



Dental Public Health Project Descriptive Report Form

Name of Project

Migrant and Ute Tribe Head Start-based Oral Health Interprofessional Collaboration

Executive Summary

Overview Through a partnership between the University of Utah Physician Assistant (PA) Program, Utah Department of Health and Human Services (DHHS), and Head Start, this interprofessional initiative provides essential medical and oral health screenings for underserved children aged 0–5 years. By integrating clinical care directly into Migrant and Ute Tribe Head Start centers, the program bypasses traditional barriers to healthcare in rural Utah.

Key program components

- **Collaborative care:** The program utilizes a "one-stop shop" delivery model involving PA students, nursing students from Uintah Basin Technical College, and local health clinics.
- **Preventive intervention:** Children receive medical wellness screenings, vision/hearing tests, lead screening, and visual oral health risk assessments paired with fluoride varnish applications.
- **Continuity of care:** Findings are documented in real time, followed by debriefings with family advocates. The program ensures long-term wellness by connecting families to "safety net" clinics, such as the Fort Duchesne Indian Health Center, and Community Health Center Inc., Brigham City Medical & Dental for urgent and follow-up care.
- **Interprofessional development:** This model is not a service day; it is a training pathway that equips future PAs with essential skills in oral health. By training medical providers to view the mouth as part of the whole body, the program ensures that every "well-child" checkup becomes an opportunity to prevent dental disease. Conversely, the initiative reinforces a "two-way street" approach to health; it demonstrates how oral health integration allows dental and medical professionals to act as mutual referral agents for comprehensive care—whether identifying a missed immunization during a dental screening or connecting a parent to primary care services.

By identifying health concerns early and providing culturally informed care, this partnership ensures Utah’s most vulnerable children meet federal performance standards and remain healthy, ready to learn, and supported within their communities.¹

¹ <https://headstart.gov/policy/45-cfr-chap-xiii/1302-42-child-health-status-care>

Name of Program or Organization Submitting Project

Utah Department of Health and Human Services - Oral Health Program

Detailed Project Description

Project Overview

The project addresses the high prevalence of untreated chronic disease and limited healthcare access for children (ages 0–5 years) in Utah’s Migrant and Ute Tribe Head Start programs. Because cavities are the most common chronic childhood disease, impairing speech, nutrition, and self-esteem, this "one-stop shop" model was designed to bypass geographical and socioeconomic barriers, such as the long travel distances rural families often face.

The need was identified through a phased, interprofessional approach over several decades:

- **Medical wellness screenings (1995):** The University of Utah PA program began providing medical wellness screenings for Migrant Head Start centers.
- **Observation of oral needs:** During these initial medical screenings, practitioners identified a recurring, unaddressed need for dental care among the children.
- **Strategic partnership (2011):** To address the oral health needs identified in the field, the PA program partnered with the DHHS Oral Health Program to integrate dental care.
- **Replication (2018):** The successful model was replicated at the Ute Tribe Head Start Program in Fort Duchesne to meet federal Head Start Program performance standards. The 2018 replication at the Ute Tribe Head Start demonstrated the model’s portability and its ability to be adapted to different cultural and tribal contexts.

The program serves two primary populations in rural Utah: children in migrant and seasonal Head Start Programs and children in Ute Tribe Head Start Programs

The program goals focus on leveraging interprofessional collaboration to ensure that vulnerable children in rural Utah are healthy, developing correctly, and ready for school.

1. Early detection and intervention

The model ensures compliance with Head Start Program Performance Standards by providing lead, vision, hearing, growth, and oral health screenings within 90 days of enrollment.² This program is conducted annually for all children. Consent is obtained for all services while the child is being enrolled in the Head Start program. Parents can opt out of the screening process or the fluoride varnish application. Families rarely opt out of services.

By incorporating visual oral health risk assessments into the medical screening process, the program aims to:

- Identify children with immediate oral health needs.

² <https://www.ecfr.gov/current/title-45/subtitle-B/chapter-XIII/subchapter-B/part-1302/subpart-D/section-1302.42>

- Prevent the progression of cavities, which are five times more likely to affect adult teeth if present in primary teeth.
- Monitor growth and sensory health through vision screenings, and height and weight measurements to ensure children are developmentally on track.

