

Oral Health Prevention, Promotion, and Treatment Strategies: Findings from the Head Start Oral Health Initiative Evaluation

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Head Start Oral Health Initiative

- Head Start programs face challenges in meeting Program Performance Standards on oral health
- The Office of Head Start invested \$2 million in grants to 52 diverse programs in 2006
- The OHI grantees receive supplemental funding over a four-year period

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Oral Health Initiative Evaluation Research Topics

- Community contexts
- Family characteristics
- Oral Health Initiative program models
- Service delivery to children and families
- Promising service delivery models
- Sustainability of program models

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Data Sources

- Telephone interviews with all 52 grantee directors in winter 2007
- Recordkeeping system data on enrollment and service use (February 2007 through January 2008)
- Site visits to a subset of 16 grantees in fall 2008

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OHI Communities Have Inadequate Oral Health Infrastructure

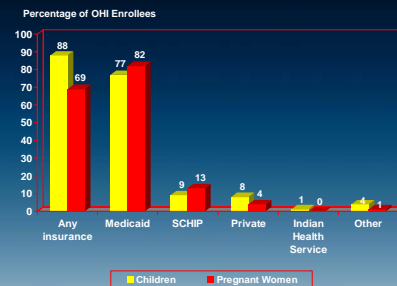
- Shortage of dental providers who accept public insurance and serve young children
- Inadequate access to dental insurance for immigrant families
- Difficulty scheduling and arranging transportation to dental appointments
- Lack of fluoridated community drinking water

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SOURCE: Telephone interviews with 52 OHI grantees.

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Most OHI Enrollees Had Dental Insurance



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SOURCE: OHI Recordkeeping System, February 1, 2007 – January 31, 2008

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Grantees Developed Goals for OHI in Three Main Areas

- **Goals**
 - Increasing access to oral health services
 - Providing oral health education
 - Developing partnerships with dental providers
- **Strategies**
 - Helping families establish dental homes
 - Referring families to dental providers
 - Providing on-site preventive care
 - Educating staff, parents, and children

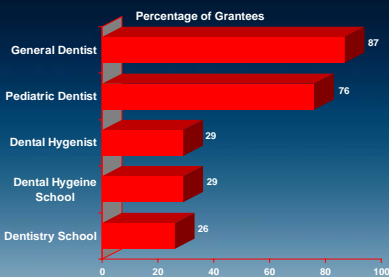
7 SOURCE: Telephone interviews with 52 OHI grantees.

Two-Thirds Hired New Staff with OHI Funds

- **Half hired dental hygienists**
 - On-staff hygienists provided 21 percent of preventive services in the recordkeeping system
- **One-quarter hired oral health educators**
 - 92 percent of grantees offered parent education
 - 79 percent trained staff

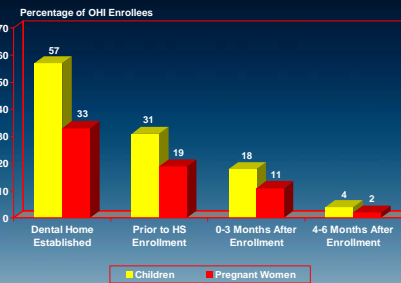
8 SOURCES: Telephone interviews with 52 OHI grantees; OHI Recordkeeping System, February 1, 2007 – January 31, 2008.

All Grantees Formed Partnerships with Providers



9 SOURCE: OHI Recordkeeping System, February 1, 2007 – January 31, 2008.

Establishing Dental Homes Was a Challenge for Grantees



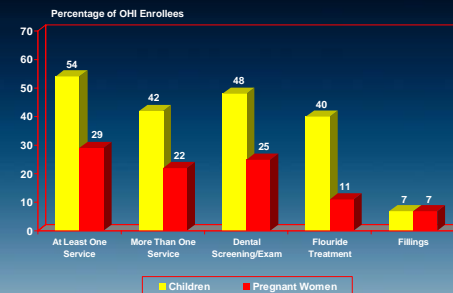
10 SOURCE: OHI Recordkeeping System, February 1, 2007 – January 31, 2008.

Most Grantees Provided or Arranged for Dental Services

- **90 percent conducted or referred OHI enrollees for oral health risk assessments**
- **77 percent provided some preventive services on-site—often screenings and fluoride treatments**
- **92 percent referred enrollees to dental professionals for treatment services**

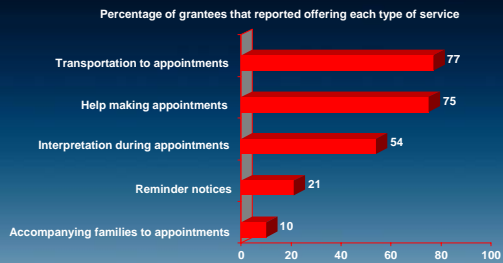
11 SOURCE: Telephone interviews with 52 OHI grantees.

More Than Half of Children Received at Least One Service



12 SOURCE: OHI Recordkeeping System, February 1, 2007 – January 31, 2008.

Grantees Offered Support Services to Increase Access



13 SOURCE: Telephone interviews with 52 OHI grantees.

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Implementation Lessons

- Overcoming barriers is labor intensive
- Partnerships with dental providers are instrumental to increased access
 - Partners provided two-thirds of services in the recordkeeping system
- Establishing dental homes is challenging

14 SOURCE: Telephone interviews with 52 OHI grantees.

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Implementation Lessons (cont'd)

- Arranging on-site preventive services increases access
- Despite gains, access barriers persist
- Understanding state policies is critical
 - EPSDT schedules
 - Medicaid reimbursement
 - Practice rules for dental hygienists

15 SOURCE: Telephone interviews with 52 OHI grantees.

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