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# Supporting Justification for OMB Clearance of Data Collection Instruments for the Head Start Oral Health Initiative Evaluation

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***Diane Paulsell***
***Laura Hawkinson***
***Beth Zimmerman***
***Anne Hopewell***
***Sandra Silva***

Submitted to:

Administration for Children and Families
Office of Research Planning and Evaluation
Seventh Floor West 370
L'Enfant Promenade
Washington, DC 20447

Project Officer:
Laura Hoard

Submitted by:

Mathematica Policy Research, Inc.
P.O. Box 2393
Princeton, NJ 08543-2393
Telephone: (609) 799-3535
Facsimile: (609) 799-0005

Project Director:
Diane Paulsell

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# I. JUSTIFICATION

## A. CIRCUMSTANCES NECESSITATING DATA COLLECTION

Since the publication of *Oral Health in America: A Report of the Surgeon General* (2000) and its companion document, *A National Call to Action to Promote Oral Health* (2003), national attention to the unmet oral health needs of many of the nation's children and families has increased significantly. These reports identify dental caries as the most prevalent chronic childhood disease. They also document the disproportionate burden of this disease on low-income populations—children living in poverty suffer twice as many dental caries as their more wealthy peers. The surgeon general also documented that chronic oral disease in poor children is disproportionately more likely to go untreated, because their families commonly lack insurance or access to dental providers. While more than 51 million school hours were lost to dental illness overall in 2000, poor children lost 12 times more school days than their middle-class counterparts (U.S. Department of Health and Human Services 2003). Untreated dental disease can impede children's ability to eat, speak, and learn and often has a lifelong negative impact on overall health (U.S. Department of Health and Human Services 2003).

Head Start program data reflect the magnitude of the problem for Head Start children. In the 2003–2004 program year, 78 percent of all Head Start children had a dental examination within 90 days of enrollment to assess oral health status, but less than 80 percent of those needing care were able to access oral health treatment (Hamm and Ewen 2005).[1] Among children enrolled in

[1] The Head Start Program Performance Standards require that a health care professional determine within 90 days of enrollment whether children are up-to-date on a schedule of age-appropriate preventive dental care, following the recommendations of the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program. Most states, however, do not have a specific schedule for dental services as part of the EPSDT. The American Association of Pediatric Dentists, the American Association of Pediatrics, and the American Dental Association recommend that children have a dental exam by age 1. Thus, despite the pressing need for oral health screening,

Early Head Start, only 69 percent had access to continuous dental care in 2004. Only 30 percent had received a professional dental exam in the previous year; 61 percent had received a dental exam as part of a well-baby checkup (Hamm and Ewen 2006).

In 2006, the Office of Head Start invested $2 million in grants to 52 Head Start, Early Head Start, and Migrant/Seasonal Head Start programs to implement the Head Start Oral Health Initiative.[2] Grantees will operate the initiative for four years. The initiative provides an important opportunity for grantees to draw on their community partnerships and lessons learned from previous efforts, in order to develop and test the implementation of innovative service delivery models to improve the oral health of Head Start children and families. By funding a diverse group of 52 Head Start programs across the country, the Office of Head Start has the potential to make a significant contribution toward improving the oral health care delivery systems that serve Head Start families and other low-income populations.

To ensure consistent, systematic collection and analysis of data on the initiative's implementation, the Administration for Children and Families contracted with Mathematica Policy Research, Inc. (MPR), and its subcontractor, Health Systems Research, Inc. (HSR), to conduct a two-year evaluation of the Oral Health Initiative. The purposes of the evaluation are to document grantees' implementation experiences and challenges, to identify promising models and service delivery strategies, to assess the feasibility of replication or expansion of the models in other programs and communities, and to disseminate information about lessons learned to the broader Head Start community. Data collection activities will focus on learning about program

*(continued)*
diagnosis, and treatment, programs need more specific guidance about the schedule on which these services should be provided to children ages birth to 5.

[2] Throughout this report, references to Head Start programs and families include Head Start, Early Head Start, and Migrant/Seasonal Head Start programs and families unless otherwise noted.

operations and service delivery strategies, rather than on assessing the initiative's effects on the oral health outcomes of Head Start children and families. The evaluation will collect and analyze information from three main sources: (1) telephone interviews with program directors from all 52 Oral Health Initiative grantees, (2) site visits to a subset of 16 grantees and (3) a recordkeeping system designed for use by all grantees. This submission requests approval to conduct these three components of the study.

**1. Telephone Interviews and Site Visits**

Through telephone interviews with all 52 grantee directors, we will collect a core set of consistent data about implementation of the Head Start Oral Health Initiative from all grantees participating in the initiative. We plan to conduct these interviews in late 2006, after we receive clearance from the Office of Management and Budget (OMB). We expect each interview to last approximately 1.5 hours. In preparation for each interview, interviewers will review each grantee's application and abstract information about the grantee's proposed program design, staffing, and plans for service delivery under the Oral Health Initiative. We will develop a standard format for writing up notes from the telephone interviews that will serve as a basis for brief site profiles to be included in an interim report.

In Year Two, we will conduct site visits to 16 of the 52 grantees (site selection is described later, in Section II.A) Each visit will last approximately 1.5 days. We expect that staffing configurations, as well as the number of community partners and their roles in supporting the initiative, will vary across grantees. Therefore, it is likely that the number and type of staff and partners we interview will also vary. Nevertheless, we have identified three types of respondents we expect to interview: (1) grantee directors; (2) key staff who work on the Oral Health Initiative, such as coordinators, oral health advocates, and family service workers; and (3) key staff from each grantee's primary community partners for the initiative. In addition to interviews

with these individuals, site visitors will conduct a focus group with parents at each site. We expect that each focus group will have 10 to 12 participants. To conduct the site visit activities, we will use semistructured discussion guides for each type of informant we talk to on site (see Appendix A).

We will take several steps to ensure consistent, high-quality data collection across grantees. Before conducting the telephone interviews and the site visits, we will provide comprehensive training for the interview and site visit teams to review the study's objectives, the research design, and the data collection procedures. After we conduct an initial set of interviews and site visits, we will reconvene our team to debrief, discuss any issues that have come up, and ensure that both MPR and HSR staff are following consistent procedures. In addition, senior team members will review and provide feedback on notes from initial interviews and site visits; we will also conduct cross-organizational reviews of interview and site visit notes to ensure consistency across MPR and HSR staff.

