Executive Summary

Overview

The Association of State and Territorial Dental Directors (ASTDD) has received proposals from organizations and provided funding of initial Early Head Start/Head Start (EHS/HS) Oral Health Forums in states and territories. The purpose of these forums is to solicit input from a multidisciplinary, multi-organizational group of stakeholders to develop an action plan to improve Head Start oral health components that includes enhancing prevention and oral health education as well as increasing access to oral health services. The RFP requested a Final Report and a copy of the Action Plan be submitted to ASTDD upon completion of the forum.

Methods

In Group 2 of the assessment, feedback was solicited through an electronically administered assessment instrument. The instrument was sent to 22 participants. Overall response rate was 81.8% (18 participants). Of the nonrespondents, 2 of the 4 were returned due to incorrect or obsolete email addresses and phone numbers. Group 1 received responses from 56 participants for a total of 78 participants in both groups.

Outcomes

One of ASTDD’s goals for the forums was to foster leadership, collaboration, and communication among stakeholders. All of the respondents indicated that they had forums with diverse multidisciplinary groups represented by most key stakeholders. Comments indicated stakeholders included Head Start program staff, representatives from the Division of Medicaid, CHIP, Health Department, State Head Start Collaborative Office, Primary Health Care Association, and Organized Dentistry (dentists and hygienists). Participants also stated they would have liked to have had a greater representation from health departments (state, regional and local) primary care providers, community-based child advocacy organizations, day care centers, Division of Human Services (TANF), Physicians, Nursing Association and State Legislators.

The majority (83.3%) said strategies were developed for implementing the Action plan, such as development of health screening approaches; integration of oral health screenings and fluoride varnish applications into medical exams; passage of legislation for expanded functions of Allied Dental professionals; development of educational materials targeting multi-cultural populations, implementation of oral health into the Head Start curriculum, development of advocacy activities and oral health coalitions; regular collaboration between dental professionals and EHS/HS for improving access and quality of care. Only 1 participant stated their state did not develop these strategies, and 2 participants were neutral on this topic.
Most participants said the State/Territorial Oral Health Program played a key role in planning the forum and facilitating the Action Plan (77.7%). Comments indicate that the success was due to the collaborative efforts between Head Start Collaboration Offices, Head Start Associations and the State/Territorial Oral Health Programs. One participant credited ASTDD as being the key “catalyst” for initiating their state collaborative efforts.

Most (83.3%) said the Forum and Action Plan served as an impetus for collaboration and communication among stakeholders to address oral health issues in Head Start. Participants stated that a variety of coalitions were formed during these forums, including EHS/HS members, dentists and pediatricians, and other oral health committee members.

A second goal was to increase access to regular and appropriate preventive and treatment services. Over half the states (61.1%) reported that access to oral health care improved for Head Start children after the forum. 50% reported increased preventive efforts and access to oral health care for pregnant women and families of Head Start children. Many stated that awareness of the need has increased and plans are being developed for improved access. However, other respondents pointedly stated that they have seen no improvement in access to date. In general, funding seems to be the key factor needed for progression.

A third goal was to expand evidence-based prevention in Head Start Programs. Half of the states (50%) indicated implementation of evidence-based prevention programs. One state commented they are including the integration of an oral health component for expectant mothers and their children upon entering EHS/HS programs, and another state added that they are planning “to produce a manual for parents to increase their awareness of the relationship between the physical and oral health of young children”. Most other participants stated that they have projects in the pilot or planning stages.

A fourth goal was to promote the use of culturally, developmentally appropriate oral health promotion and education. Slightly more than one-forth (27.8%) reported developing culturally appropriate oral health education and promotion efforts. While the majority of the states claimed a neutral position in this area (50%) another 22.2% disagreed. Some states said they already had materials in place prior to the forums. Others stated that they were in the process of developing programs, but the majority of the comments stated that there was nothing in effect or that they were at least not aware of anything.

A higher percentage (61%) reported development of developmentally appropriate oral health education and promotional efforts. Some states commented that the media and ASTDD aided in this, and others stated that there were actions in progress at the moment.

A fifth goal was to assess and evaluate program outcomes. Less than one-third of the respondents (27.8%) indicated they had tools in place to measure outcomes and 44.4% said they have no evaluation plan in place presently, while 11.1% stayed neutral. Some
respondents indicated they are working on a plan, and many of them are using database-type methods. Some examples of the tools were listed.

*The last goal was to use innovative leveraging of resources for technical assistance funding.* The majority of states (66.6%) were able to leverage resources for their action steps. Some of the comments written stated that funds were being used to train HS coordinators and parents using HRSA funds; additional federal/foundation resources (MCHB/RWJ) have been secured and used to integrate oral health activities and parent information into EHS and HS programs and other action plan activities. One state also commented that “Delta Dental supported mobile dental equipment in 8 regions of the state (that were) acquired to provide on-site services”.

**Respondents were asked to list additional resources they need to help implement their plans. They listed the following:**

- Models/tools to conduct and implement an evaluation system.
- Grant seekers and grantees need to attend a portion of the annual ASTDD conference.
- A research base on what actually are evidence-based approaches and best practices.
- Additional funds to develop a post forum - follow up survey would be appreciated. It would give the planning committee a better idea if this process helped at the local level and if not, what else needs to be done.
- Insofar as the Head Start grantees role in implementing the plan, we were hoping to bring health care coordinators together from all of the Grantees to discuss progress toward and to refine our strategies. So far, we have not been able to scare up the funding to do that, so it has dampened the initiative somewhat.
- The recent information from the Head Start Bureau that funds are available for oral health support will be a strong motivator for agencies to continue expansion of this work.
- More incentives for pediatric dentists to be attracted to this initiative.
- Money is always the top issue.
- We have only just begun to implement our 5-year plan. We have adequate resources between the DHHR, ASTDD, and the collaboration office for our 2nd annual Oral Health Training Forum. Our next year's goals are to produce a manual that will assist parents in understanding dental care for their young children and to provide parents OH Training Cluster to support parents learning better information and techniques in protecting and caring for their children's OH needs. We also want to share information about the interaction between Dentist and Pediatricians.
- We need resources for the implementation of long-term effective education/prevention models.
- In our state, we just need to have someone who will be directly responsible for bringing the group together again. I think this can be done, once the IHSB board is more settled and with direction.
- Staff Support = Dedicated research biostatistician support; a part-time or full-time health educator to oversee and assist the regional oral health consultants with Head Starts at the local level.
- Funding for Infrastructure Building
Assessment: Healthy Smiles for a Head Start Survey to assess state, regional needs

Policy development protocols, policies that support access to primary prevention efforts, removing fiscal and dental hygiene practice barriers.

Assurance: A statewide grant could fund infrastructure development for Head Start/Early Head Start family oral health in partnership with state, regional and local health departments and primary medical and dental care providers. This could be accomplished through partnership with public health and primary care clinic visits. PIR data show that a higher % of children visit a physician for well baby visits than those receiving dental exams, so in addition to the public health and primary prevention program including screening, varnish placement, referral and case management for restorative needs could assist. Workforce capacity could be increased by the use of dental hygienists, nurses and Head Start coordinators. State and local health departments are a link to family services, helping to coordinate and facilitate efforts to collect data and evaluate outcomes.

• Need additional resources to support a portion of coalition activities/continue development of action plan and improve evaluation capacity.

• Surveillance System:
  o Share Head Start data with SCHOR O.H. Division’s oral Health Surveillance System
  o To monitor for disease burden – utilize BSS to assess program effectiveness and intervention.
  o Training for health staff in oral assessment and BSS.

• There needs to be follow-up $ to develop an action plan.