



THE NATIONAL CENTER ON
Health



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Connecting Head Start with Oral Health Services: A Kansas Story

**Kathy Hunt, RDH, ECPII
Kansas Dental Hygienist Liaison
National Center on Health
National Oral Health Conference
April 28, 2014**

Getting the Word Out



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Offering Assistance

TO DO LIST



Create a distribution list of current Head Start Directors and Health Specialists



Send out periodic notices to list: Brush-up Newsletters, offers to assist with dental issues, topical information regarding oral health



Offer to make oral health presentations: Head Start Conference, Parent Night at local HS program, Staff Development Day



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Brush Up on Oral Health Newsletter



- Monthly e-newsletter
- Target audience is Head Start staff
- Provides information on current practice, practical tips for staff to share with parents for promoting oral health, and simple recipes for healthy snacks
- Secondary audience is health and social service professionals



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What You Should Know and How You Can Help

Tip Sheet Series

Dentists and Head Start

What You Should Know and How You Can Help

What Is Head Start?

Head Start was established in 1965 to improve the school readiness of children ages 3 to 5 from families with low incomes. In 1994, Early Head Start was established to serve low-income pregnant women, with a focus on positive birth outcomes, and to promote healthy physical and cognitive development in children from birth to age 3 from families with low incomes. Both Early Head Start and Head Start provide education and health services in the context of family and community.¹

Head Start® is a federal program administered through grants to approximately 1,600 community-based organizations. The federal government provides 80 percent of Head Start program funding through the Office of Head Start, Administration for Children and Families. Head Start grantees are required to raise the remaining 20 percent of their funding to help build partnerships and ensure that each program reflects the culture of the local community.²

Who Participates in Head Start?

Head Start programs serve approximately 900,000 pregnant women, infants, and children each year in all 50 states, the District of Columbia, and most U.S. territories. Some programs are designed specifically to serve American Indian/Alaska Native and migrant and seasonal farm worker families.³



At least 90 percent of children enrolled in each Head Start program must be from families with low incomes, and up to 10 percent can be from families with incomes that exceed the low-income guidelines who would benefit from Head Start services.⁴ Up to 35 percent of each Head Start program's enrollment may also be children whose families' incomes are between 100 percent and 130 percent of the federal poverty



Early Head Start provide education services in the context of family and community.

level. Children are automatically eligible if they are homeless or in foster care, Temporary Assistance for Needy Families (TANF) or Supplemental Security Income (SSI) recipients, or if they are American Indian/Alaska Native. The Head Start population reflects racial and ethnic minorities the nation.⁵ The racial composition is as follows: 39.3 percent white, 39.8 percent Black, 16.7 percent Hispanic/Latino, 3.7 percent Asian/Pacific Islander, and 9.8 percent other.

Dental Hygienists and Head Start

What You Should Know and How You Can Help

What Is Head Start?

Head Start was established in 1965 to improve the school readiness of children ages 3 to 5 from families with low incomes. In 1994, Early Head Start was established to serve pregnant women, and infants and children from birth to age 3, from families with low incomes. Early Head Start focuses on positive birth outcomes for women, and on healthy physical and cognitive development for infants and young children. Both Early Head Start and Head Start provide comprehensive education and health services in the context of family and community.



Head Start® is a national program administered through grants to over 1,600 community-based organizations. The federal government provides 80 percent of Head Start program funding through the Department of Health and Human Services. Head Start grantees are required to raise the remaining 20 percent of their funding from community sources to help to build partnerships and ensure that each program reflects the culture of the local community.¹

Who Participates in Head Start?

Head Start programs serve approximately 1 million pregnant women, infants, and children each year in all 50 states, the District of Columbia, and most U.S. territories. Some programs are designed specifically to serve American Indian/Alaska Native and migrant and seasonal farm worker families.³

Pregnant women and infants and children from birth to age 5 are eligible for Head Start if they meet federal poverty guidelines (\$17,660 for a family of three in 2008).⁴ Up to 35 percent of each Head Start program's enrollment may also be children whose families' incomes are between 100 percent and 130 percent of the federal poverty level.⁵



Head Start provide education and to pregnant women and young children with low incomes.

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Medical Providers and Head Start

What You Should Know About Oral Health and How You Can Help

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Who Participates in Head Start?

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At least 90 percent of children enrolled in each Head Start program must be from families with low incomes, and up to 10 percent can be from families with incomes that exceed the low-income guidelines who would benefit from Head Start services.⁴ Up to 35 percent of each Head Start program's enrollment may also be children whose families' incomes are between 100 percent and 130 percent of the federal poverty level. Children are automatically eligible, regardless of family income, if they



Early Head Start and Head Start provide education and health services in the context of family and community.

