II Technical Assistance Specialist is reviewing the EHS / HS demographic and geographic information for accuracy before being sent out to the pediatric dental training programs.

# PROGRESS (con't)

- Pediatric dental training programs have been asked to contact EHS / HS programs in their immediate area with the help of the GIS – generated map overlays.
- They have also been encouraged to participate as active members of some EHS / HS Oral Health Advisory Boards.

# FUTURE GOALS

- Re-convene the Consortium in the Fall of 2010, to assess progress and outcomes.
- Consider expanding the scope of the Consortium to include general dentistry training programs (GPRs and AEGDs), and then the private practice sector.
- Report on the effectiveness of the initiative and document outcomes at next year's NOHC and in professional journals.

# ADVANCED EDUCATION PROGRAMS IN PEDIATRIC DENTISTRY THE GREATER NEW YORK CITY AREA

•BRONX LEBANON HOSPITAL	BRONX, NY
•JACOBI MEDICAL CENTER HOSPITAL	BRONX, NY
•MONTEFIORE MEDICAL CENTER	BRONX, NY
•SAINT BARNABAS HOSPITAL	BRONX, NY
•BROOKDALE HOSPITAL	BROOKLYN, NY
•INTERFAITH MEDICAL CENTER	BROOKLYN, NY
•LUTHERAN MEDICAL CENTER	BROOKLYN, NY
•MAIMONIDES MEDICAL CENTER	BROOKLYN, NY
•COLUMBIA UNIVERSITY COLLEGE OF DENTAL MEDICINE	NEW YORK, NY
•HARLEM HOSPITAL CENTER	NEW YORK, NY
•MOUNT SINAI HOSPITAL	NEW YORK, NY
•NEW YORK UNIVERSITY COLLEGE OF DENTISTRY	NEW YORK, NY
•STATEN ISLAND UNIVERSITY HOSPITAL	STATEN ISLAND, NY
•LONG ISLAND JEWISH MEDICAL CENTER	NASSAU COUNTY, LI, NY
•STONY BROOK UNIVERSITY SCHOOL OF DENTAL MEDICINE	SUFFOLK COUNTY, LI, NY

## LIMITED APPLICABILITY / REPLICATION

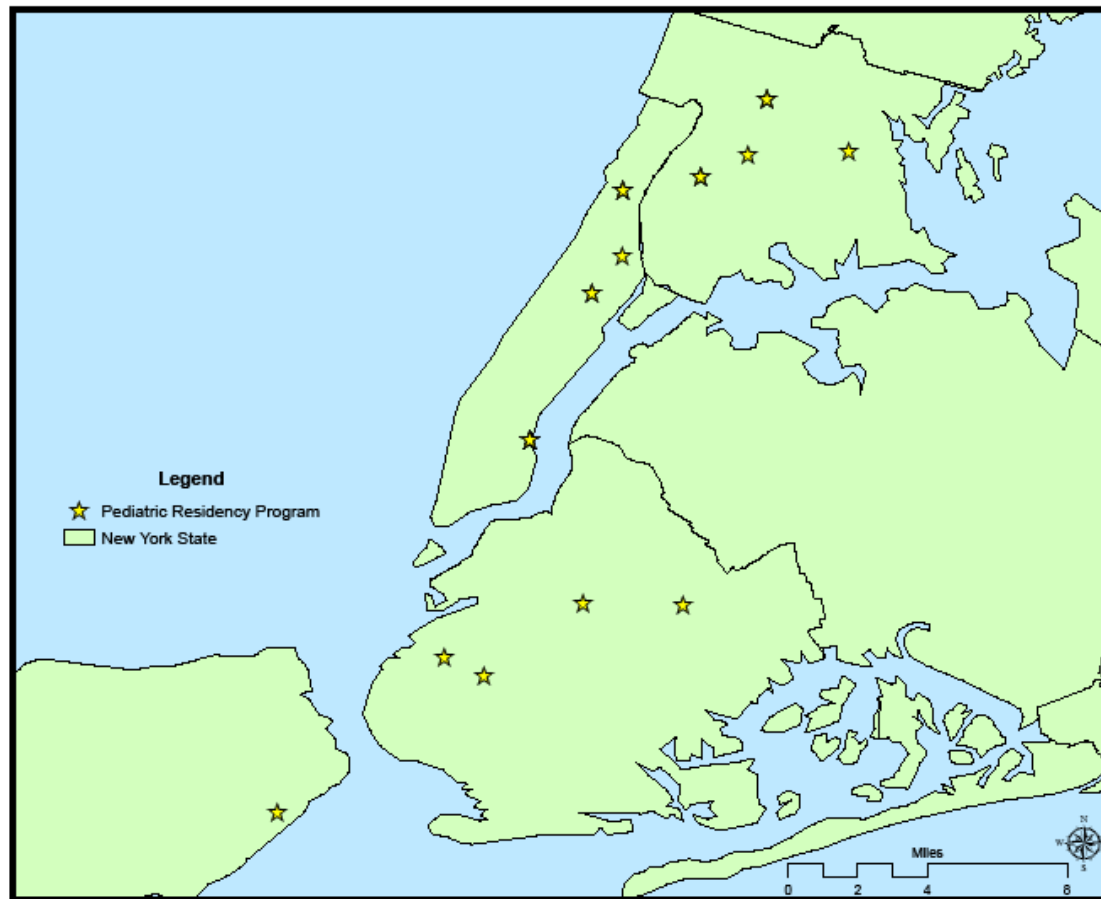
- There are 77 Advanced Education Programs in Pediatric Dentistry in the United States.
- 17 are in New York State, 15 in the Greater Metropolitan Area of New York City (about 1 in 5).
- No other city has more than 3 programs in such close proximity (Philadelphia and Boston), limiting the application of this model.

