



## Regional Head Start Oral Health Consultants (RHSOHC)

- A network of regional Head Start oral health consultants provided professional, clinical, and public health expertise and support:
  - state dental directors
  - USPHS commissioned dental officers
  - board certified dentists in pediatric dentistry and dental public health
  - dental and dental hygiene educators and 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 ( education, prevention, access)
- Establishing and maintaining partnerships between HS and SOHP and all partners
- Integration of oral health into T/TA systems
- Assistance with development of programs regionally for education, prevention an 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
	NO	YES	NO	YES	
Organization 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<sup>( final ASTDD survey )</sup>

- 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 continuing 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

## 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.

## Message

"Never doubt that a small group of thoughtful citizens –( AACDP, Regional Oral Health Consultants, professionals/staff from local Community Health Centers ...) can change the world. Indeed it is the only thing that ever has." Margaret Mead –Revised Kathy Geurink

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

Many good activities and evidenced based models of Head Start and oral health 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!

## Improved Oral Health for HS children

