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

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

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

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

Most OHI Enrollees Had Dental Insurance

<table>
<thead>
<tr>
<th>Insurance Type</th>
<th>Percentage of OHI Enrollees</th>
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<tbody>
<tr>
<td>Any</td>
<td>68</td>
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<tr>
<td>Medicaid</td>
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<td>SCHIP</td>
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<td>Private</td>
<td>4</td>
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<td>Indian Health</td>
<td>4</td>
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<td>Other</td>
<td>3</td>
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SOURCE: Telephone interviews with 52 OHI grantees.
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

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


All Grantees Formed Partnerships with Providers

- **Percentage of Grantees**
  - General Dentist: 87%
  - Pediatric Dentist: 16%
  - Dental Hygienist: 29%
  - Dental Hygiene/ School: 29%
  - Dentistry School: 26%

Establishing Dental Homes Was a Challenge for Grantees

- **Percentage of OHI Enrollees**
  - Established Prior to HS Enrollment: 33%
  - 0-3 Months After Enrollment: 53%
  - 4-6 Months After Enrollment: 18%
  - 6+ Months after Enrollment: 2%


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**

Sources: Telephone interviews with 52 OHI grantees.

More Than Half of Children Received at Least One Service

- **Percentage of OHI Enrollees**
  - At Least One Service: 54%
  - More Than One Service: 29%
  - Dental Preventive Care: 49%
  - Fillings: 48%

Grantees Offered Support Services to Increase Access

- Transportation to appointments: 77%
- Help making appointments: 75%
- Interpretation during appointments: 54%
- Reminder notices: 40%
- Accompanying families to appointments: 10%

*Source: Telephone interviews with 52 OHI grantees.*

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

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

*Source: Telephone interviews with 52 OHI grantees.*