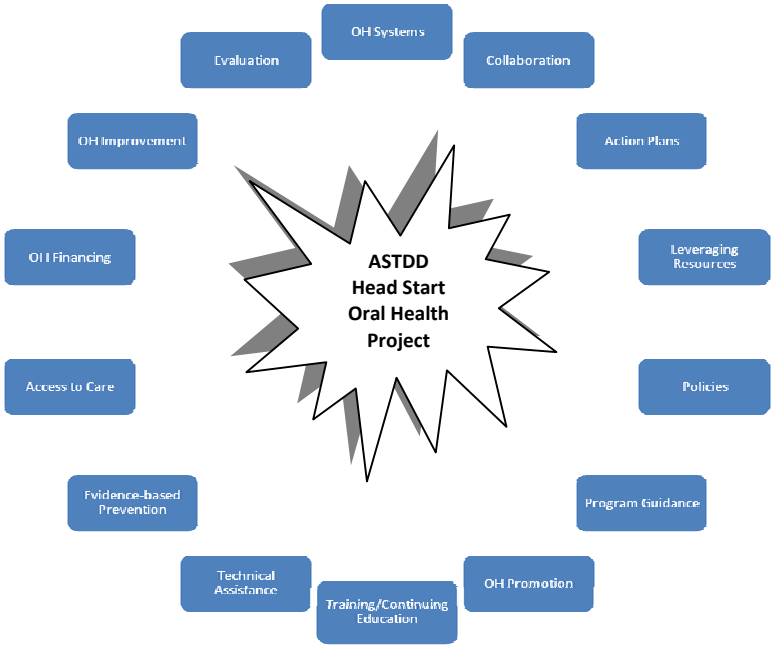
Association of State and Territorial Dental Directors (ASTDD)

Evaluation Summary: ASTDD Head Start Oral Health Project

Background

Between 2001 and 2007 the Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB) engaged in an Interagency Agreement (IAA) with the Administration for Children and Families (ACF), Office of Head Start (OHS) to improve the oral health of children in Early Head Start and Head Start programs. Through a cooperative agreement from HRSA MCHB, which still continues, ASTDD was one of the primary partners for this IAA because of its unique relationship with state oral health programs and their partners as well as other national organizations. This multi-pronged national effort addressed the following focus areas:



The primary purpose of ASTDD's Head Start Oral Health Project was to assess relationships between state oral health programs and other state and regional programs and organizations around Early Head Start/Head Start oral health issues; facilitate collaborative linkages among key partners; provide TA and support for Head Start oral health forums, action plans and follow-up activities; and identify models and recommendations to address identified oral health needs of Head Start programs and families.

Evaluation Methods

A variety of quantitative and qualitative evaluation methods were used to assess accomplishments, including:

- Initial needs assessment of state dental directors via email questionnaire in 2002
- Two online surveys and review of final reports to collect process and outcome data from ASTDD-funded state/territorial Head Start oral health forums, action plans and follow-up activities
- Annual ASTDD member surveys since 2005, including feedback on use of materials
- Review *Basic Screening Survey (BSS)* data, *ASTDD State Synopsis* information and Head Start *Program Information Reports (PIR)*
- Final assessment of state dental directors and state Head Start collaboration office directors via email questionnaire in 2008

Summary of Activities and Outcomes

In 2002 more than 50% of state oral health programs reported they were not involved with most other groups in the state and region around Head Start issues and noted significant challenges and resources needed to improve their involvement. ASTDD formed a National Head Start Advisory Committee with representatives from IAA partners such as MCHB National Oral Health Resource Center (NOHRC) and MCHB National Oral Health Policy Center (NOHPC), Regional Oral Health Consultants and other key informants to help ASTDD fulfill its role in creating a coordinated approach to address state and local issues.

Oral Health Forums, Action Plans and Follow-Up Activities

All 50 states, DC and 4 US territories conducted forums, developed action plans and submitted reports that are posted on the ASTDD website; 35 states, DC and 3 territories received support for forum follow-up activities.

Between 2002 and 2006 ASTDD offered modest support ($5,000) through a proposal process for states/territories to leverage additional resources to hold Head Start oral health forums, develop action plans and submit final reports. Approximately 50% of primary contacts for the awards were state oral health programs and 50% were state Head Start collaboration offices or Head Start associations; in one state the state dental association was the primary contact. Regional forums occurred at around the same time. Forums were instrumental in initiating partnerships between Head Start organizations, dental and dental hygiene schools, professional organizations, private foundations, faith-based organizations, coalitions, policymakers, community health centers, advocacy groups, and preschool/other educational programs. Challenges for states/territories were: 1) measuring forum outcomes, 2) determining ways to increase access to evidence-based preventive services and dental care, and 3) providing developmentally and culturally appropriate oral health educational materials.

