

Update on National, Regional and Local Efforts for Head Start Dental Compliance

American Association for Community Dental
Programs: Annual Pre-conference symposium,
NOHC, Portland Oregon

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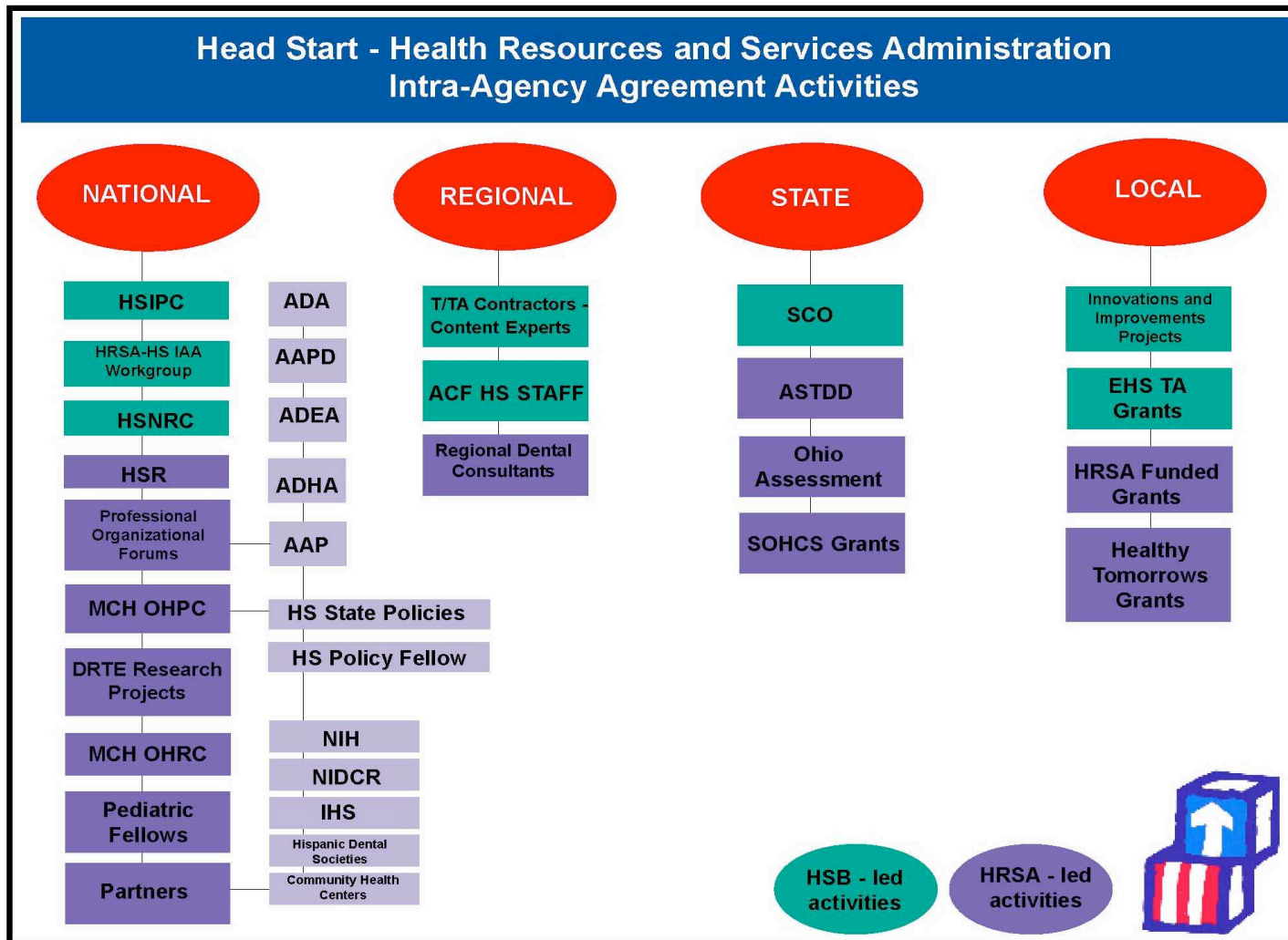
Former Regional Head Start Oral Health
Consultant

Where have we been and what have
we been doing ...?

to improve the oral health of Head start Children

*An Evaluation of activities from 2001-2008
conducted by ASTDD, a partner in the Intra
Agency Agreement of partners working
together to improve the oral health of Head
Start children and families.*

Partners of the IAA



Timeline of ASTDD HS Activities

- National Advisory Committee 2001-2005
- Initial Assessment 2002
- Regional Forums/Action Plans 2001-2005
- State Forums/ Action Plans 2002-2006
- Regional HS Oral Health Cons. 2002-2008
- Forum Evaluations 2004 & 2006
- Follow Up Activities 2005-present
- Review of Follow Up Reports 2005 & 2007

Timeline continued

- OHRC Publications/Pres. 2002-Present
- Information/dissemination NOHC 2002- Present
- State OH/HSSCO partnership 2006-Present
- State Synopsis Publication 2001-2008
- Final State Evaluation Survey 2008
- Final Evaluation Report Written 2009

ASTDD Head Start Project

- Assess relationships between state oral health programs, state Medicaid/SCHIP programs, and Early Head Start/Head Start programs;
- Rebuild collaborative linkages
- Provide TA to state oral health programs
- Propose models and recommendations to address identified oral health needs of Head Start programs and parents.

Regional Head Start Oral Health Consultants (RHSOHC)

- A network of regional Head Start oral health consultants included:
 - State dental directors
 - USPHS commissioned dental officers
 - Board certified dentists in pediatric dentistry
 - Dental and dental hygiene educators
 - Public health dental hygienists.

