

How Can Head Start Staff Help?



Head Start staff can work with children and families to:

- Change behavior through educational messages, newsletters, hands-on experiences and peer-to-peer mentoring.
- Encourage parents to assume responsibility for the oral health of their children.
- Encourage parents to model good oral health behaviors including personal hygiene and healthy diets.¹⁰



What Can Dental Professionals Do to Help Head Start Children?



Dental professional organizations can help improve the oral health of Head Start children by:

- Educating members about Head Start performance standards and the need for dental professional involvement.
- Encouraging member dentists to provide care and be active members of Head Start health advisory committees.
- Working to develop approaches for educating health professionals in the oral health care of young children and pregnant women.¹¹
- Working for improvement of Medicaid to attract dentists to care for those covered, e.g., simplifying program claims and prior authorizations.¹²
- Providing advocacy support for educational and safety net dental programs that work with the Head Start population to improve their oral health status and school readiness.^{6, 11}

How Can Child Health Advocates and Policymakers Help?



Advocates and policymakers can add to the achievements of Head Start in oral health by:

- Becoming familiar with issues and policies affecting Ohio's Head Start children and families.
- Recognizing that optimal oral health in early childhood is essential to learning, growth, development and quality of life.
- Supporting the integration of oral health into primary health care visits in both private and public settings (e.g., WIC, community health centers, health departments).^{6, 11}
- Supporting the retention of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) in Medicaid.
- Working for the improvement of Medicaid, e.g., simplifying program claims and prior authorizations.¹²



Early Head Start and Head Start serve children from birth through 5 years of age in families below the federal poverty level



The goal of Early Head Start and Head Start is to improve the school readiness of children from families with low incomes.¹

Ohio has 23 Early Head Start programs that serve children aged 0 to 3 years and pregnant women and 66 Head Start programs that serve children aged 3 through 5 years. These 89 programs are funded with federal, state and local monies.

During the 2004-05 school year, approximately 56,000 children were enrolled in Ohio Head Start programs.²



Head Start children in Ohio have problems accessing dental care

Head Start performance standards require each child's oral health status to be determined within 90 days of entry into the program. Head Start programs must help families find a source of care (referred to as a "dental home"), obtain further diagnostic and treatment services for suspected problems and create a follow-up plan.⁷

Head Start parents and programs nationwide consistently report access to dental care as their No. 1 health care issue.⁸

In 2004-05, nearly half of Ohio Head Start children aged 3 through 5 years did not receive preventive dental care and 25 percent did not have a dental examination. Only 2 percent of Early Head Start children aged 0 to 3 years received preventive dental care.²

Reasons for lack of access include dentists' reluctance to treat Medicaid children or very young children and parents experiencing barriers such as cost and transportation. Medicaid pays for the health care of almost three-quarters of Ohio Head Start children.²

Parents giving oral health a low priority is another reason many Head Start children have unmet dental need.^{5,9}



Ohio's Head Start children have more tooth decay, pain and suffering than children from higher-income households

A 2003 study of Ohio Head Start children aged 3 through 5 years found:

- Almost 40 percent had experienced tooth decay.
- Of those children, three out of four had untreated tooth decay.
- One of every 10 children had a toothache in the last six months.⁵

References

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