### 2. Program Recordkeeping System

A program recordkeeping system designed specifically for the Head Start Oral Health Initiative will be an important source of information for the evaluation. Adding to the information collected from telephone interviews with all grantees and site visits to a subset of grantees, the recordkeeping system will facilitate collection of consistent quantitative data from all 52 grantees on the characteristics of children and families participating in the initiative, core services provided to families and children, and participation of community partners in service provision. The system will provide researchers with a consistent set of information about enrollment in the Oral Health Initiative and services provided, across all grantees, regardless of how these services vary across programs.

Our proposed design for the recordkeeping system has four data input screens. Table I.1 presents the types of information we propose to collect on each screen; Appendix B presents a detailed proposal for the data elements to be included on each screen. The first screen is designed to collect background information on families and children receiving services through the initiative, primarily demographic and other information that Head Start programs typically collect during the application and enrollment process. It will be entered for the child and family when the family begins receiving services through the Oral Health Initiative. Background information on families and children will need to be entered only once, although there may be an occasional need to update this information (for example, if a disability is identified for a child after the family enrolls in the initiative). The second screen will capture information on grantees' community partners that provide services through the initiative, including the type of partner and whether the partner has a formal partnership agreement in place with the grantee. Like information on children and families, information on partners will need to be entered only once per partner.

The third screen will capture data on services provided to children and pregnant women through the Oral Health Initiative. To maintain a complete record of services provided, staff members must make new entries to this screen throughout the data collection period. The fourth screen will be used to record program-level data on oral health education services provided to children and families (such as parent education workshops, one-on-one counseling on oral health topics during home visits, and provision of oral hygiene supplies).

## B. HOW, BY WHOM, AND FOR WHAT PURPOSE INFORMATION IS TO BE USED

This study will inform the Office of Research, Planning, and Evaluation, Administration on Children and Families in the U.S. Department of Health and Human Services, the Office of Head

TABLE I.1

PROGRAM RECORDKEEPING SYSTEM FOR THE HEAD START ORAL HEALTH INITIATIVE EVALUATION: PROPOSED SCREENS AND DATA CATEGORIES

| Recordkeeping System Screen | Data Categories |
|---|---|
| Child and Family Characteristics | Demographic information for child/pregnant woman |
| | Characteristics of primary caregiver (parent) |
| | Dental insurance coverage |
| | Enrollment date |
| | Whether child/pregnant woman has ever received a dental exam |
| Community Partner Information | Name of community partner |
| | Type of community partner |
| | Whether formal partnership agreement is in place |
| | Whether new or existing partner |
| Oral Health Services | Date service provided |
| | Type of service (prevention, exam, or treatment) |
| | Location where service provided |
| | Service provider |
| | Support services provided (transportation, translation) |
| | Whether family referred to service by grantee |
| | Whether followup is required |
| | Followup completed |
| | Dental home established, date and provider |
| Oral Health Educational Services | Oral health education services received by parents |
| | Oral health education services received by children |
| | Oral health education services received by staff |
| | Provision of oral hygiene supplies |

Start, and Head Start programs across the nation. The information collected for this evaluation will be used by policymakers and program administrators to help shape future initiatives that aim to improve the oral health care delivery systems and promote oral health care prevention for Head Start children and families, as well as other low-income groups. In addition, the information will be useful for Head Start program operators and technical assistance providers as they seek to improve their approaches to providing or arranging oral health services for children and families enrolled in their programs.

## C. USE OF AUTOMATED, ELECTRONIC, MECHANICAL, AND OTHER TECHNOLOGICAL COLLECTION TECHNIQUES

MPR will design a web-based program recordkeeping system to collect information in a uniform manner across all grantees. We will design the system to be as user-friendly as possible. To use the system, each grantee will need access to a computer with an internet connection. Each grantee will be responsible for entering the data for its own Oral Health Initiative. Users will enter the recordkeeping system through a logon screen by entering a password stored in the system for each user. Programs will designate their own user names and passwords, which MPR staff will then program into the system. The system will be able to accommodate multiple user names and passwords for each site to facilitate more than one user per program.

After logging into the system, users will be shown the main menu of system options. The menu will contain sections that correspond to the four types of data input screens: (1) child and family characteristics, (2) community partners, (3) services provided to children and pregnant women, and (4) oral health education services. It will also contain buttons for three types of data entry functions—(1) adding new entries, (2) viewing existing entries, and (3) editing existing entries—as well as a button for generating reports. Once a user is taken to the screen and a function selected, a series of fields will guide the user to enter the requested information. To

reduce the time required to perform data entry, the entry screens will be designed to use check boxes and drop-down boxes whenever possible. In addition, the record-keeping system will be a dynamic one in which certain boxes appear and disappear based on the information selected. This design will guide users through the system more easily by indicating the relevant data fields for a specific child/pregnant woman, community partner, or service.

Data stored and transmitted as part of the program recordkeeping system will be kept tightly secure. Password security will be utilized to make sure that only authorized users of the system can gain access. The use of Secure Socket Layer (SSL) certificates will ensure that data will be encrypted as it is sent across the internet. The website collecting the data will be hosted on one of MPR's secure web servers accessible through the internet, but the data will not be stored directly on this web server. Data will be stored in a database residing on MPR's local area network that is protected from unauthorized outside access using industry-standard hardware and software firewall protection.

## D. EFFORTS TO AVOID DUPLICATION OF EFFORT

There are few existing sources of information on the program activities and types of services that will be provided under the Head Start Oral Health Initiative. Because this is a new initiative that has not been evaluated, there is no existing source that contains the kinds of information that the evaluation of the Head Start Oral Health Initiative will provide. In particular, there is no other source of individual-level data on Head Start children's receipt of oral health services or information on receipt of oral health education services. The proposed program recordkeeping system will not include information that Head Start programs are already asked to collect for other federal reporting requirements, other than minimal demographic information about families and children enrolled in the initiative and whether children have received oral health assessments. To avoid duplication of individual-level data collection about child and family

demographics, programs will be requested to extract information on children and families from their current management information systems whenever possible.