Between 2005 and 2007 ASTDD provided partial support ($2,500) for states/territories to leverage additional resources to implement portions of their action plans. Leveraging of additional resources was significant for the initial forums and for follow-up activities. For example, the first 16 states conducting follow-up activities received awards totaling $40,000 but leveraged an additional $60,911 to support their activities. One state received over $1 million to develop oral health toolkits, a DVD, a website and other Head Start educational activities from private foundations and other sponsors. A high-impact outcome of the state and regional forums and action plans was multidisciplinary advocacy prompting legislative or policy changes at the state level, especially advocating for increased roles for dental hygienists in community-based settings such as Head Start programs and WIC programs, and clarification of national policies for Head Start programs on oral health performance measures.

The greatest achievements from the forums were in fostering leadership, collaboration, and communication as well as in leveraging resources from partners for conducting and implementing action plans.

A partnership between the national OHS and ASTDD resulted in teleconferences with state oral health programs, state HS collaboration offices and other stakeholders held in states in every ACF region and coordinated by the ASTDD project coordinator and regional HS oral health consultants. The goal of the calls was to develop an ongoing communication process to share information and resources that would unite state efforts to increase services for children ages five and younger. Two national webinars sponsored by the OHS showcased selected state projects. The ASTDD Best Practices Project currently includes 15 Descriptive Summaries from 12 states and 2 territories about their Head Start forums and projects.

Changes in Relationships and Use of Materials at the State Level

The ASTDD evaluation compared the type of involvement by state oral health programs with other organizations around Head Start issues in 2002 and again in 2008.

Table 1. Previous Vs. Current State Oral Health Program Involvement with Selected Groups

	2002 (Total N=41)		2008 (Total N=33)		
Organization	**No**	**Yes**	**No**	**Yes**	**No Response**
HS Collaboration Office	24	17	-	33	
Regional Office HS TA	36	5	14	18	1
State HS Assoc	19	22	1	32	
State OH Coalition	16	25	3	27	3

Table 2. State Oral Health Program Roles with Head Start in Selected Activities

2002 Responses (N=41)

Question	Advise, arrange or facilitate	Perform or conduct	Both	Neither
Assess oral health status	29.3%	9.8%	26.8%	34.1%
Assess access to oral health services (including prevention and treatment)	39.0%	9.8%	14.6%	36.6%%
Assess knowledge or behaviors of Head Start staff or parents	17.1%	14.6%	9.8%	58.5%
Community-based preventive programs	22.0%	12.2%	12.2%	53.6%
Head Start staff or parent education	22.0%	17.1%	14.6%	46.3%
Curriculum development	19.5%	9.8%	4.9%	65.8%
Head Start Health Advisory Committee	29.3%	7.3%	7.3%	56.1%

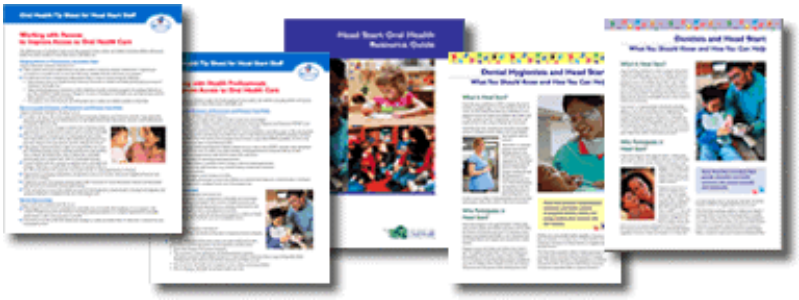
2008 Responses (N=33)

Question	Advise, arrange or facilitate	Perform or conduct	Both	Neither
Assess oral health status	9.1%	39.4%	33.3%	18.2%
Assess access to preventive oral health services	42.4%	18.2%	24.2%	15.2%
Assess access to dental treatment	51.5%	12.1%	18.2%	18.2%
Assess knowledge or behaviors of Head Start staff or parents	33.3%	18.2%	6.1%	42.4%
Community-based preventive programs	33.3%	21.2%	15.2%	30.3%
Head Start staff or parent education	36.4%	30.3%	18.2%	15.2%
Curriculum development	27.3%	21.2%	18.2%	33.3%
Head Start Health Advisory Committee	21.2%	24.2%	12.1%	42.4%