2. Increasing healthcare access

By bringing the clinic directly to Head Start centers, the program eliminates transportation barriers for rural and migrant families. For the Ute Tribe Head Start Program, the goal is to provide a full range of services in a single day to accommodate families traveling long distances.

3. Establishing medical and dental homes through appropriate referrals

The clinical staff does not just screen and leave; they aim to ensure continuity of care. Children identified with a need receive an appropriate referral to an established "safety net" clinic that is directly involved in the program that can provide continuation of care. Other clinical information is provided to the Head Start staff and families, allowing them to choose a clinic that best fits their needs. University of Utah PA students record all findings to create a clear follow-up plan for Head Start family advocates.

4. Professional education and sustainability

Beyond the immediate health of the children, the project aims to train the next generation of healthcare providers. University of Utah PA students are trained in oral health risk assessments and fluoride varnish application.³

What lessons learned would be useful for others seeking to implement a similar project, including what did not work?

Challenge	Lesson Learned / Advice
Siloed Medical and Dental Care	Foster Interprofessional Collaboration: Integrating oral health into PA curricula allows students to bridge the gap between general medicine and dentistry, ensuring "whole-child" wellness in a single visit.
Geographic and Logistical Barriers	Implement the "One-Stop Shop" Model: For families traveling long distances, logistics are as vital as clinical care. Providing medical, dental, vision, and lead testing in a single day overcomes the barriers of fragmented care.

³ <https://www.smilesforlifeoralhealth.org/topic/aap-risk-assessment-tool/>

Building Relationships in Tribal/Migrant Communities	Prioritize Culturally Informed Care: Long-term success depends on a respectful approach. Build trust by having local staff educate clinicians on heritage and relationships through informal interactions, like shared meals.
Information Loss Post-Screening	Formalize Documentation and Debriefing: Holding post-screening debriefs with family advocates and case managers ensures clinical findings are actively managed by those who interact with families daily.
Low Acceptance of Preventative Care	Provide Education via Trusted Sources: Initial resistance (e.g., low number of consents to fluoride varnish application) can be overcome by providing educational materials and training to trusted community advocates, significantly increasing parental acceptance.

Resources, Data, Impact, and Outcomes

To support this project, a diverse range of resources is required, spanning specialized staffing, academic integration, and cross-agency cooperation.

University of Utah PA students and faculty: The PA students perform the core medical screenings, immunization reconciliation and recommendations, visual oral health assessments, and fluoride varnish applications. Faculty provide the necessary clinical supervision. The PA program also provides all necessary clinical supplies for both medical and dental screenings, including but not limited to age-appropriate books, lights, gloves, masks, medical equipment (ex. stethoscope), fluoride varnish, and toothbrush and toothpaste kits.

Uintah Basin Technical College LPN students and faculty: Nursing students support the "one-stop shop" events by providing vision screenings, and securing height and weight data. This support is provided only during clinical days for the Ute Tribe Head Start Program.

Head Start program personnel: Health managers, family advocates, and case managers are vital for logistical support, parent communication, and the critical debriefing sessions that ensure follow-up.

DHHS Oral Health Program: Oral health program staff provide foundational partnership and expertise for the dental components of the program by providing technical assistance to the PA students if they have any oral health-related questions or concerns.

Local health centers: Medical assistants or nurses from Brigham City Medical & Dental Clinic (for Migrant Head Start Program) and the Fort Duchesne Indian Health Center (for Ute Tribe Head Start Program) provide lead testing. If children have identified needs, these clinics are available to receive referrals for follow-up care.

What process measures data (counting) were collected, such as the number of sealants placed or people served?

Each child has a medical chart, and the PA student has a list of assessments they must complete, including but not limited to plotting the height and weight to assess for appropriate growth, while noting developmental milestones and possible delays. The PA students note any concerning dental conditions, whether fluoride varnish was applied and treatment urgency/referral prior to the 6-month follow-up. Approximately 600 children in the Migrant and Ute Tribe Head Start Programs receive services every year with a total of 6,700 children receiving an oral health risk assessment since the program began.

Since 2011, oral health training has been a core component of the PA curriculum, utilizing the Smiles for Life National Oral Health Curriculum and the American Academy of Pediatric Dentistry Oral Health Risk Assessment tools.⁴

To date, approximately 912 PA students have completed this training, gaining the expertise required to perform comprehensive oral health risk assessments and fluoride varnish applications. Additionally, each student has complemented their classroom learning with vital clinical experience, receiving hands-on training through rotations at the Head Start programs.