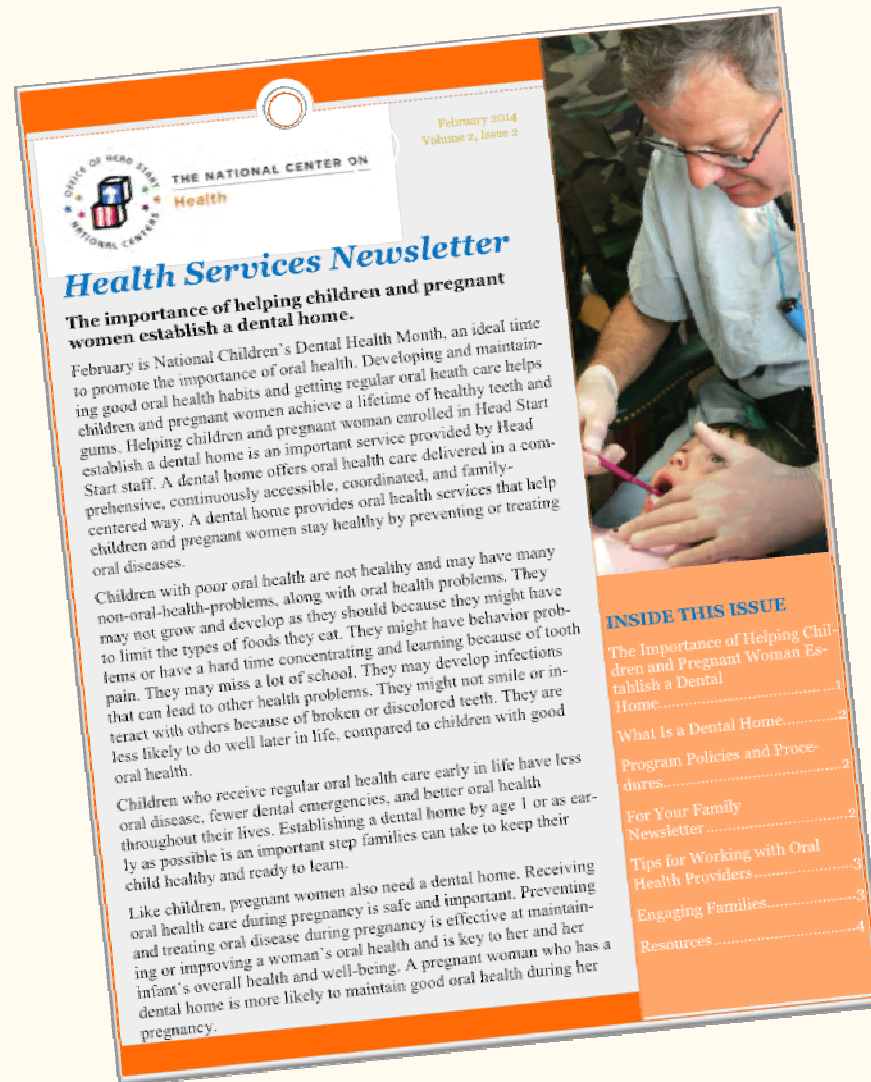
are homeless or in foster care or if their families receive Temporary Assistance for Needy Families or Supplemental Security Income.⁴

Of the 94 percent of children enrolled in Head Start who have health insurance, 82 percent are enrolled in Medicaid or in the Children's Health Insurance Program (CHIP).⁵



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Health Services Newsletter



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Head Start Oral Health Forms

The image displays two versions of the Head Start Oral Health Form. The top form is titled 'Head Start Oral Health Form—Children' and the bottom form is titled 'Head Start Oral Health Form—Pregnant Women'. Both forms are created by The National Center on Oral Health. The forms include sections for Patient Information, Current Oral Health Status, Oral Health Care Services Delivered During Visit, Future Oral Health Care Services, and Oral Health Provider's Contact Information. The forms are designed to be filled out by dental professionals to assess and document oral health status and services for Head Start children and pregnant women.

- Created one combined form (pregnant women and children), a form for pregnant women, and a form for children
- Forms collect information on:
 - Dental home status
 - Current oral health status
 - Oral health care services delivered during visit
 - Whether all treatment is complete
 - If future appointments are needed



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Who Do I Collaborate With?



- **Kansas Head Start Association**
(State Head Start Association)



- **Oral Health Kansas**
(State Oral Health Coalition)



- **Bureau of Oral Health**
(Kansas Department of Health and Environment)



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Other Contacts- Kansas



- **Kansas Association for the Medically Underserved**
(State Primary Care Association)
- **Kansas Dental Hygiene Association**
(Chair for Community Dental Health Committee)
- **Kansas Dental Association**
(Board Member, KS Dental Charitable Foundation)



Other Contacts- National



**Office of Head Start
National Center on Health**



**National Maternal and Child
Oral Health Resource Center**



Access to Care- Making Progress in Kansas



Extended Care Permit Hygienists

- ✓ Community based settings
- ✓ Increased scope of practice

Direct Medicaid billing

- ✓ Head Starts
- ✓ Health Departments



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Request #1—Increase Services



Northeast Kansas Community Action Program



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Request #2—Oral Health Education



Pine Ridge Prep



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Request #3—Increase Services



Sheldon Head Start



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Greatest Challenge

Parents' biggest hurdles

- Making and keeping appointments at dental clinics
- Navigating insurance system
- Signing consent forms for on-site services
- Not understanding the need for services



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Strategies

- Education for staff and faculty
- Fun, interactive and “edu-taining” family experience



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