## E. SENSITIVITY TO BURDEN OF SMALL ENTITIES

The information requested is the minimum required to meet the study objectives. The burden on the grantees has been minimized as much as possible by designing a recordkeeping system that uses check boxes and drop-down lists whenever possible to reduce the time required to complete data entry. In addition, before each site visit, the site visitor will contact the Head Start program director to explain the purpose of the visit and review possible dates for the visit. We will provide Head Start directors with alternative dates and allow them to select dates that are most convenient for program staff. Following this initial contact, we will send the program director a letter that details what we hope to accomplish during the visit, whom we need to interview, the approximate amount of time needed for each interview, whom to include in focus groups, and the amount of time needed for the focus groups. Moreover, throughout the evaluation we will consult with a subset of grantees about ways to minimize the burden of our data collection activities.

## F. CONSEQUENCES TO FEDERAL PROGRAM OR POLICY ACTIVITIES IF THE COLLECTION IS NOT CONDUCTED OR IS CONDUCTED LESS FREQUENTLY THAN PROPOSED

The data collected in this evaluation are critical to our understanding of how Head Start Oral Health Initiative grantees implement strategies and services to improve oral health care delivery systems for Head Start children and families and to promote oral health prevention practices. If these data were not collected or collected less frequently, we would not be able to describe the implementation successes and challenges that the grantees experience, how the program models they develop evolve over time, and the implementation lessons they learn through the initiative

during the three-year grant period. Moreover, without these data the Office of Head Start would not be able to provide guidance to other Head Start programs about how to implement strategies that show promise for being replicable and sustainable.

## G. SPECIAL CIRCUMSTANCES

There are no special circumstances.

## H. FEDERAL REGISTER ANNOUNCEMENT AND CONSULTATION

### 1. Federal Register Announcement

The initial *Federal Register* announcement was printed on July 5, 2006 in Volume 71, No. 128, pp. 38,168-38,169. The second notice was printed on August 31, 2006 in Volume 71, No. 169, pp. 51830. For additional information, see the OS certification statement.

### 2. Consultation

Individuals outside ACF who have been consulted on the feasibility of this study and the availability of data sources are:

- Kimberly Boller, Mathematica Policy Research, Inc.
- Jane E. Steffensen, University of Texas
- Maria Rosa Watson, Epidemiology and Dental Public Health Consultant
- John Rosetti, consultant to the Maternal and Child Health Bureau, DHHS

## I. PAYMENTS OF GIFTS TO RESPONDENTS

MPR will pay each parent $20 for participation in the site visit focus groups. This $20 should cover the cost of travel and other expenses (such as child care) incurred to attend the focus group.

## J. CONFIDENTIALITY OF THE DATA

This study is being conducted in accordance with all relevant regulations and requirements, including the Privacy Act of 1974 (5USC 552a), the Privacy Act Regulations (34 CFR Part 5b), and the Freedom of Information Act (5 CFR 552) and related regulations (41 CFR Part 1-1, 45 CFR Part 5b, and 40 CFR 44502). As part of the introduction to each interview, site visit respondents will be told that none of the information they provide will be used for monitoring or accountability purposes and that the results of the study will be presented in aggregate form only. The program recordkeeping system manual will also contain an introductory statement to this effect.

MPR routinely uses the following safeguards to carry out data security, and HSR will implement these safeguards as well:

- All employees at MPR sign a confidentiality pledge that emphasizes the importance of confidentiality and describes their obligations.
- Identifying information will be maintained in separate tables in the database, which are linked to the data entry screens only by sample identification number.
- Access to the file linking sample identification numbers with identifying information will be limited to a small number of individuals who have a need to know this information.
- Access to hard-copy documents will be strictly limited. Documents are stored in locked files and cabinets. Discarded material is shredded.
- Computer files will be protected with passwords, and access will be limited to specific users. Especially sensitive data are maintained on removable storage devices that are kept physically secure when not in use.

## K. ADDITIONAL JUSTIFICATION FOR SENSITIVE QUESTIONS

We are not collecting any sensitive data. We will ask site visit respondents about the characteristics and needs of the children and families they serve, the services being providing through the Head Start Oral Health Initiative, and their experiences implementing the initiative. Through the program recordkeeping system, we will collect information about the characteristics

of families and caregivers, characteristics of community partners, and the services provided through the initiative. None of these questions is considered sensitive.

## L. ESTIMATES OF HOUR BURDEN OF THE COLLECTION OF INFORMATION

Table I.2 provides a summary of the sample size per group of respondents, estimated response time per respondent, and total response time. We estimate the total respondent burden for the entire study to be 10,827 hours—843 hours in 2006 and 9,984 hours in 2007. We estimate the burden of responding to the telephone and site visit interviews and participating in the focus groups protocols to be 78 hours in 2006 and 416 in 2007. Burden in 2006 is lower because it only includes program director telephone interviews, while the 2007 estimate includes the site visits to 16 grantees. We base our time estimates for the site visit activities on our experience using similar protocols for site visits in the national evaluation of Early Head Start and the evaluation of the Early Head Start Enhanced Home Visiting Pilot Project. Total burden for the program recordkeeping system is estimated to be 10,333 hours (765 hours in 2006 and 9,568 hours in 2007). This is based on an estimated data entry burden of five minutes per enrolled child per month for 1 month in 2006 and 12 months in 2007. We have based our estimates on experience using a similar program recordkeeping system for the Early Head Start Enhanced Home Visiting Pilot evaluation.

