



Dental Public Health Activities Descriptive Summaries

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Oral Health Early Intervention Project in Rural Texas

Self-reported data from Head Start's Program Information Report (PIR) and the Program Review Instrument for Systems Monitoring of Head Start and Early Head Start (PRISM) has indicated that the top health issue affecting Head Start programs is access to oral health services. In Texas, with 80% of 77,269 children in the Head Start programs were screened for dental problems and 62% required dental treatment. However, 18% of Head Start children diagnosed as needing dental services did not obtain complete care. Early detection and prevention of oral diseases can greatly improve the overall health of children. Dental disease is largely preventable, but early intervention requires access to care and identification of dental needs. Texas Department of State Health Services (DSHS), the Oral Health Group (OHG) initiated the **Oral Health Early Intervention Project in Rural Texas** (09/01/2004 - 08/31/2007) to provide preventive oral health services to children enrolled in Early Head Start and Head Start (EHS/HS) Centers in rural and semi-rural Texas. The Project is funded by the Health Resources and Services Administration (HRSA) State Oral Health Collaborative Systems (SOHCS) Grant. The HRSA grant funding of \$65,000 is used to purchase portable dental equipment, dental supplies (e.g., disposable mirrors, toothbrushes, fluoride varnish, gauze, etc.), and supplies to establish a treatment record system. The Project will provide dental services that include a comprehensive visual dental examination, prophylaxis, fluoride varnish treatment, and referrals to local dentists for therapeutic dental services as the need is identified. The provision of dental services will coincide with the initial enrollment period for the Head Start centers and 6-month periodic visits thereafter. During the third year of the grant cycle, the preventive oral health services will be expanded to include pregnant women on Medicaid who are receiving services through local Women, Children, and Infant (WIC) clinics. As this project is still in an early phase, the expected outcomes of the Oral Health Early Intervention Project in Rural Texas are to: a) increase access to preventive oral health services in the EHS/HS and WIC populations that will be evaluated; b) leverage available resources by partnering with dental hygiene schools, local dentists, dental hygiene societies, WIC and Title V staff, and other partners to provide oral health screening, oral prophylaxes, fluoride varnishes, and education to Head Start and WIC program recipients including pregnant women; c) increase the knowledge and understanding of the interaction between oral health and overall health in the parents of EHS/HS and WIC Clinic participants; d) institute preventive oral health services for selected EHS/HS Centers and WIC Clinic populations, with emphasis on reducing early childhood caries; e) increase dental Medicaid (EPSDT) participation rates in the 1-5 year-old age groups; f) demonstrate the dental disease status of the EHS/HS and WIC Clinic populations participating in the preventive oral health project; and g) establish surveillance in order to compare the changes in dental disease burden for children age 0-5 years and on pregnant women to assess the effectiveness of early intervention on improving oral health over time. The Project will also bill Medicaid for preventive dental services provided to children in Medicaid and the reimbursement will be used to cover program expenses and to sustain the program.

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