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Health

Head Start Program Information Report

The National Center on Health

Dental Hygienists Liaison Quarterly Webinar

September 26, 2014



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General Reminders

- This webinar will be recorded and archived on the ASTDD website.
- Questions will be addressed after the speakers are finished. Please type your question into the “chatbox” that will appear at the end of the webinar and then click on the bubble to the right of where you type your question to send it to the moderator.



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What are the Oral Health Requirements for the Program Information Report (PIR)?

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What is the PIR?

- The PIR provides comprehensive data on the services, staff, children, and families served by Early Head Start (EHS)/Head Start (HS) programs nationwide. All grantees and delegates are required to submit PIR reports to the HHS OHS annually.
 - ✓ Self-reported data
- The PIR data are compiled for use at the federal, regional, state, and local levels.
 - ✓ <http://eclkc.ohs.acf.hhs.gov/hslc/mr/pir>



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Oral Health HS PIR Requirements

- PIR #C.17: The number of children with continuous, accessible dental care provided by a dentist:
 - ✓ # at enrollment
 - ✓ # at the end of enrollment year
- ❖ **Dental home** (as defined in the PIR):
 - *An ongoing source of continuous, accessible dental care provided by a dentist*



Oral Health HS PIR Requirements (cont'd)

- PIR #C.18: The number of children who received preventive care since last year's PIR was reported:
 - ✓ # at the end of enrollment year
- ❖ **Preventive care** (as defined in the PIR):
 - *Includes fluoride application, cleaning, sealant application, etc.*



Oral Health HS PIR Requirements (cont'd)

- PIR #C.19: The number of children...who have completed a professional dental exam since last year's PIR was reported:
 - ✓ # at the end of enrollment year
- ❖ **Professional dental exam** (as defined in the HS Performance Standards):
 - *must incorporate the requirements for a schedule of well child care utilized by the EPSDT program of the Medicaid agency of the State in which they operate*



Oral Health HS PIR Requirements (cont'd)

- PIR #C.19.a.: Of the number of children in C.19, the number of children diagnosed as needing dental treatment since last year's PIR was reported:
 - ✓ # at the end of enrollment year
- ❖ **Dental treatment** (as defined in the PIR):
 - *Includes restoration, pulp therapy, or extraction. It does not include fluoride application or cleaning.*



Oral Health HS PIR Requirements (cont'd)

- PIR #C.19.a.1.: Of the number of children in C.19.a., the number of children who have received or are receiving dental treatment:
 - ✓ # at the end of enrollment year
- ❖ **Dental treatment** (as defined in the PIR):
 - *Includes restoration, pulp therapy, or extraction. It does not include fluoride application or cleaning.*



Oral Health HS PIR Requirements (cont'd)

- PIR #C.19.b.: Specify the primary reason that children who needed dental treatment did not receive it:
 1. Health insurance doesn't cover dental treatment
 2. No dental care available in the area
 3. Medicaid not accepted by dentist
 4. Dentists in the area do not treat 3 – 5 year old children
 5. Parents did not keep/make appointment
 6. Children left the program before their appointment date
 7. Appointment is scheduled for future date
 8. No transportation
 9. Other (please specify):



Oral Health **EHS** PIR Requirements

Infant & Toddlers

- PIR #C.20: Number of all children who are up-to-date on a schedule of age-appropriate preventive and primary oral health care according to the relevant state's EPSDT schedule
 - ✓ at the end of the enrollment year



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Oral Health **EHS** PIR Requirements

Pregnant Women

- PIR #C.21: Number of all pregnant women who received a professional dental examination(s) and/or treatment since last year's PIR was reported
 - ✓ # of pregnant women



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Head Start Program Information Report Pilot Project for Oral Health

The National Center on Health

Reg Louie, DDS, MPH

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PIR Data for US: FY 2011 - 2013