## M. ESTIMATE OF TOTAL ANNUAL COSTS AND BURDEN TO RESPONDENTS OR RECORDKEEPERS

Pilot sites and caregivers will not incur any costs for participating in evaluation activities. The burden and cost of collecting data on Head Start Oral Health Initiative enrollment and services are part of the ongoing programmatic activities that each grantee is expected to carry out as part of its participation in the initiative. Programs will use existing computers and internet links to record information in the program recordkeeping system designed and provided by

TABLE I.2

ESTIMATED RESPONSE BURDEN FOR RESPONDENTS FOR THE HEAD START ORAL HEALTH INITIATIVE EVALUATION

| Instrument | Number of Respondents | Number of Responses per Respondent | Average Burden per Response (Hours) | Annual Burden (Hours) |
|---|---|---|---|---|
| Director Telephone Interview | 52 | 1 | 1.5 | 78.0 |
| Program Recordkeeping System | 52 | 184[a] | 0.08[b] | 765.4 |
| **TOTAL FOR 2006** | | | | **843.4** |
| Site Visit Protocols | | | | |
| Director Interview | 16 | 1 | 1.5 | 24.0 |
| Key Staff Interview | 48 | 1 | 1.5 | 72.0 |
| Community Partner Interview | 80 | 1 | 1.0 | 80.0 |
| Parent Focus Group | 160 | 1 | 1.5 | 240.0 |
| Recordkeeping System | 52 | 184[a] | 1.0[b] | 9,568.0 |
| **TOTAL FOR 2007** | | | | **9,984.0** |
| **TOTAL FOR 2006 AND 2007** | | | | **10,827.4** |

[a]Average expected number of children and pregnant women to be tracked per grantee, ranging from 40 to 200. We expect to track approximately 200 children and pregnant women per grantee, except for a few grantees serving fewer than 200 children.

[b]Based on an estimated burden of 5 minutes per child/pregnant woman per month.

MPR. In their original grant applications, Head Start programs were asked to budget for data collection activities to support the national evaluation.

## N. ESTIMATES OF ANNUALIZED COSTS TO THE FEDERAL GOVERNMENT

The estimated cost to the federal government through April 2008 of the Head Start Oral Health Initiative evaluation—including designing and administering the data collection instruments; collecting, processing, and analyzing the data; and preparing reports summarizing the results—is $494,564, or $247,282 per year. This estimate is based on MPR's previous experience managing data collections of this type.

## O. REASONS FOR PROGRAM CHANGES OR ADJUSTMENTS

This is a new data collection.

## P. PLANS FOR TABULATION AND PUBLICATION AND SCHEDULE FOR THE PROJECT

### 1. Publication Plans

As part of this data collection, we will produce an interim and a final report. The interim report, due in July 2007, will focus on findings from the telephone interviews with grantee directors and the first six months of data recorded in the program recordkeeping system. The final report, to be completed in March 2008, will summarize findings from all the data collection activities—including the grantee director telephone interviews, site visits to 16 grantees, and all data recorded in the program recordkeeping system. To supplement dissemination of these reports, MPR and HSR staff members will also seek to present their research at several professional conferences. With approval from ACF, we will submit our research for consideration at the annual Early Head Start Birth-To-Three Institute, the Biannual Head Start Research Conference, and other relevant professional gatherings.

## 2. Tabulation Plans

### a. Telephone Interviews and Site Visits

Because of the large number of grantee sites in the evaluation, we will use a qualitative analysis software package, Atlas.ti (Scientific Software Development 1997), to organize and code the data collected during the site visits. This software will allow the research team members to use a structured coding system for organizing and categorizing data, entering the data into a database according to the coding scheme, and retrieving data that are linked to primary research questions. After the telephone interview and site visit information is coded, data can be retrieved from this system on particular research questions across all sites or individual respondents within sites, as well as by type of respondent (for example, oral health advocate, program director, or community partner). This approach will facilitate examination of how grantees vary in their program models, service delivery strategies, community partnerships, implementation successes and challenges, and other program features.

### b. Program Recordkeeping System

To analyze the information collected in the program recordkeeping system, we will conduct descriptive analyses, such as computing frequencies, means, and distributions of measures for each of the pilot sites and for groups of sites. For example, we will compute the average number of clinical treatment services received by children, as well as the range across and within sites. We will also compute the percentage of children and pregnant women who received different kinds of services (such as clinical exams or fluoride treatments). Tables will present frequency distributions and means for particular services across all grantees and for particular groups of grantees. Data from the recordkeeping system will also be used to form a general description of families and children at the time of enrollment in the Oral Health Initiative.

## Q. APPROVAL NOT TO DISPLAY THE EXPIRATION DATA FOR OMB APPROVAL

All study materials will display the OMB expiration date.

## R. EXCEPTION TO THE CERTIFICATION STATEMENT

No exceptions to the certification statement are requested.

## II. COLLECTION OF INFORMATION EMPLOYING STATISTICAL METHODS

### A. RESPONDENT UNIVERSE AND SAMPLING METHODS

This submission is for data collected from Head Start Oral Health Initiative grantees during telephone interviews with grantee directors, site visits to a subset of grantees, and a program recordkeeping system. The telephone interviews (late 2006) will be conducted with directors of all 52 Head Start programs participating in the initiative. The site visits (fall 2007) will be conducted at 16 of the 52 grantee sites.

We will work with ACF to determine appropriate criteria for selecting a subsample of 16 pilot sites for the site visits. We expect to select sites that are diverse in terms of ACF region, urban/rural location, target population, and program characteristics (such as program model and types and intensity of services provided) deemed important by ACF. In addition, we will use telephone interview and program recordkeeping system data to assess the effectiveness of grantees in reaching their target populations and providing oral health preventive, treatment, and educational services at desired levels of intensity. We will use these data to identify 12 grantees with strong performance in these areas and 4 low-performing grantees. Site visits to high-performing grantees will help us identify promising outreach and service delivery strategies for various populations of Head Start children and families. Visits to low-performing grantees will help us understand the challenges that can hinder programs' ability to conduct outreach and deliver services to the target population.

To provide useful information to the Head Start community, the 16 selected grantees will need to represent the variety of contexts in which Head Start, Early Head Start, and Migrant/Seasonal Head Start programs operate. Thus, our site selection process will need to balance the goals of visiting a variety of programs and collecting information on promising practices relevant to specific hard-to-serve populations and community contexts. To accomplish

these goals, we will work with federal staff and consultants to identify subgroups of grantees of interest, such as those located in rural and urban communities; those serving special populations, such as Native Americans, migrant farmworkers, and English-language learners; or other subsets of programs with particular characteristics. The number and types of subgroups, and the number of grantees within subgroups selected, will need to be carefully considered to ensure we develop a thorough understanding of implementation. We will need to carefully consider the subgroups that include high- and low-performing grantees compared to subgroups that include only high-performing grantees. In addition, some grantees may fit into more than one subgroup of interest. For example, grantees that service migrant farmworkers are also likely to be located in rural areas.