# Attendees – Inaugural Meeting of 11/18/09

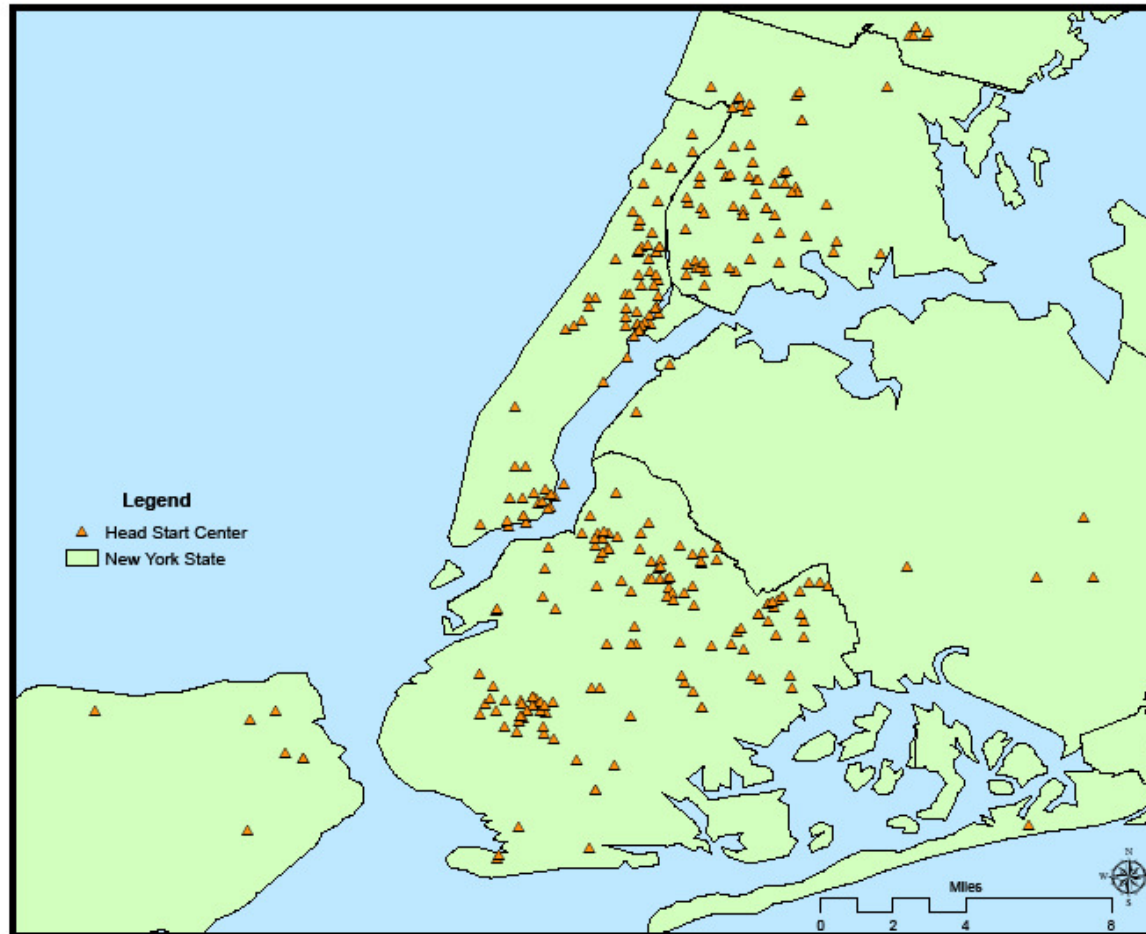




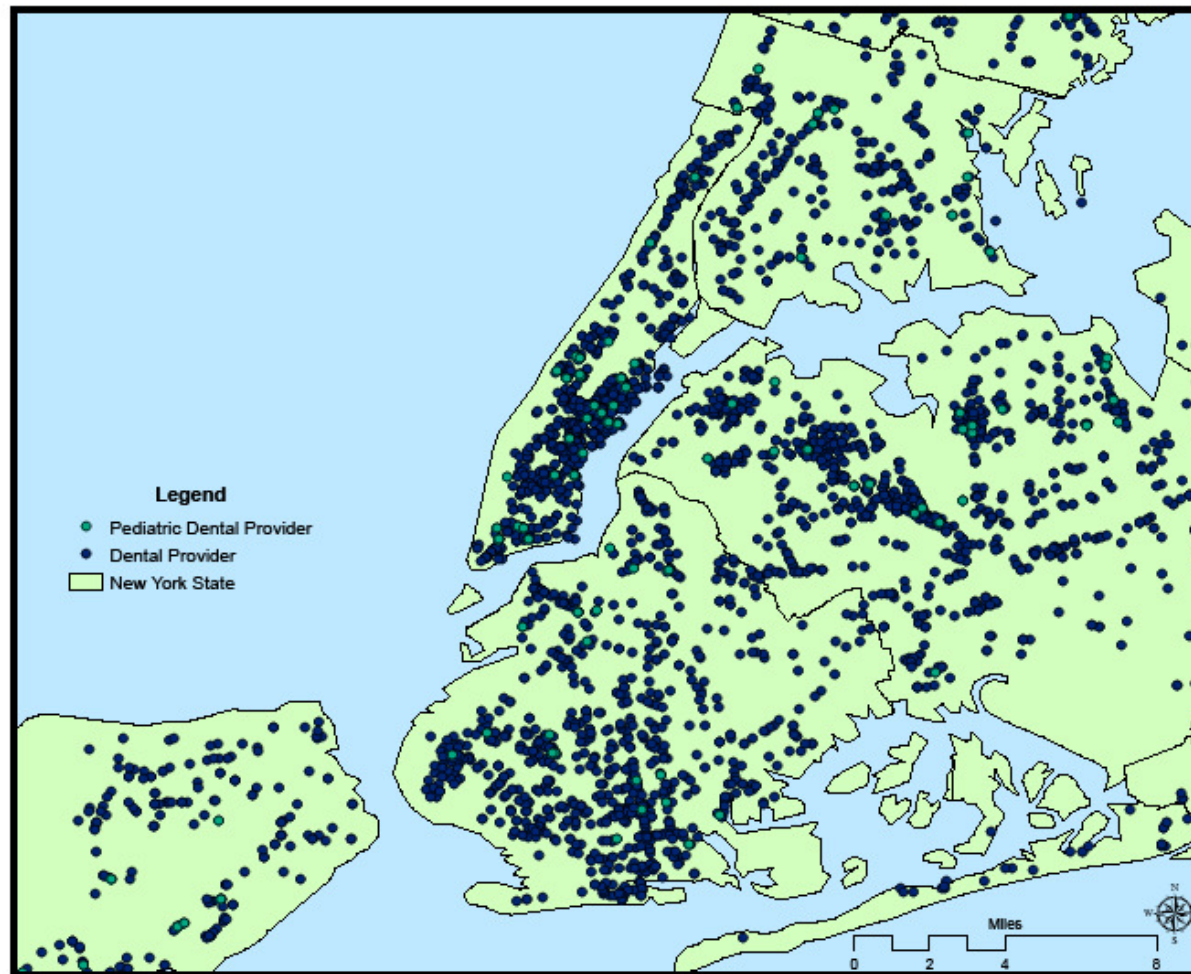
# GIS MAP – PEDIATRIC