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PIR Indicator related to Oral Health	2011** (est.)	2012	2013
% Enrollees in US with a “dental home”	90%**	94%	93%
% with professional dental exam	75%**	87%	86%
% diagnosed as needing follow-up Tx	21%	20%	19%
% receiving/have received needed Tx	83%	81%	80%
% receiving preventive care	73%**	85%	85%
% children 0-2 Up-to-date on State Dental EPSDT Schedule	---	79%	77%
% pregnant women with completed dental exam	48%**	40%	40%

Head Start Oral Health PIR Findings



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Head Start directors, staff, and parents report oral health issues as one of their biggest challenges

- Finding dentists that
 - ✓ See young children
 - ✓ Accept Medicaid
 - ✓ Have extended hours
- Following up on needed treatment



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Head Start Oral Health PIR Findings



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Parents report the following issues:

- Dental office staff are not friendly or welcoming
- Explanations and instructions are hard to understand
 - ✓ Too technical
 - ✓ Not in the language they speak
- Transportation is difficult or impossible
- Difficult to miss work for dental appointments
- Oral health care is too expensive if don't have insurance

PIR Oral Health Pilot Project – Purpose/Methods [1]



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- Begin to develop a data-driven model to help NCH and HS regional offices use PIR data to monitor HS grantees' compliance with OH-related PIR requirements and to
- inform the development of follow-up and T/TA plans
- Reviewed 2011 & 2012 PIR data for grantees in six states focusing on 3 indicators (% examined, % needing Tx, % receiving/received Tx)
- Did not review % with “dental home”, % up-to-date with state EPSDT schedule, % pregnant women with exam or treatment

PIR Oral Health Pilot Project – Purpose/Methods [2]



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- In analyzing data and for prioritizing grantees:
 - Most weight given to % children w/ professional dental examination, less weight to % received/receiving dental Tx, and the least weight to % Dx as needing follow-up Tx
 - Some weight given to how grantee’s data compared to the statewide average, to how % of children who received/receiving dental treatment compared to the reported % of children with continuous access to oral health care at year’s end (“dental home”), size of grantee
- Considered grantee’s trend over 2 year time frame
- ID’d \leq 10 lowest performing grantees in each state

PIR Oral Health Pilot Project – Findings



- All six pilot project states had higher % than the national average for children with completed professional dental exam and those Dx as needing Tx
- Three states had higher % percentages for children who received/are receiving dental Tx
- Variation among states in % children who received/are receiving dental Tx
- Variation within states, i.e., lowest-performing grantees skewed the state average, especially for % children with dental exams and for those who have received/are receiving dental Tx

PIR Oral Health Pilot Project – Other Findings



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- Number of programs had significant drop-offs in 2012 from 2011 for % children with professional dental exams as well as the % of those needing Tx
- Of these, some were larger grantees (300+ children) with only 1-3% of children needing dental treatment
- “Dental home” data not reviewed/analyzed in detail because of variations in applying the definition of “continuous access to dental care”
 - e.g., some cases with identical percentages for “dental home”, preventive care and “completed a professional dental exam”, yet many of these PIR reports did not have similar % for “received/or receiving dental treatment”

PIR Oral Health Pilot Project – Recommendations



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- Expand pilot to one state in each region and expand review/analyses to 4 years including the most recent
- Share the analysis of grantees with the OHS, ROs and state DHLs. As appropriate, expand analyses, e.g., to better define the OH issues confronting the grantees
- “having received/receiving dental Tx” captures many grantee issues. When appropriate, additional elaboration, explanation or clarification of the data should be obtained and reviewed.
- Expand to identify and disseminate information on “best practices” among best performing grantees

PIR Oral Health Pilot Project – Status (August 2014)



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- Report submitted to OHS by NCH and accepted as revised in Spring 2014
- Added 2013 PIR data to review and analysis of grantees in six pilot states; modified prioritizations accordingly
- Drafting specific-report revision for individual ROs with respective lowest performing grantees and offering direct follow-up conferencing with each to discuss possible “next steps”

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Contact Information



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Still Have Questions?



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