To select participants for the parent focus group, we will select a random sample of parents of children entered into the program recordkeeping system. We will select 20 parents, twice as many as we expect to attend the focus group. Accounting for refusals and no-shows, we expect that selecting and contacting 20 parents for each group will yield 10 actual participants. We will ask program directors at the selected grantees to designate appropriate staff to help us recruit these parents for participation in the focus group.

All 52 pilot sites will implement the program recordkeeping system. Records will be kept on the children and pregnant women enrolled in the initiative. To reduce the burden on grantees when Head Start programs plan to target more than 200 children and pregnant women for services under the initiative, we will work with ACF and these grantees to select a subset of Head Start services locations to include in program recordkeeping system data collection. We will collect program recordkeeping system data on all children served in these locations. We will work with grantees to identify service locations that are likely to be most heavily involved in the initiative and that represent a diversity of community characteristics and Head Start families.

We do not plan to select a random sample of children to track through the recordkeeping system, for several reasons. Because the primary goal of the study is to learn about implementation and the potential for the Oral Health Initiative to improve oral health care service delivery systems and increase families' access to the services, we plan to include service locations that are likely to be most actively involved in the initiative. These locations are more likely to yield useful information about the levels of service delivery that can be achieved using different service delivery strategies, compared to service locations that are not as actively involved. In addition, we expect that tracking a random sample of children across all service locations will be more burdensome for grantees than concentrating data collection in a subset of locations, because fewer staff will need to be involved in conducting data entry.

## B. STATISTICAL METHODS FOR SAMPLE SELECTION AND DEGREE OF ACCURACY NEEDED

The Head Start programs that will be part of this evaluation are all the grantees of the Head Start Oral Health Initiative. The programs will be different in their geographic context, target populations, program models, service delivery strategies, and implementation experiences. Consequently, the collected data will be analyzed separately for, and, if possible, across, different program subgroups. While we will use the information selected to identify potentially promising practices for providing oral health services, we will not generalize the evaluation's findings beyond the grantee sites.

## C. METHODS TO MAXIMIZE RESPONSE RATE AND TO DEAL WITH NONRESPONSE

### 1. Telephone Interviews and Site Visits

We expect that all the selected grantees will agree to participate in the telephone interviews and site visits. Our past experience with other evaluations of Head Start initiatives indicates that

participation rates are typically close to 100 percent of selected programs. Members of the research team have already presented information on the evaluation to grantees during an ACF-hosted grantee kickoff meeting. To help ensure high participation, we will coordinate with the programs to determine convenient dates for telephone interviews and visits. All grantees will be mailed or faxed materials in advance explaining the purpose of the study and the main topics to be discussed during the interviews. In addition, during the site visits, site visitors will refine the questions so that they are applicable to the program and the role of the respondents being interviewed, making it easier for staff to respond.

Recruitment of participants for the parent focus groups will require close cooperation between the research team and grantee staff. To select participants for the parent focus group, we will choose a random sample of parents of children entered into the program recordkeeping system. We will select 20 parents, twice as many as we expect to attend the focus group (to account for refusals and no-shows). We will ask program directors at the selected grantees to designate appropriate staff to help us recruit these parents for participation in the focus group. We will discuss the scheduling of the focus groups with site staff. In many sites, we expect to conduct the parent focus groups in the evening to accommodate parents' work schedules. In addition, as stated in Section I.I, we will pay each parent who participates in a focus group $20.

### 2. Program Recordkeeping System

We expect that all the grantees will enter information into the program recordkeeping system. To help ensure this, MPR will provide technical assistance to help grantee staff enter the required information with minimal difficulties. We will provide three main types of support: (1) a user's manual, (2) a system orientation through conference calls with the grantees, and (3) ongoing technical assistance available from MPR staff. To maintain the quality of the data, we will ask pilot sites to enter information at least monthly. To ensure that procedures are

implemented correctly, we will monitor data entry closely during the initial months of the data collection period, and then monthly after that. Because the data will be collected in a central database automatically, in real time, we will be able to monitor the status of data entry for particular grantees at any time. Problems with quality and completeness of the data can be identified quickly. When we identify problems, we will contact the grantee and work with them to resolve the problem.

## D. TEST OF PROCEDURES AND METHODS TO BE UNDERTAKEN

The telephone and site visit interview guides draw heavily on protocols that were developed for site visits to Head Start and Early Head Start programs for other studies, including the National Evaluation of Early Head Start (Administration for Children and Families 2002), the Early Head Start Enhanced Home Visiting Pilot Evaluation (Paulsell et al. 2006), the Early Head Start Fatherhood Demonstration (Bellotti et al. 2003), and the Head Start National Reporting System Quality Assurance Study (Paulsell et al. 2004). We made modifications to the protocols to address the specific objectives of this evaluation and based on experience using them in previous studies conducted by MPR. Our design of the program recordkeeping system builds on a similar system developed for the Early Head Start Enhanced Home Visiting Pilot Evaluation (Paulsell et al. 2006).

## E. INDIVIDUALS CONSULTED ON THE STATISTICAL ASPECTS OF THE DESIGN

No individuals beyond the study team were consulted on the statistical aspects of the design

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# APPENDIX A

# INTERVIEW GUIDES

**Head Start Oral Health Initiative**
**Director Telephone Interview Protocol**

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**INTRODUCTION** (2 minutes)

My name is _____ and I work for [MATHEMATICA POLICY RESEARCH/HEALTH SYSTEMS RESEARCH], an independent research firm. As you know, we are conducting a study for the Administration on Children and Families about Head Start agencies' experiences implementing the Head Start Oral Health Initiative. Findings from the study will be helpful to other Head Start agencies implementing similar initiatives. Thank you for agreeing to participate in this telephone interview.

I would like you to feel comfortable giving your opinions and impressions. The information we gather will be used to write a report for the Administration for Children and Families about programs' experiences implementing the Head Start Oral Health Initiative, including successes, challenges, and lessons learned by grantees. Our report will describe the experiences and viewpoints expressed by staff across grantees, but specific comments will not be attributed to specific individuals or programs. No one will be quoted by name. We will also use the information to create a profile for your site, and we will give you an opportunity to review and comment on a draft version of the profile before we finalize it.

