Pennsylvania Head Start
Oral Health Networking Forums
Spring 2010

Building Relationships between Head Start and the Dental Community

Case Management/Social Work Strategies
- Family support staff should assist parents to call for dental appointments during home visits – do it right on the spot!
- Plan together for strategic social marketing about oral health and the importance of early preventive care in your community
- There is a need for more case-management services for families in the area of oral health
- Head Start/EHS needs to be aware of the dental providers who accept insurances
- Prioritize or triage methods to reach the neediest children first
- Create Health/Teacher/Family Advocates in your program
- Making sure follow-up happens; making sure it is documented when it happens
- Develop incentives for family and provider participation
- Need good tracking systems to follow children
- Use parent reminder letters and make appointment reminder calls
- Connect with local dental providers via “HealthRide”, described as a service that provides rides if more than one patient needs to go to the dentist
- HS/EHS programs must know the “gatekeepers” at the Dental Office and understand the limitations of each clinic practice
- Develop incentives to help parents keep their dental visits

Efforts to Involve Dental Professionals in HS Activities
- Head Start/EHS needs to meet the oral health care providers in their local communities
- Invite oral health providers to join local Head Start Health Services Advisory Committees and make sure they participate
- Engage local professional dental hygienists association
- Reach out to the State Health Center contacts in each county and partner with them to present at community meetings about oral health
- Visit your local Doctors and Dentists in person; provide materials for their waiting rooms and educate them about HS/EHS
- Identify the “General Dentistry Practice Residents” in local hospitals as they are required to provide community oral health outreach in their Residency training
- Partner with oral health care providers to educate families
- Need to build stronger relationships between Head Start/EHS and dental providers
- Sometimes a fresh face and new voice is helpful when reaching out to establish relationships with dental offices
- Partnerships with dental providers and clinics
- Use Dental Hygienists for screening and triage purposes to identify immediately those children with the greatest need for oral health services
- Enroll children year round and link them with dental providers upon their family’s enrollment, before the child actually enters the program
- Need to get dental providers to see their community role in working with HS/EHS to overcome barriers
- Make it viable for dentists to take some MA patients
- Develop a stronger relationship with the local dental society
- Meet with dental providers and ask for some time on their schedule
- Make sure that Dental Vans commit to providing regular examinations, preventive care, and follow-up treatment when needed, especially when signing service agreements with them
- Identify dental providers who accept medical insurance and approach them about seeing a few children and pregnant women
- Need to reframe visit to the Dentist: e.g. call it a “happy visit” — allow children to tour the office and introduce them to the Dentist
- Ask Dental Providers to come into the EHS program for socializations
- Attend local Dental Society gatherings
- Reach out to Federally Qualified Health Centers (FQHCs) for dental services in underserved areas as they use a “sliding fee scale”

**Building Relationships and Understanding with the Dental Community**
- Issues around parents not being present during dental examinations
- Families with several children can’t schedule all of them during one visit to the dentist
- Lack of effective communication and engagement of dental providers and parents
- Parents want to keep their family dentist, but the dentist will not see their 6-12 month old baby
- Parents do not want to risk losing their jobs if they take off work to take their child to the dentist
- Single parents have limited time to take their children to the dentist, given their busy work schedules

**Transportation Barriers**
- Lack of transportation networks and supports in the community
- Stipulations and barriers to use of public transportation services to make dental appointments for families on Medicaid
- Families from rural areas are afraid to transport their young children to the City for dental appointments
- No shows of parents in rural areas due to problems with transportation – may be legitimate but this negatively impacts the dentists

**Barriers to Services for Pregnant Women**
- During enrollment of pregnant women, we find that the majority of them have received no dental services during their pregnancy
- Many pregnant women think dental care during pregnancy is dangerous, although this is a myth

**Sharing and Leveraging of Resources**
- Share informational resources and educational materials