

# Stepping Up to Head Start – Creating the Perfect Partnership

**H**ead Start has been a part of my life since it began in 1965. That year, my mother was a volunteer teacher in West Chester, Penn. and has continued her involvement with the program to this day. I was unaware of how Head Start differed from other pre-K programs until I became a dentist and was called upon to provide dental exams for children attending this program. As my involvement and understanding of Head Start grew, I wondered how a program that does so much for so many children has managed to remain one of the best kept secrets in this country. This year is the 40<sup>th</sup> anniversary of the program, and in that time 25 million children have been served. Currently, there are close to 1 million children enrolled each year.

Head Start is not just important to the children from low-income households – it is important to physicians, educators, health care providers and dentists as well. This program has the challenging task of providing educational, social, and health care services to a group of children who are traditionally the most underserved in this country. When we hear about disparities and social inequity in health and access to care, these are the children who are most profoundly affected.

What is Head Start and what is its mission?

*Head Start and Early Head Start are comprehensive child development programs that serve children from birth to age 5, pregnant women, and their families. They are child-focused programs and have the overall goal of increasing the school readiness of young children in low-income families.”<sup>1</sup>*

The program was designed to “help break the cycle of poverty by providing preschool children of low-income families with a comprehensive program to meet their emotional, social, health, nutritional, and psychological needs.”<sup>1</sup>

The performance standards for Head Start programs detail over 300 pages governing the administration of this federal to local grant program. Head Start programs are unique in that they are funded and monitored *directly* by the federal government. The money does not go to the states first. Grantees are responsible for following the performance standards and for reporting on the status of the enrolled children on a regular basis. In the area of health services, each child is required to receive a medical exam and a dental exam within 90 days of enrollment. If medical or dental needs are identified, treatment must be provided in a timely manner, generally within the year the child is enrolled.

As dental professionals we can make a huge difference for children enrolled in Head Start. In my interactions with Head Start over the last few years, the greatest concern expressed by

programs is their difficulty finding dentists who are willing to participate in completing the needed exams. When they are able to obtain exams for children, they often have difficulty finding dentists who are willing to provide the needed treatment. Many of the children enrolled in Head Start qualify for Medicaid, while some do not. Some programs find funds to pay for dental care from benefactors, but the dollar amounts are not usually enough to pay for treatment under general anesthesia.

There is a shortage of dentists who are willing to see young children and children on Medicaid. In spite of all the barriers, many Head Start programs have found creative ways to provide services for their children, while others have run into the proverbial “brick wall” and are faced with being cited as deficient for not meeting the performance standards. There are so many opportunities for us as a professional dental community to help solve this problem. Here are a few suggestions:

1. Join the Health Services Advisory Committee for a Head Start Program in your area.
2. Access the Head Start Bureau Web site for the names and contact information of programs in your area (<http://www2.acf.dhhs.gov/programs/hsb/about/index.htm>).
3. Spend a day or two each year providing dental examinations onsite in a Head Start classroom (these are reimbursable by Medicaid).
4. Volunteer to provide care on a mobile dental van or through a community health center in your area that serves Head Start programs
5. Adopt an entire Head Start program and provide in-service training on oral health promotion to the staff.
6. Volunteer to speak about oral health and prevention at one of the parent education nights.
7. Share the responsibility for treating Head Start children in your area with other pediatric and general dentists. No one is expected to shoulder all of the responsibility themselves.
8. Contact the Head Start Oral Health Consultant for your region to find out other ways to get involved (<http://www.mchoralhealth.org/HeadStart/RegionalConsMap.html>).

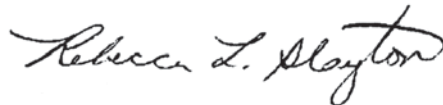
The people who founded Head Start had the right idea. They understood that an important part of learning and school readiness is good health, including oral health. The 2000 Surgeon General’s Report on Oral Health in America<sup>2</sup> supports what we as dentists have been advocating for years –

oral health is integral to total health. It makes perfect sense to partner with a program whose philosophy is so well matched with our own. Head Start serves the group of children with the highest risk for dental problems and the least access to care. They have a solid infrastructure and care coordination to support the children enrolled in their programs including providing assistance with appointments, transportation to appointments, education for parents about the importance of good oral health, and, in some cases, providing translation services for families who do not speak English. Staff members in Head Start programs are very motivated to get the needed care for the children they serve and are extremely appreciative of dentists and dental hygienists who are willing to work with them to reduce the oral health disparities that these children experience.

As dentists and members of the American Dental Association and the American Academy of Pediatric Dentistry, it is our role to advocate for our profession and the patients we serve. There has recently been a flurry of advocacy activity related to Medicaid provisions in the Congressional Budget Reconciliation Bill. It was impressive to see how quickly and passionately our membership responded to the call to advocate for provisions that would benefit children from low-income households. Head Start has many success stories to support its continued funding. Our common goal is to see that these children obtain the needed dental care that is essential to their health and school readiness. I urge each one of you to step up to this plate and make a difference where it really counts.

## REFERENCES

1. Head Start Bureau. About head start. Available at: <http://www2.acf.dhhs.gov/programs/hsb/about/index.htm>. Accessed January 12, 2006.
2. US Dept of Health and Human Services. *Oral Health in America: A Report of the Surgeon General*. Rockville, Md: National Institute of Dental and Craniofacial Research and National Institutes of Health; 2000. Available at: <http://www.surgeongeneral.gov/library/oralhealth>. Accessed January 12, 2006.



Rebecca L. Slayton, DDS, PhD  
Editor