Do you have any questions before we get started?

**About You**

To begin, I'd like to learn about your role in the Oral Health Initiative.

1. What is your official job title? What are your primary responsibilities?
2. How long have you worked for [GRANTEE]?
3. How long have you held your current position? What other positions have you held within the agency?

**GRANTEE CHARACTERISTICS** (10 minutes)

Now I'd like to confirm some information about your agency. To begin, your agency's address and phone number is: CONFIRM FROM PROPOSAL

4. Who is your main contact for the Oral Health Initiative? What is that person's job title? Email address?

5. What are the main programs (other than Head Start) that your agency operates/services you provide?

6. What is the size of your organization? How many families does your agency serve annually? Approximately how many staff do you have?

7. I'd also like to confirm that your agency operates Head Start, Early Head Start, and/or Migrant/Seasonal Head Start programs. CONFIRM FROM PROPOSAL.

8. How many Head Start, Early Head Start, and/or Migrant/Seasonal Head Start families is your agency funded to serve annually? CONFIRM FROM PROPOSAL.

9. What Head Start service options do you offer to families – center-based services, home-based services, combination, multiple options? How many centers does your program operate? CONFIRM FROM PROPOSAL.

10. How long has your agency provided services in [COMMUNITY]? How long has your agency operated the Head Start, Early Head Start, and/or Migrant/Seasonal Head Start program(s)?

11. What is the operating schedule (program year) for your Head Start, Early Head Start and/or Migrant/Seasonal Head Start program(s)?

**COMMUNITY AND FAMILY CHARACTERISTICS** (10 minutes)

Let's talk about your community and the characteristics of families and children targeted for the Oral Health Initiative.

12. What is your program's geographic service area? Is it primarily urban, rural, suburban, or a mix? Are you operating the Oral Health Initiative in the entire service area, or only a portion of it? If so, what part and why? If implementing in multiple locations, does implementation differ across sites, and if so, how?

13. Can you please describe the Head Start families you are serving through the Oral Health Initiative? What languages do they speak? What are their ethnic and cultural backgrounds?

14. What is the availability of other services for children and families, such as medical care, transportation, and social services?

15. What are families' main barriers to accessing oral health care? What is the availability of oral health care providers in the community? General dentists? Pediatric dentists? Other providers? Do oral health care providers in your community accept Medicaid? Are they willing to serve young children? Are providers available who speak the languages spoken by Head Start families?

16. In general, what are families' cultural norms and practices related to oral health care? Oral health care beliefs and practices for young children? PROBE ONLY IF NEEDED: What is the prevalence of practices that threaten oral health, such as putting babies to bed with bottles, using pacifiers past age 3, giving children sweetened drinks, other?

**GRANTEE GOALS, OBJECTIVES, AND KEY COMPONENTS** (5 minutes)

At this point, I'd like to begin talking specifically about the Health Start Oral Health Initiative. To start, let's talk about how your agency designed the initiative and decided which services to offer.

17. Why did you decide to apply for an Oral Health Initiative grant?

18. What are your program's goals and objectives for the Oral Health Initiative? Have these goals and objectives changed since you began implementation? If so, how have they changed and why?

19. What are the key components of your Oral Health Initiative?

20. How many children are you planning to serve, and what ages? Will your program provide services to pregnant women? Other family members? CONFIRM FROM PROPOSAL. How did you decide which children and families to target for Oral Health Initiative services?

21. What is your annual budget for the Oral Health Initiative? CONFIRM FROM PROPOSAL. Approximately what proportion of funds do you spend on staff salaries, direct purchase of dental services, oral hygiene supplies, and other types of expenses?

**DESIGN PROCESS** (10 minutes)

22. How did your program identify goals and objectives for the Oral Health Initiative and decide which services to provide?

23. Who was involved in designing the Oral Health Initiative? Was your health advisory committee, policy council, or another advisory body involved in the planning process? If so, who are the members of this committee and what is its role? Are there any dental representatives on your health advisory committee? Did you work with community oral health coalitions or other community groups in planning your grant? Regional office and/or TA staff, regional oral health consultants?

24. What other resources did you use for designing the initiative? For example, did you draw on any state plans related to oral health (state oral health plans, plans resulting from a Head Start oral health forum)?

25. Did you do a community needs assessment or use data from one that was already done? If so, how did you use the needs assessment data?

26. In designing the Oral Health Initiative, did you build on previously existing oral health activities in your program, or did you design a new approach? If you built on previous activities, please tell me about these activities. If you designed a new approach, how did you design it?

27. What community and family characteristics were most important in your decisions about the design of your Oral Health Initiative? How did you tailor your approach to fit the particular circumstances of your families and community?

**STAFFING STRUCTURE AND TRAINING** (10 minutes)

Now I'd like to learn about how your Oral Health Initiative is staffed.

28. Approximately how much time do you spend on the initiative on a weekly or monthly basis?

29. How many staff work on the oral health initiative? What are their job titles and main duties related to the initiative? What are their qualifications?

30. Are all planned positions for the Oral Health Initiative filled? If not, why not, and what plans do you have to fill the positions? If positions are filled, how soon after receiving Oral Health Initiative funding were you able to fill them?

31. How did you decide how to staff the initiative? Did you hire new staff, reassign existing staff, or both? Why did you take this approach?

32. How well is the staffing structure for the Oral Health Initiative working out so far? Do you have sufficient staff resources to operate the initiative as planned?

33. Did staff receive any special training in preparation for their work on the Oral Health Initiative? If so, which staff received training? Please describe the training they received. Did they receive training on how to conduct visual inspection of teeth and mouth to identify children who need follow up care? How to provide oral health education to parents and children? Cultural issues related to oral health? Other topics?

34. Have staff received any training for the initiative since the initiative started? Do you have future training plans for Oral Health Initiative staff? IF NOT ALREADY MENTIONED IN #33 ABOVE: Any plans to provide training on conducting visual inspection of teeth and mouth to identify children who need follow up care? How to provide oral health education to parents and children? Cultural issues related to oral health? Other topics?

