

Dental Public Health Activity Descriptive Summary

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Nebraska Oral Health Access for Young Children Program

The Oral Health Access for Young Children Program (OHAYC) began in January 2011 and ended in August 2012. Through working partnerships between state government, local public health departments, federally qualified health centers, WIC Clinics, Head Start facilities, day care centers and dental hygienists, OHAYC provided basic dental screenings, fluoride varnish, and dental referrals to high-risk children and families living in Dental Health Professional Shortage Areas in Nebraska. OHAYC replicated and expanded upon the program model of Young Children Priority One, a pilot program of Two Rivers Public Health Department in south-central Nebraska. The Nebraska Office of Oral Health and Dentistry (OOHD) contracted with a dental hygienist involved in the YCPO program to conduct clinical visits and provide quality assurance evaluations for each of the partners involved in the OHAYC.

In January 2011, OHAYC was implemented by 15 grantees representing Nebraska local health departments and FQHCs. By August 2011, these 15 grantees implemented the program in 31 local communities at 43 individual sites; By August 2012 the intervention grew to 37 local communities at 53 individual sites. Between August 2011 and August 2012, the average number of patients seen per month rose by 23% from 1,137 to 1,477. In total, this program provided dental screening and referrals, oral health education and 23,706 fluoride varnish applications among 16,741 patients through 6,813 clinical hours and the work of 62 individuals supported by this program. Of the clinical patient encounters, 7,991 were repeat visits.

The children served in this program ranged in age from 3 days to 13 years old. Of the children served, 91% were 5 years old and younger. Based on returned dental screening forms, 49% of the participants were Hispanic; 38% were White/Caucasian; 9% were Black/African American; 2 % were American Indian/ Alaskan Native; 1% were Asian; and 1% were Other. In addition:

- 8% of children had unhealthy gums.
- 16% of children had early childhood caries.
- 14% of children required further dental care.
- 48% of children did not have a dental home.
- 78% of families were on Medicaid.
- 86% of families did not have dental insurance.

Independent evaluation by the Creighton University Center for Health Services Research and Patient Safety (CHRP) concluded that OHAYC successfully expanded the YCPO pilot program model to communities across the state and demonstrated the ability to successfully reach high-risk families with and children with preventive services in both urban and rural areas. In addition, they report that parents were very satisfied with the services provided (96% reported being satisfied or highly satisfied), and that 90% of parents were likely to refer others to the program. CHRP also reports that this program increased the capacity of local communities to improve the oral health of children through the initiation

and development of new partnerships, and was strengthened by a focus on influencing parental behavior through education.

The OHAYC program provides a promising model for provision of dental services to communities and populations with limited access to care that are traditionally hard to reach. For a few local health departments, this program was the first to prioritize oral health since the health department had been established. Prior to the conclusion of this project period, local communities were at the threshold of adapting the programs even further to incorporate their own needs and local resources by adding components such as dental sealants, mobile dental clinics, school-based services, and increased collaboration with local dentists. Eleven out of the 15 grantees indicated that they intend to continue the program in some capacity after the loss of continuation funding in August 2012.

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