

## HEAD START "HEALTHY SMILES — HEALTHY GROWTH" SURVEY IN NEW HAMPSHIRE A COLLABORATIVE APPROACH

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## Federal Guidelines

- 45 CFR 1304.20 (a) (1)
- Within 90 days of entry into a Head Start Program:
  - Determine if a child has an ongoing source of continuous, accessible health care (includes a dental home)
  - Assist parents accessing OH care
  - Arrange for testing and treatment
  - Develop and implement a plan

## New Hampshire Collaboration

- Pediatric dentist & dental colleagues
- Established partnership- Head Start & NH Oral Health Program through HRSA Head Start grant, 2005
- New Hampshire Department of Health and Human Services (NH DHHS)
  - Oral Health Program
  - Health Promotion Program
- Head Start (HS) programs
- School-based oral health programs
- Northeast Delta Dental Foundation

## Head Start Locations



## Survey Planning

- Developed OH/BMI HS survey modeled after ASTHO/ASTDD sponsored webcast: *Got A Sweet Tooth? Monitoring the Prevalence of Obesity and Tooth Decay in Children*
- Recruited four volunteer dentists
  - 3 pediatric
  - 1 general
- Recruited 19 volunteer school-based dental hygienists
- Met with Head Start Health Managers

## Survey Logistics

- Applied for funding grant to NE Delta Dental Foundation to purchase supplies
- Scheduled two calibration trainings for Head Start and Department staff
- Scheduled survey at 25 sites
  - 45 HS sites randomized
  - First 25 chosen for sample
  - 3 additional sites scheduled during survey implementation to reach desired sample size

## Methods

- One-stage cluster sample
  - 28 Head Start sites
  - 919 eligible children
- Written parental informed consent
- Data collection
  - Early childhood caries (ECC), active decay, history of decay, treatment urgency
  - Height, weight data, gender, DOB, screening date
- Analysis using SAS software

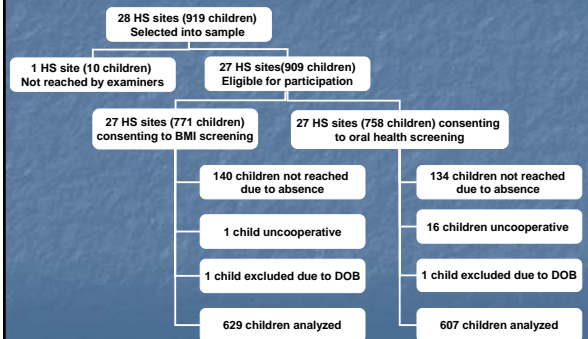
## New Hampshire Collaboration



## Implementation

- October 2007 — February 2008
- NH DHHS Staff time
  - Calibration Trainings and frequent meetings
  - Prepared 1,000 goody bags
  - Restocked supplies for site visits
  - Attendance at all site visits
- Conducted statewide survey at 27 sites
  - One home-based site not reached
- 7,172 miles traveled

## Analytic Sample



## New Hampshire Collaboration



## Preliminary Results: Oral Health

- 607 children aged 3-5 (303 males / 304 females)
  - Early Childhood Caries (ECC)
    - 22.4% (95% confidence interval [CI] = 19.4-25.4%)
  - Active decay
    - 30.6% (CI = 27.3-34.0%)
  - Decay history
    - 40.2% (CI = 37.0-43.4%)
  - Restorative care needed
    - 22.6% (CI = 19.4-25.7%)
    - Urgent care needed 0.8% (CI = 0.4-1.3%)

## Preliminary Results BMI



## Preliminary Results: BMI for age

- 629 children aged 3-5 (310 males / 319 females)
  - Underweight (<5<sup>th</sup> percentile)
    - 2.1% (CI = 1.2-2.9%)
  - Normal weight (5<sup>th</sup> to <85<sup>th</sup> percentile)
    - 61.4% (CI = 58.5-64.2%)
  - At risk of overweight (85<sup>th</sup> to <95<sup>th</sup> percentile)
    - 18.4% (CI = 16.5-20.4%)
  - Overweight (≥95<sup>th</sup> percentile)
    - 18.1% (CI = 16.1-20.2%)

## Conclusions

- Efficient and low-cost approach to assess dental needs and weight status of children from very low-income families
- Assisted Head Start programs in fulfilling federally mandated performance measure
- HS children benefited from RDH care coordination linking children to needed treatment in local dental offices
- Standardized data collected on high risk Medicaid eligible population
- Provides Head Start programs with baseline data about rates of pediatric overweight

## Limitations/Recommendations

- Four examiners as opposed to one
- Required far greater commitment of time and human resources than anticipated
- Did not anticipate weather related school closings and difficult traveling conditions
  - Fewer children participated than expected due to absence from school
- Limited information collected from Head Start programs

## CDC Disclaimer

The findings and conclusions in this presentation have not been formally disseminated by the Centers for Disease Control and Prevention and should not be construed to represent any agency determination or policy.

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