

Understanding Head Start Oral Health Program Information Report Data

What is the Program Information Report (PIR), and where can I find information about it?

The PIR provides comprehensive data on Early Head Start and Head Start program services. Topics covered in the PIR include health insurance coverage; immunizations; and health services, such as oral health services, for pregnant women and children,. All grantees and delegates are required to submit PIR data each year to the Office of Head Start (see <http://eclkc.ohs.acf.hhs.gov/hslc/data/pir>).

What are the PIR oral health performance indicators?

| | |
|------|---|
| C.13 | Indicate the number of pregnant women who received the following services while enrolled in EHS |
| | c. A professional oral health assessment, examination, and/or treatment. |
| C.16 | Number of children with continuous, accessible dental care provided by an oral health care professional which includes access to preventive care and dental treatment |
| C.17 | Number of children who received preventive care during the program year |
| C.18 | Number of all children, including those enrolled in Medicaid or CHIP who have completed a professional dental examination during the program year |
| | a. Of these, the number of children diagnosed as needing dental treatment during the program year |
| | 1. Of these, the number of children who have received or are receiving dental treatment |
| | b. Specify the primary reason the child who needed dental treatment did not receive it |
| | 1. Health Insurance doesn't cover dental treatment |
| | 2. No dental care available in local 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 |
| | 1. Specify |
| C.19 | Number of all children who are up-to-date according to the dental periodicity schedule in the relevant state's EPSDT schedule |

Source: [2020-2021 PIR Form](#)

What do the national PIR data in the following example tell us?

| PIR Oral Health Performance Indicator | 2016 | 2017 | 2018 | 2019 |
|---|------|------|------|------|
| Percentage of children with a dental home | 90% | 90% | 89% | 90% |
| Percentage of children who received preventive care | 83% | 83% | 79% | 76% |

| PIR Oral Health Performance Indicator | 2016 | 2017 | 2018 | 2019 |
|--|-------------|-------------|-------------|-------------|
| Percentage of children who have completed a professional dental exam | 83% | 82% | 81% | 78% |
| Percentage of children diagnosed as needing dental treatment | 18% | 17% | 16% | 16% |
| Percentage of children who have received or are receiving dental treatment | 73% | 74% | 72% | 71% |
| Percent of children who are up-to-date according to the dental periodicity schedule in the relevant state's EPSDT schedule | 70% | 68% | 67% | 68% |
| Percent of pregnant women who have completed a professional dental exam | 36% | 32% | 33% | 32% |

- A high percentage of children have a dental home and receive dental examinations, dental treatment, and preventive care.
- A low percentage of pregnant women receive a dental examination and/or treatment.

Are there important issues that the PIR data do not reveal?

Among children who need dental treatment, PIR data do not show the urgency of the need for treatment or, among those who receive treatment, whether treatment was completed.

How can PIR data be used to identify issues to address and to stimulate discussion about possible solutions?

PIR data can help identify programs with challenges (e.g., reporting issues, issues with accessing care for the pregnant women and children they serve). In addition, PIR data can identify challenges that many Head Start programs share, which may lead to opportunities to address these challenges collectively.

Are there other topics to consider related to PIR data and oral health?

Frequently, PIR data for “who have received or are receiving dental treatment” capture a myriad of grantee issues. For example, in the PIR optional comments section, the most commonly reported explanation for lack of treatment is lack of parent follow-through, which alone does not adequately describe issues that need to be addressed. Therefore, when appropriate and possible, data should be explained, clarified, and elaborated upon.

Who can I contact for more information about the PIR and oral health?

Head Start Enterprise System
E-mail: help@hsesinfo.org
Phone: (866) 771-4737

National Center on Health, Behavioral
Health, and Safety
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