35. Do you have plans in place to train new staff hired in the future due to turnover in Oral Health Initiative staff? Please describe.

36. Has your program received any training or technical assistance from the Head Start T/TA system, the regional oral health consultants, or other sources to support your work on the Oral Health Initiative? Have your staff attended any regional cluster trainings on oral health? If so, was the training helpful?

**COMMUNITY PARTNERS** (10 minutes)

37. How many and what types of organizations have you partnered with to provide services through the Oral Health Initiative? What was your rationale for recruiting them? Are there other partners that you still need to pursue? If so, please describe them and their potential role in the Oral Health Initiative?

38. What strategies did you use to identify and reach out to these partners?

39. Do you have formal partnership agreements with these partners? If so, what is included in the agreements?

40. What are the partners' roles in the Oral Health Initiative? What services do they provide to Head Start children and families?

41. Do you make referrals to community partners for services? If so, do you receive information from them about treatment and needed follow up? How do these referral systems work?

42. Have you provided any training to community partners or other oral health care providers to improve their ability to address oral health issues for young children? To improve their cultural competence for working with Head Start families? Was this helpful to community partners? Did it increase their receptivity to serving Head Start children and families?

43. How are the partnerships going so far? What has worked well about the partnerships, and what has been challenging?

**SERVICE DELIVERY** (25 minutes)

Now I'd like to learn about the services you provide to children and families through the Oral Health Initiative. I'll start with some questions about oral health risk assessments and exams, and then ask about clinical preventive and treatment services.

**Risk Assessment and Clinical Services**

44. Does your program conduct or arrange for routine oral health assessments using clinical or other means (such as clinical assessments, parent questionnaires, assessment of medical history, assessment of demographic risk factors)? Who conducts these assessments (for example, dentists, dental hygienists, nurses, health coordinators, others)?

45. Does your program use a formal oral health risk assessment tool? If so, which tools do you use and why did you select them?

46. How does your program use the results of the risk assessments? For example, are oral health care providers able to use the assessment results to make a diagnosis or development a treatment plan based on this assessment?

47. What types of other clinical preventive services do you provide through the Oral Health Initiative? For example, do you provide cleanings, sealants, fluoride

treatments, or other preventive services? Which services are provided by your program and which are provided by partners? Where and by whom are the services provided? How are the costs of these services covered (for example, program grant funds, insurance reimbursement, donated by provider)?

48. What types of clinical treatment services do you provide through the Oral Health Initiative? Which services are provided by your program and which are provided by partners? Where and by whom are the services provided? How are the costs of these services covered (for example, program grant funds, insurance reimbursement, donated by provider)?

49. Which clinical services do you provide to children, pregnant women, and other family members? Does this differ for different populations of children and families?

**Services to Support Access to Dental Services**

50. Do you have referral systems in place for helping families access needed clinical services? If so, how do these work?

51. Do you keep track of treatment outcomes and needed follow up services? If so, how do you do this?

52. Do you provide services to help families access needed clinical services, such as help them make appointments, provide transportation, or provide translation services? If so, who provides these services?

53. What is your definition of a dental home? Does your program help families establish dental homes for their children? If so, how do you do this?

**Oral Health Education**

54. Do you provide education and skills-building activities to parents about oral health promotion? If yes, please tell me about these services and the main educational messages you aim to deliver. Who provides this education? How and where are the educational messages delivered (for example, during parent meetings, home visits, or by distributing written materials)? Are parents instructed on how to do visual inspections of children's teeth using such techniques as "Lift the Lip"?

55. Do you provide education and skills-building activities on oral health promotion specifically to pregnant women? If so, who provides this education, and where? Are the educational messages different from those provided to other Head Start parents? If so, how? What happens after the baby is born? How do the educational messages change?

56. Do you provide oral health education and skill building activities to children? Who provides this education, and where is it provided? How are the educational messages delivered (for example, classroom activities, home visit)?

57. Do you use a curriculum to provide oral health education to children and families? If so, what curriculum do you use and why did you choose it? Have you made any

adjustments to the curriculum? If so, why? What feedback have you received on the curriculum from teachers, other staff, and families?

58. Do you provide oral hygiene supplies to children and families? If so, what types of supplies do you provide, and to whom? How do you provide them and how often? Do parents receive training on how to use the supplies?

59. To what extent have you tailored education and other non-clinical services to the needs and cultural norms of your target population for the Oral Health Initiative? Can you please provide some examples?

60. Have you taken steps to expand your Oral Health Initiative to the broader community? For example, have you participated in community health fairs or other community education events?

**EARLY IMPLEMENTATION EXPERIENCES** (10 minutes)

I'd like to wrap up the call by hearing your views on the successes and challenges you've experienced implementing the initiative so far.

61. Is your funding for the initiative sufficient to implement it as planned? Do you have access to additional funding sources for operating the Oral Health Initiative? If so, what are these sources and which costs do they cover?

62. Have you applied to any other sources for additional funding to operate the Oral Health Initiative? If so, where is you application in the review process? How will you use the funds if you receive an award?

63. At this early stage, how much progress have you made toward meeting your goals and objectives for the Oral Health Initiative?

64. Since you began implementing the Oral Health Initiative, have you made changes to your original design? If so, what are the changes and why did you make them?

65. What have been your most important successes so far? What are you most proud of?

66. What are the most significant challenges your program has faced so far?

67. What strategies have you used to address these challenges? How well do you think these strategies are working?

68. Have you consulted with other Oral Health Initiative grantees about implementation challenges or other issues? If so, how did this happen—email, phone, facilitated by Head Start Oral Health Consultant? What issues did you discuss?

69. Is there anything more the Office of Head Start, the regional office, or the Head Start T/TA network could do to support your work on the Oral Health Initiative?

70. Is there anything else you would like to add before we end the discussion?

Thank you again for participating in the interview.

**Head Start Oral Health Initiative**
**Director Site Visit Interview Protocol**

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**INTRODUCTION** (2 minutes)

Thank you for agreeing to participate in this interview. My name is _____ and I work for [MATHEMATICA POLICY RESEARCH/HEALTH SYSTEMS RESEARCH], an independent research firm. As you know, we are conducting a study for the Administration on Children and Families about Head Start agencies' experiences implementing the Head Start Oral Health Initiative. Findings from the study will be helpful to other Head Start agencies implementing similar initiatives.