What outcome measure data (results) were collected, such as improvement in health?

Establishing the data baseline: Prior to the 2011 integration, there was no centralized system to track the oral health of these children in rural Utah. Our program effectively created the baseline for these populations. Over the last 13 years, we have transitioned from identifying an 'unaddressed need' through anecdotal observation to a data-driven model. To date, we have screened 6,700 children and trained 912 future PA providers.

Clinical results and the referral loop: Referrals and follow-up care are tracked meticulously for each child. In a recent Migrant Head Start clinic, 395 children received a dental screening; of those:

- 66 were identified as "needing treatment" (including one urgent, high priority case)
- 30% (20 of 66) had documented treatment completion within our tracking window.

While the "documented" completion rate reflects the children we can track locally, the actual impact is likely higher; 26 children transitioned into kindergarten and 6 families moved across state lines for seasonal agricultural work before paperwork was finalized. The remaining 14 children who did not have documented treatment completed re-enrolled in the Head Start Program. Head Start ensures these families leave with the resources, referrals, and education on the importance of dental care, to help them find a dental home at their next destination.

Community trust and longitudinal impact: While clinical data remains our primary metric, the most significant longitudinal trend observed since 2011 is a profound shift in community health literacy and trust. This was particularly evident within the Ute Tribe Head Start Program, where we initially encountered significant hesitation regarding fluoride varnish. By prioritizing respectful, consistent presence and collaborating with local trusted advocates, we have successfully bridged this gap. Parental opt-out has become nearly non-existent across both the Migrant and Ute Tribe programs.

⁴ https://www.aap.org/en/patient-care/oral-health/oral-health-practice-tools/?srsltid=AfmBOoqQpKy95jUNgcX0jZhTIhvhzMX7E9UdBI4gujb59HN2SHgR9_Wm

The “one-stop shop” and financial safety net: This cultural shift ensures that our 'one-stop shop' model is not only accessible but also widely embraced by the families it serves. A unique pillar of our model is the financial safety net. If a family lacks insurance or the means to pay for identified urgent care, the program utilizes Head Start funds as a 'payer of last resort.' This structural support ensures that a 'need treatment' identification results in a 'treatment completed' outcome, preventing minor dental issues from escalating into medical emergencies.

How frequently was data collected?

Data are collected each time a child is seen on an annual basis. Clinical notes are kept in the child's chart. If the child is in the Head Start Program for multiple years, the chart follows them, allowing for consistent care.

How were the results shared?

Results are shared with family advocates, families, each Head Start center's Health and Mental Health Services Advisory Committee⁵ and the Office of Head Start annually through the Program Information Report.⁶

Budget and Sustainability

This program utilizes a collaborative, cost-sharing model to sustain the clinics. Each partner brings resources to this program to cover the financial cost and build sustainability.

- The University of Utah PA program supplies most clinical supplies and covers the cost of faculty oversight and student transportation. The dental costs are minimal as they are an addition to an already existing clinic. Additionally, the Migrant Head Start and Ute Tribe Head Start centers are a day trip from the university, further reducing cost.
- The DHHS oral health program staff member's time and travel are paid through oral health program funding.
- The safety-net clinic partners provide specialized lead testing equipment that is not carried by the university team.
- The Head Start centers contribute “in-kind” support by providing the space for the oral health screenings to occur, having a staff member buddy up with each child during the screening process, transporting children to the center, and providing lunch for the clinical staff, including PA and nursing students.

Resources

The following resources were used during this project:

- Smiles for Life: A National Oral Health Curriculum: <https://www.smilesforlifeoralhealth.org/all-courses/>

⁵<https://headstart.gov/health-services-management/health-manager-orientation-guide/health-mental-health-services-advisory-committee>

⁶ <https://headstart.gov/program-data/article/program-information-report-pir>

- AAP Oral Health Risk Assessment Tool: <https://www.aap.org/en/patient-care/oral-health/oral-health-practice-tools/?srsltid=AfmBOopzQjFTsnJd7Kw4IC8GVdbziP3vC62meY5TmOrKakBnpds4-4wJ>
- Dental Trauma Decision Tree: <https://health.ri.gov/sites/g/files/xkgbur1006/files/publications/guides/DentalTraumaDecisionTree.pdf>

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