Implementation and Evaluation of Office of Head Start Oral Health Initiative

Marco Beltran, DrPH
Head Start Program Specialist
Office of Head Start
Administration for Children and Families

Dental caries is the most common chronic disease in children

- Low-income children and ethnic minority children bear a disproportionate burden of this disease
- Children living in poverty suffer twice as many dental caries as their higher-income peers
- Low-income children face barriers to accessing dental care

Shortages, Inadequacies, and Lack of Resources for Oral Health

- Shortage of dental providers in their communities
- Shortage of multilingual and culturally competent staff
- Inadequate access to dental insurance
- Inadequate understanding about oral health care for young children
- Lack of appointments at times convenient for families
- Inadequate transportation
- Lack of fluoridated community drinking water

Oral Health Promotion is a Focus of the Office of Head Start

- Head Start Program Performance Standards require that a health care professional determine within 90 days of enrollment whether children are up to date on a schedule of age-appropriate preventive dental care

- Dental follow-up must include necessary preventive measures and further dental treatments as recommended by the dental professional

- Barriers to accessing oral health services faced by many Head Start families is a large challenge n meeting these requirements

OHS Oral Health Efforts

- Formed partnerships with MCHB, HRSA, and AAPD
- Oral Health Forums – National, Regional, State (Starting 1999)
- National Head Start Oral Health Resource Center (Georgetown University)
- Oral Health Initiative (2006-2010)
- Pacific Island Early Childhood Caries Prevention Project (University of Washington)
- Dental Home Initiative (2008)
- National Center on Health (Funded 2011)

Oral Health Initiative

- In 2006, the OHS invested $2 million in grants to 52 Head Start, Early Head Start, and Migrant/Seasonal Head Start programs

- Grantees charged to develop, implement, and disseminate culturally sensitive, innovative, and empirically based best practice oral health models

Implementation Evaluation of OHI

- Focus on documenting implementation strategies and challenges and identifying service delivery strategies that show promise for replication
- Data sources for the evaluation included:
  - interviews with program directors
  - a record-keeping system to collect data on the characteristics enrolled participants and the oral health services they received
  - site visits to a subset of 16 grantees

Community Partnerships

- Identifying Partnerships
  - Ex. Soliciting suggests from HSAC
  - Ex. Researching agencies with goals similar to HS
- Recruit and Retain Partners
  - Ex. Provide transportation to appointments
  - Ex. CEUs for participants in OHI trainings
- Grantees average 16 community partnerships
- Partnerships with community dental providers increased access to oral health care for Head Start children and families.

Grantees Activities and Services

- Outreach activities
- Oral health education for parents, children, and pregnant women
- Establishment of dental homes for children and pregnant women
- Preventive dental care and treatment services
- Support services
- Distribution of dental hygiene supplies

Challenges Experienced by Grantees

- Head Start Program Performance Standards
- Completing dental exams/dental treatment
- Engaging parents and staff
- Dental treatment for children and pregnant women
- Hiring dental hygienists
- Delivering fluoride varnish
- Community partnerships
- State rules on Medicaid reimbursement for dental hygienists

Promising Strategies

- Hiring staff
- Train staff members
- Recruit dental providers
- Implement case management
- Onsite preventive care
- Offer support services
- Parent and child oral health education
- Integrate oral health into management systems

San Felipe Pueblo Head Start

- Rural New Mexico
- Goal - Improve children's oral health and reduce the rate of decay
- OHI had four main components:
  - Provide dental screenings for Head Start children
  - Provide referrals for follow-up care when needed
  - Provide basic dentist services onsite two days a week
  - Provide dental education for Head Start staff, children, and parents

Services Provided Through the Oral Health Initiative

- Each child receives a dental screening from a dentist at the beginning of the year
- Fluoride varnishes, dental screenings, cleanings, and sealants were provided
- Workshops with various audiences
- Teacher lesson plans
- Portable dental equipment

San Felipe Pueblo Today

- Based on information from the program on 8/17/11 regarding the now 3rd graders:
- ONLY 8 of 45 have any decay or dental needs other than sealants, orthodontic considerations
- Many are losing primary teeth and growing permanent teeth.
- Only two need specialty care