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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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
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

<table>
<thead>
<tr>
<th>Organization</th>
<th>2002 n=41</th>
<th>2008 N=33</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Organization</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>HS Collaboration office</td>
<td>24</td>
<td>17</td>
<td>------</td>
</tr>
<tr>
<td>Regional Office HS</td>
<td>36</td>
<td>5</td>
<td>14</td>
</tr>
<tr>
<td>State HS Association</td>
<td>19</td>
<td>22</td>
<td>1</td>
</tr>
<tr>
<td>State OH Coalition</td>
<td>16</td>
<td>25</td>
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</table>
### 2002 State Oral Health Program Roles with HS in selected activities (N=41)

<table>
<thead>
<tr>
<th>Question</th>
<th>Advise arrange or facilitate</th>
<th>Perform/conduct</th>
<th>Both</th>
<th>Neither</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assess oral health status</td>
<td>29.3%</td>
<td>9.8%</td>
<td>26.8%</td>
<td>34.1%</td>
</tr>
<tr>
<td>Assess access to oral health services (prev/tx)</td>
<td>39.0%</td>
<td>9.8%</td>
<td>14.6%</td>
<td>36.6%</td>
</tr>
<tr>
<td>Assess knowledge of behaviors of HS staff or parents</td>
<td>17.1%</td>
<td>14.6%</td>
<td>9.8%</td>
<td>58.5%</td>
</tr>
<tr>
<td>Community-based preventive programs</td>
<td>22.0%</td>
<td>17.1%</td>
<td>14.6%</td>
<td>46.3%</td>
</tr>
<tr>
<td>HS staff or parent education</td>
<td>22.0%</td>
<td>17.1%</td>
<td>14.6%</td>
<td>46.3%</td>
</tr>
<tr>
<td>Curriculum development</td>
<td>19.5%</td>
<td>9.8%</td>
<td>4.9%</td>
<td>65.8%</td>
</tr>
<tr>
<td>HS Health advisory committee</td>
<td>29.3%</td>
<td>7.3%</td>
<td>7.3%</td>
<td>56.1%</td>
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</tbody>
</table>
### 2008 State Oral Health Program Roles with Head Start in Selected Activities

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