DENTISTRY RESIDENCY PROGRAMS



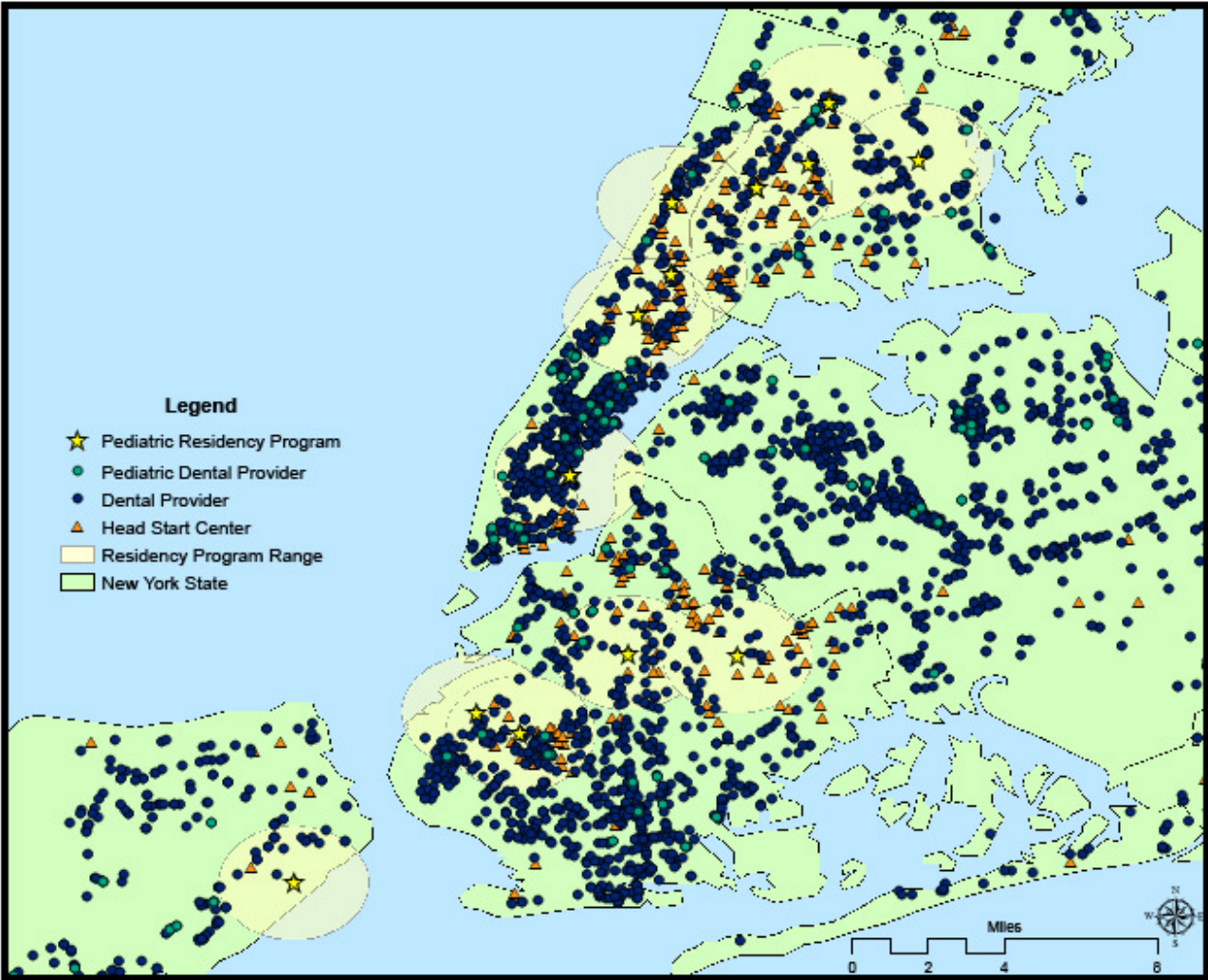
# GIS MAP – HEAD START CENTERS



# GIS MAP – PRIVATE PRACTICE PEDIATRIC AND GENERAL DENTISTS



# GIS COMPOSITE MAP OF ALL COHORTS



## CONTACT INFORMATION

Dr. Neal G. Herman

Phone 212-998-9654

Email [ngh1@nyu.edu](mailto:ngh1@nyu.edu)