Strategies for Promoting Prevention and Improving Oral Health Care Delivery in Head Start: Findings from the Oral Health Initiative Evaluation

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OBJECTIVE
Document the OHI grantees’ implementation strategies and challenges and identifying service delivery strategies that show promise for replication

CONTEXT
The Office of Head Start invested $2 million in grants to 52 Head Start programs to implement the Head Start Oral Health Initiative (OHI) in 2006. The OHI grantees received supplemental funding over a four-year period to develop, implement, and disseminate culturally sensitive, innovative, and empirically based best practice oral health models.

METHODS
The RE-AIM analytic model was used to analyze each grantee’s implementation progress and to select a subset grantees for in-depth site visits. The selection included 12 high- and 4 low-ranking grantees on the RE-AIM dimensions. Program data and notes from the site visits were used to systematically identify strategies that showed promise for replication.

DATA SOURCES
• Telephone interviews with program directors and other key staff from the 52 OHI grantees
• Program data on the characteristics of the children, families, and pregnant women enrolled in OHI and the oral health services they received
• Site visits to a subset of 16 grantees

Table 1: Oral Health Promotion Strategies with Promise for Replication

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<tr>
<th>Strategy</th>
<th>Evaluation Findings</th>
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<tr>
<td>Train all staff on oral health promotion strategies</td>
<td>79 percent of grantees provided training for staff</td>
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<td>Hire dental hygienists to deliver oral health services</td>
<td>Dental hygienists provided 20 percent of preventive services</td>
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<td>Partner with dental providers that will serve families</td>
<td>Community partners provided 75 percent of all services</td>
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<td>Provide preventive care on-site.</td>
<td>50 percent all services were provided at Head Start centers</td>
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<td>Provide support services to help families make and keep dental appointments</td>
<td>77 percent of grantees offered transportation; 75 percent helped families make appointments; over 50 percent provided interpretation during appointments</td>
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<td>Educate parents about the importance of oral health and children how to care for their teeth</td>
<td>All grantees offered education on oral health topics was to parents and children; 75 percent used an oral health curricula</td>
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CHALLENGES
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

We identified the following challenges to implementation:
• Overcoming barriers to oral health care is labor intensive
• Partnerships with dental providers are instrumental to increased access
• Establishing dental homes is challenging
• Components of OHI models will be sustainable, but cut backs will be necessary
• Arranging on-site preventive services increases access
• Providing support services helps reduce barriers to care
• Understanding state policies is critical (EPSDT schedules, Medicaid reimbursement, practice rules for dental hygienists)