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.

Please respond to the polling questions at the conclusion of the webinar.
Collection of Data in Head Start

Head Start Dental Hygienist Liaisons Webinar

The National Center on Health

February 28, 2014
The New Head Start Dental Form

Not the Same Old BSS (Basic Screening Survey)

The National Center on Health
Kathy Phipps, RDH, MPH, DrPH
Data & Surveillance Coordinator, ASTDD
DHL Webinar
February 28, 2014
Patient vs. Population Health
Monitoring Oral Health Status

**Patient**
- Complete *clinical exam* by
  - Provider with legal authority
  - Tooth surface level diagnosis
    - Occlusal caries “tooth A”
  - Treatment plan

**Population**
- Limited *screening* by
  - Trained screener
  - Person level diagnosis
    - Child has untreated decay
  - Referral for care
Monitoring Population Oral Health

• Oral health surveillance
• Purpose of oral health surveillance...
• Provide *actionable* health information to guide public health policy and programs
• *Use data* to protect and promote population wide health
Example of Health Surveillance
Adult Obesity
Obesity Among US Adults, 1990

![Map showing obesity prevalence among US adults in 1990 with colorcodes: No Data, <10%, 10%-14%, 15%-19%, 20%-24%, 25%-29%, ≥30%]
Obesity Among US Adults, 1991

The map shows the percentage of obesity among US adults in 1991, color-coded by state. The legend explains the color coding, with states shaded in various shades of blue to represent different obesity percentages:

- No Data
- <10%
- 10%–14%
- 15%–19%
- 20%–24%
- 25%–29%
- ≥30%

Some states, such as Nevada and Kansas, are shaded white to indicate no data was available for those regions. The map highlights trends across the country, with some regions showing higher obesity rates compared to others.
Obesity Among US Adults, 1997

The map shows the prevalence of obesity among US adults in 1997, categorized into several percentage ranges:

- No Data
- <10%
- 10%–14%
- 15%–19%
- 20%–24%
- 25%–29%
- ≥30%

The states are color-coded based on the percentage range of obesity, with darker colors indicating higher percentages of obesity.
Obesity Among US Adults, 2008
How is Obesity Data Collected?
Take Home Message

Surveillance data does not need to be perfect but it does need to be consistent and easily obtainable.
Oral Health Surveillance

• Basic Screening Survey (BSS)
  – A tool for collecting oral health surveillance data for population groups including
    • Head Start (3-5 year olds)
    • Elementary school children
    • Vulnerable older adults
  – Developed by
    • ASTDD
    • CDC
    • Ohio Department of Health
Basic Screening Survey

• Oral health indicators for preschool children
  – Treated decay
    • no/yes
  – Untreated decay
    • no/yes
  – Urgency of need for dental care
    • none, early, urgent
How is BSS Data Collected?

• Statewide oral health survey
  – Probability sample of Head Start centers
  – Hire staff to drive to centers and screen children
  – Enter & analyze data
  – Report data
  – Advocate for programs to improve health
Example
Washington State

Smile Survey 2010
The Oral Health of Washington’s Children
Percent of Head Start Children with Untreated Decay

Basic Screening Survey

**PROS**

- Provides valuable data for program evaluation and advocacy
- Simple

**CONS**

- Requires a screening in addition to the examination required by Head Start
- Can be somewhat costly to state health agency
The “Aha” Moment

- Can the Head Start dental exam form be used to collect BSS data?
Too Many Forms

PROBLEM
• Each HS program was using a different form
• No consistency on what info was collected

SOLUTION
• Develop standard form that collects \textit{both}
  – Diagnostic/treatment info
  – BSS information
Head Start Oral Health Form — Children

**Patient Information**

<table>
<thead>
<tr>
<th>Child’s name</th>
<th>Child’s date of birth</th>
</tr>
</thead>
</table>

**Current Oral Health Status**

- Does the child have any teeth with untreated decay? [ ] Yes (decay) [ ] No (decay free)
- Does the child have any teeth that have previously been treated for decay, including fillings, crowns, or extractions? [ ] Yes [ ] No
- Are there treatment needs? [ ] Yes, urgent [ ] Yes, not urgent [ ] No treatment needs

**Oral Health Care Services Delivered During Visit**

<table>
<thead>
<tr>
<th>Diagnostic/Preventive Services</th>
<th>Counseling/Anticipatory Guidance</th>
<th>Restorative/Emergency Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination</td>
<td>[ ] Yes [ ] No</td>
<td>[ ] Yes [ ] No</td>
</tr>
<tr>
<td>X-rays</td>
<td>[ ] Yes [ ] No</td>
<td>[ ] Yes [ ] No</td>
</tr>
<tr>
<td>Risk assessment</td>
<td>[ ] Yes [ ] No</td>
<td>[ ] Yes [ ] No</td>
</tr>
<tr>
<td>Cleaning</td>
<td>[ ] Yes [ ] No</td>
<td>[ ] Yes [ ] No</td>
</tr>
<tr>
<td>Fluoride varnish</td>
<td>[ ] Yes [ ] No</td>
<td>[ ] Yes (please specify)</td>
</tr>
<tr>
<td>Dental sealants</td>
<td>[ ] Yes [ ] No</td>
<td>[ ] Yes (please specify)</td>
</tr>
<tr>
<td>Referral to Speciality Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Future Oral Health Care Services**