Regional Oral Health Consultants

- Oral Health Consultation and T/TA to the ACF Regional Offices
- Head Start PIR data analysis
- Implementing recommendations from the Regional and State HS forums
- Establishing and maintaining partnerships between HS and SOHP
- Integration of oral health into T/TA systems
- Assistance with development of programs regionally for education, prevention and access to care

Evaluation Methods

- 2002 Initial needs assessment of SDDs via email questionnaire
- Two online surveys in 2004 and 2006 that collected data from ASTDD-funded state/territorial Head Start oral health forums, action plans and follow-up activities
- Annual ASTDD member surveys since 2005
- Feedback on educational activities and use of materials
- Review *Basic Screening Survey (BSS)* data, *ASTDD State Synopsis* information and *Head Start Program Information Reports (PIR)*
- 2008 Final assessment of SDDs and HS state collaboration office directors via email questionnaire in 2008

Previous Vs. Current Oral Health Program Involvement with the selected Groups

	2002 n=41		2008 N=33		NO RES .
Organization	NO	YES	NO	YES	
HS Collaboration office	24	17	-----	33	1
Regional Office HS	36	5	14	18	
State HS Association	19	22	1	32	
State OH Coalition	16	25	3	27	3

**2002 State Oral Health Program Roles with HS
in selected activities (N=41)**

Question	Advise arrange or facilitate	Perform/conduct	Both	Neither
Assess oral health status	29.3%	9.8%	26.8%	34.1%
Assess access to oral health services (prev/tx)	39.0%	9.8%	14.6%	36.6%
Assess knowledge of behaviors of HS staff or parents	17.1%	14.6%	9.8%	58.5%
Community-based preventive programs	22.0%	17.1%	14.6%	46.3%
HS staff or parent education	22.0%	17.1%	14.6%	46.3%
Curriculum development	19.5%	9.8%	4.9%	65.8%
HS Health advisory committee	29.3%	7.3%	7.3%	56.1%

2008 State Oral Health Program Roles with Head Start in Selected Activities

Question	Advise, arrange or facilitate	Perform or conduct	Both	Neither
Assess oral health status	9.1%	39.4%	33.3%	18.2%
Assess access to oral health prev. services	42.4%	18.2%	24.2%	15.2%
Assess access to tx	51.5%	12.1%	18.2%	18.2%
Assess knowledge or behaviors of HS staff or parents	33.3%	18.2%	6.1%	42.4%
Community-based preventive programs	33.3%	21.2%	15.2%	30.3%
HS staff or parent education	36.4%	30.3%	18.2%	15.2%
Curriculum development	27.3%	21.2%	18.2%	33.3%
HS Health advisory committee	21.2%	24.2%	12.1%	42.4%

Examples: Activities/Outcomes

Fostered leadership, collaboration, communication and leveraging of
additional resources

- 50 states/DC, 4 US Territories held forums, action plans/reports; 35 states/3 territories received support for follow up activities
- Regular conference calls were arranged in every HS region between SOHP and HSSCO
Two webinars held in 2007 (facilitated by ROHCs)
- 16 states who received \$2,500 each of Follow up funds (\$40,000) leveraged an additional \$60,000

ACTIVITIES

- Fluoride varnish programs in SOHP increased 13%-52% (3000 in 2000 -163,000 in 2007)
- HS PIR data showed an increase in preventive care from 61%-85% (2003-2007)
- ASTDD Fluorides Committee research brief
Fluoride Varnish: an evidenced based approach
- 15 Head Start models presently included in the ASTDD Best Practice project

Continuing Needs (final ASTDD survey)

- 45% of SDD and HSCD reported they have used the Forum action plan in grant proposals
- 60% reported integration of action plan activities into their state plans
- 80% SDD and 87% HSSCD noted that they have continued needs where ASTDD could provide assistance
- There are 26 separate needs identified in the ASTDD HS final survey found in the final report

- Continued communication around Head Start/Early Head Start oral health issues
- Technical assistance and support for surveillance of HS/EHS OH status
- Additional funding to support on-site oral health services in Head Start Programs
- Professional technical support and positive attitude for continued emphasis on oral health issues for low-income children
- More information on dentists who participate in Medicaid, especially pediatric dentists
- Continued information (education) on oral diseases and oral health problems of HS children
- Funding for a state planning session to coordinate initiatives and maximize services
- Assure a national advocacy role around oral health for HS families
- Continued grants-follow up would be helpful to support the present activity
- Continue to provide information on ASTDD resources for Head start
- Develop an evaluation to assess the accomplishments of the state Head Start oral health plan
- Additional small planning/collaboration grants and coordination with the new AAPD Head Start Initiative
- Support the dental hygienists' role in Head Start; increased scope of practice
- Conference calls with ASTDD, SOHP, HSSCO and the AAP Initiative representatives would be helpful in continuing the partnership developed previously
- Help **now** to support continuing programs in states not included in the new AAP Initiative

Where are we going in the future to address the needs of Head Start ?

Many Head Start oral health activities and models with evidenced based practices have developed and matured, but ...

they may be in jeopardy without **continued** support of national organizations and active networks of partners at the state and local level working together towards the same goal!

- Pictures

Message

"Never doubt that a small group of thoughtful citizens -Regional oral health consultants- can change the world. Indeed it is the only thing that ever has." Margaret Mead -Revised Kathy Geurink

Message

It is apparent from the positive outcomes and the number of requests for additional support that ...

ASTDD is recognized as an important organization/partner and leader to facilitate statewide efforts to improve the oral health of EHS/HS children and families.