



## Dental Public Health Activities Descriptive Summaries

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### **A Self Assessment of the Oral Health Needs of Children in Nevada Head Start and Early Head Start Programs**

During 2003, the Nevada State Health Division Oral Health Program, in cooperation with the Nevada Head Start Collaboration conducted a self-reported oral health needs assessment of Nevada Head Start and Early Head Start programs. The purpose of the self-assessment was to provide a qualitative assessment to complement a quantitative assessment of Head Start children's oral health that was conducted subsequently in 2004, as part of an ongoing *Healthy Smile – Healthy Child Screening Survey* to document the oral health of children in the state of Nevada. The self-assessment tool was developed collaboratively by the Nevada State Health Division Oral Health Program and the Nevada Head Start Collaboration. The self-assessment asked the programs to report on the number of clients enrolled in their programs, the insurance status of their clients, and if they were able to meet the needs of clients for: oral health screening; complete oral examination; preventive care; routine restorative care; emergency care; and restorative care delivered under general anesthesia. In addition, programs were asked to report on how this care was accessed or if it was not accessed. The respondent was asked to provide information as to why care was not accessed. The Nevada Head Start Collaboration sent the survey with a cover letter to the eight grantees of the Nevada Head Start and Early Head Start programs by mail and electronically. The grantees then distributed the survey to each of their sites with instructions to complete the survey and return it to the grantee. If the site had a Head Start and an Early Head Start program, the site was instructed to complete a separate survey for each program. The grantees returned the surveys to the Nevada Head Start Collaboration and office staff entered the data into an Excel spreadsheet. The Nevada Head Start Collaboration also followed up on the non-responding grantees and sites with phone calls and e-mail reminders. The compiled data was sent to the Biostatistician at the Nevada State Health Division, Oral Health Program, for analysis. The only cost related to this self-assessment study was staff time which was contributed by the Head Start Collaboration and the Oral Health Program. More than 3,100 Head Start and Early Head Start children were served in the programs that completed the survey with 34.2% of the children enrolled in Medicaid and 50.6% uninsured. Grantees reported that 90.7% received oral health education and 93.7% received an oral health screening. When asked who provided the oral health screening, respondents reported family dentist/hygienist, dentist/dental hygienist in a clinic/program, and volunteer dentist/dental hygienist. Respondents also reported that 84.9% of their children received an oral examination that included x-rays, diagnosis and a treatment plan; 48.6% needed routine dental treatment and 11.5% needed emergency dental treatment. The self-assessment showed that the programs continued to report needs related to having parents value oral health, delivering care to uninsured children need to be found, and providing dental care in a timely manner for the Head Start and Early Head Start children. When the results of the self-assessment were compared to the clinically findings of the Head Start oral health survey, it became apparent that the PIR data was "less than accurate". This facilitated some of the Head Start grantees to re-evaluate their reporting methods. In addition, the results of the self assessment and clinical surveys motivated the Head Start Association to apply for a grant to fund the regional oral health forums and motivated the grantees to participate in the Head Start forums and work diligently to implement the action plans developed at the forums.

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