- All treatment completed? [ ] Yes [ ] No
- Next recall date: _____ / _____ (month/year)
- More appointments needed for treatment? [ ] Yes [ ] No
- If yes: Approximate number of appointments needed: _____
- Next appointment: Date: _____ Time: _____

**Additional Information for Parents, Head Start Staff, and Medical Providers**

**Oral Health Provider’s Contact Information and Signature**

<table>
<thead>
<tr>
<th>Provider name (please print)</th>
<th>Phone number</th>
<th>Fax number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice name</td>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Provider signature</td>
<td>Date of service</td>
<td></td>
</tr>
</tbody>
</table>

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BSS indicators for surveillance

Treatment planning

Important Note

• The oral health form is optional
  – Programs may opt to use their own form instead of the standard form
  – If program uses their own form we encourage you to add the BSS indicators to the form
Contact Information

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Oregon’s Battle for a Universal Assessment Form

The National Center on Health
Linda Mann, EPDH
DHL, State of Oregon
DHL Webinar
2/28/2014
• Description of Oregon Head Start Dental Home Initiative team
  • Collaboration of large group of invested parties such as:
    • Head Start Staff
    • Community Dental Professionals
    • First Tooth Program (ECC Prevention program administered by the Oregon Oral Health Coalition
    • OHSU School of Dentistry
    • State Medicaid representatives

Goal: To create partnerships between the dental community and Head Start to ensure dental homes for Head Start and Early Head Start children across Oregon.
• Background: Frustrations and problems with multiple assessment forms being used within one county by multiple Head Start programs.

• Recognition of need for a consistent way to collect data.

• Introduction of one standardized form for use across the state: paper form and iPad app. One form that can be used by dental offices and also by EPDH’s out in the field.
Patient Info

OHP #

Child's Name / Nombre del Niño/a
Jane Doe

DOB / Fecha de Nacimiento (MM-DD-YY)
06-13-10

Gender / Genero
M
F

Procedures Performed

Limited Dental Exam by Dentist / Examen Dental Limitado de Dentista
No / No
Yes / Si

Dental Hygiene Screening / Deteccion Dental
No / No
Yes / Si

Fluoride Varnish Application / Aplicación de Fluoruro Barniz
No / No
Yes / Si

Screening Results
Screening Results

Cavities (Untreated) / Caries (sin Tratamiento)

No / No

Fillings (Treated) / Empastes (Tratados)

No / No

Early Childhood Caries / Las Caries de la Primera Infancia

No / No

Treatment Urgency / Urgencia de Tratamiento

0 = No Obvious Problem / Ninguna Problema Obvio

See your dentist at least yearly.

Mira su dentista a los menos anual.

Comments / Comentarios

Initial Visit Record

No initial visit record found.

Done
• Benefits and Limitations of iPad app:
  • Benefits:
    • Reduces or eliminates the use of paper forms
    • Highly customizable
    • Data entry happens only once (vs. writing down on paper forms, then entering into a spreadsheet or database for use in the field)
    • Cost’s less than hiring a data entry person
    • Workflow is optimized for use in the field
    • Can work offline in areas with no internet access, storing local copies of entered data until Internet becomes available
  • Data easily exported to Excel for reporting and analysis
• Limitations:
  • Current iPad app works best as a simple form replacement (data upload only), rather than a patient data manager
  • Due to third party software limitations, the end user cannot pre-load records to the iPad: an administrator must do this through the back-end.
  • This works for situations where repeat patients are not expected, e.g. WIC; less ideal when the user needs to see previously recorded patient data
  • iPad app slows down if too many records are pre-loaded.
Examples of data collected:

**Initial Observations of Oral Health Indicators (n=1535)**

- Caries Experience Untreated Decay: 43.7%
- Treated Decay: 25.4%
- Early Childhood Caries: 21.6%

*Note: The chart illustrates percentages of oral health indicators among a sample of 1535 participants.*
Examples of data collected:

Initial Observations vs. Healthy People 2020 Targets

- Caries Experience:
  - Initial (n=1535): 43.7%
  - Healthy People 2020 Target: 30.0%

- Untreated Decay:
  - Initial (n=1535): 21.4%
  - Healthy People 2020 Target: 21.4%
Examples of data collected:

![Bar chart showing untreated and treated decay, initial and after 2+ encounters.](chart.png)

- **Untreated Decay**: Initial (n=1535) - 21.4%, After 2+ Encounters (n=830) - 17.3%
- **Treated Decay**: Initial (n=1535) - 25.4%, After 2+ Encounters (n=830) - 31.3%
Next Steps:

• Expansion of use across all Head Start programs in the state of Oregon

• Development of new app - the “Dental Data Manager”, (DDM) is currently in development and will offer a richer set of tools more suited to managing a community-based oral health program, including data filters, report generation, billing and more.
What is happening at the National Level?

The office of Head Start, National Center of Health released recommended Oral Health Forms in 2013. These forms may be found on the Early Childhood Learning and Knowledge (ECLKC) website in the Oral Health section:

Note: Link removed due to technical difficulties with website. A link will be sent to the DHLs as soon as it is available.

Link to the HS Oral Health Form for the Child:

Available forms include three versions; one for Children, one for Pregnant Women, and one for use for both child and pregnant women. A sample provider letter is also available as well as a FAQ section on the use of the forms.
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