- "No involvement" decreased significantly with organizations and across all activities from 2002 to 2008. "No" relationships or those "just beginning" or "waning" show that plenty of opportunities still exist, however, for improving collaborations.
- Organizational relationships were analyzed further by the maturity level of the collaboration (data are included in the full report.) Overall this analysis shows increased involvement with all targeted organizations and more depth of involvement.
- More than 45% of dental directors and HS collaboration directors indicated they have used information from the forums, action plans or resulting activities in other grant proposals or requests for resources. Many state/territorial oral health programs used forum and action plan information in successful applications for at least six federal grant opportunities.
- About 60% of both groups reported that the recommendations/activities from the forums and the action plans have been integrated into other statewide plans.

More than 80% of state oral health programs and 87% of state Head Start collaboration offices noted they have continuing needs where ASTDD could provide assistance. It is apparent from the number of requests for additional support that ASTDD is recognized as an important organization to facilitate statewide efforts to improve the oral health of Early Head Start/Head Start children and families.

Educational Materials and Activities



In the initial needs assessment, ASTDD requested a description of/samples of oral health manuals and materials used in Head Start and Early Head Start Programs. A subset of the National Advisory Committee reviewed all submitted materials and determined that the majority of those being used and those accessible online were outdated, contained inaccurate information. And lacked information on priority topics such as oral health for pregnant women and early childhood. ASTDD has assisted the NOHRC in the collection, review, development, and dissemination of educational materials, including curricula, tip sheets and fact sheets that have been widely used throughout the US states and territories.

Presentations on the ASTDD Head Start Project that highlighted state/territorial activities were facilitated or given by ASTDD or state representatives at many national meetings, including American Dental Education Association (ADEA), American Public Health Association (APHA), National Head Start Association (NHSA), the National Oral Health Conference (NOHC) and at many topic-focused expert panels and meetings.

Changes in Preventive Programs and Oral Health Status

Fluoride varnish

State Synopsis Data from 2000-2007 show a dramatic increase, from 13% to 52%, in state oral health programs sponsoring fluoride varnish programs for young children. In 2000 only 3,154 children were reported to have received a fluoride varnish through one of these programs compared to 162,531 in 2007; 2008 data will undoubtedly show additional increases. States that sponsored Early Childhood Caries (ECC) prevention programs increased from 60% in 2000 to 72% in 2007. Although not all these were children enrolled in Head Start or Early Head Start, the increases attest to state oral health programs' commitment to supporting this evidence-based practice and targeting younger children. Analysis of national Head Start PIR data from HS grantees from 2003-2007 showed that the percent of children reported to have received preventive care increased from 61% to 85%; 50 - 60% of respondents to the forum evaluations and the final ASTDD state program evaluation also noted an increase in evidence-based prevention practices in Head Start programs in their states. In 2008 the ASTDD Fluorides Committee published and widely disseminated a research brief, *Fluoride Varnish: An Evidence-Based Approach*, to support these programs. Many states and organizations have used this research brief in developing their varnish programs for preschool populations and in early childhood caries prevention courses for dental and other healthcare professionals. State Medicaid programs have enabled better provider reimbursement for fluoride varnish applications, and some have included health professionals and dental hygienists in their provider categories.

A review of states/territories that conducted oral health surveys that included Head Start children revealed 4 states collecting data from 1993 to 1995 and 16 states and 2 territories doing so since 2000; 4 states collected data in multiple years. Some states have published separate reports on these surveys. Increases in care, including treatment, were noted by more than 50% of respondents to the ASTDD forum surveys. National Health and Nutrition Examination Survey (NHANES) data and PIR data show increases in dental decay rates in children, so a continuing emphasis on early detection and prevention is of paramount importance. ASTDD provides TA to states on collecting and using oral health data and made revisions to the *BSS* training manual and videos to include preschool oral health data collection and analysis. ASTDD plans to recommend that preschool data be added to the National Oral Health Surveillance System (NOHSS) as an oral health indicator for primary teeth.

Conclusions

An important factor that enabled Head Start successes at the local, state, regional and national levels was the coordinated effort of organizations at all levels to form synergistic partnerships to work toward the common goal of improving the oral health of Head Start children and their families. Sustaining partnerships requires a great deal of time, commitment and resources, but results in a greater impact than the sum of individual efforts. As new players enter the scene, existing collaborations should be nurtured, and lessons learned built upon, to create even more success stories. ASTDD is committed to continuing to foster and evaluate such partnerships at the state and national levels. See full evaluation report on ASTDD website (http://www.astdd.orgT).