Everything you tell me is confidential. I would like you to feel comfortable giving your opinions and impressions. The information we gather will be used to write a report for the Administration for Children and Families about programs' experiences implementing the Head Start Oral Health Initiative, including successes, challenges, and lessons learned by grantees. Our report will describe the experiences and viewpoints expressed by staff across grantees, but specific comments will not be attributed to specific individuals or programs. No individual staff member will be quoted by name.

Do you have any questions before we get started?

**About You**

To begin, I'd like to review your role in the Oral Health Initiative.

1. IF STAFF ARE THE SAME AS THOSE INTERVIEWED IN THE TELEPHONE INTERVIEW ASK: Have your responsibilities on the Oral Health Initiative changed since the telephone interview?
2. ASK EACH RESPONDENT ONLY IF STAFF ARE DIFFERENT THAN THOSE INTERVIEWED PREVIOUSLY BY TELEPHONE: I'd like to learn about your role in the Oral Health Initiative.
   - What is your official job title, and what are your primary responsibilities?
   - How long have you worked for [GRANTEE]?
   - How long have you held your current position? What other positions have you held within the agency?

**GRANTEE CHARACTERISTICS** (5 minutes)

I'd like to update our information about your agency.

3. Since the telephone interview in [MONTH AND YEAR], have there been changes in:

   - Your program's organizational structure
   - The Head Start program options you operate (home-based, center-based mixed)
   - The size of your program, such as the number of children, pregnant women, and families served in Head Start, Early Head Start, and/or Migrant/Seasonal Head Start
   - Your operating schedule

**COMMUNITY AND FAMILY CHARACTERISTICS** (10 minutes)

Let's talk about your community and the characteristics of families and children targeted for the Oral Health Initiative.

4. Have there been any changes to your program's geographic service area since the telephone interview? Any changes in the portion of your service area targeted by the Oral Health Initiative? If so, why have these changes happened?

5. Have there been any changes in the characteristics of the children and families you are targeting for participation in the Oral Health Initiative? If so, is this because of changes in your population of Head Start families or because of changes in how you are targeting Oral Health Initiative services?

6. Have there been any changes since the telephone interview in the availability of oral health care providers in the community? If so, has availability of providers increased or decreased, and why has this happened?

7. Have there been changes in the availability of other services, such as health care, transportation, and other social services? If so, has availability increased or decreased, and why has this happened?

8. During the telephone interview, you listed the families' main barriers to oral health care as [FILL IN FROM TELEPHONE INTERVIEW NOTES]. Have any of these barriers been eliminated? If so, how? Are there other barriers families face now?

9. Please tell me about families' cultural norms and practices related to oral health care? What are their oral health care beliefs and practices for young children? During the telephone interview, you mentioned the prevalence of the following practices that threaten oral health [FILL IN FROM TELEPHONE INTERVIEW NOTES]. Have you seen any change in the prevalence of these practices? Have you identified other common practices that negatively impact oral health? If so, what are they?

10. Do children and families targeted for the Oral Health Initiative has access to health and dental health insurance coverage? If yes, do they have private insurance, or are

they covered primarily by public insurance programs such as Medicaid? Do dental care providers in the community accept public insurance coverage?

**11.** Approximately what proportion of children targeted for the Oral Health Initiative have a disability or developmental delay? What percentage are English Language Learners? Does this create additional barriers to accessing oral health care services? If so, how and why?

**GRANTEE GOALS, OBJECTIVES, AND KEY COMPONENTS** (5 minutes)

Now I'd like to begin talking specifically about the Health Start Oral Health Initiative. To start, let's talk about how your goals and objectives for the initiative.

12. During the telephone interview, you listed [FILL IN FROM TELEPHONE INTERVIEW NOTES] as your primary goals and objectives for the Oral Health Initiative. Have these changed since the telephone interview? If so, what changes have you made and why?

13. During the telephone interview, you listed [FILL IN FROM TELEPHONE INTERVIEW NOTES] as the key components of your Oral Health Initiative. Have these changed? If so, how have they changed and why?

14. At the time of the telephone interview, your program was planning to serve [FILL IN NUMBERS OF INFANTS AND TODDLERS, PRESCHOOLERS, PREGNANT WOMEN, AND OTHER FAMILY MEMBERS] through the Oral Health Initiative. Have these targets changed since the telephone interview? If so, how and why?

15. During the telephone interview, you said you planned to make the following changes to your original design for the Oral Health Initiative [FILL IN FROM TELEPHONE INTERVIEW NOTES]/did not plan to make changes to your original changes for the Oral Health Initiative. Since that time, have you made other changes to your design? If so, what changes and why?

**STAFFING STRUCTURE AND TRAINING** (15 minutes)

Let's now turn to how the Oral Health Initiative is staffed.

16. During the telephone interview, you reported spending approximately [FILL IN TIME FROM TELEPHONE INTERVIEW NOTES] on the Oral Health Initiative. Has your time on the initiative increased or decreased since then? If so, how much time do you spend on the initiative now, and why has it changed?

17. During the telephone interview, you reported that the following staff were assigned to the Oral Health Initiative: [FILL IN FROM TELEPHONE INTERVIEW NOTES]. Have there been any changes to the staffing structure since that time? If so, what changes did you make and why? How well have these changes worked out?

18. Have you had any turnover in staff assigned to the Oral Health Initiative? If yes, which positions? Have vacant positions been filled? How has staff turnover affected the design or implementation of your Oral Health Initiative? Has turnover affected what you have been able to accomplish on the initiative so far?

19. How well is the staffing structure for the Oral Health Initiative working out so far? Do you have sufficient staff resources to operate the initiative as planned?

20. Based on your experience with the initiative so far, if you could, would you make changes to the staffing structure? If so, why?

21. IF THE AGENCY HAS HIRED OR ASSIGNED NEW STAFF FOR THE ORAL HEALTH INITIATIVE SINCE THE TELEPHONE INTERVIEW, ASK: What are the qualifications of new staff hired/assigned to the Oral Health Initiative? Did they receive any special training in preparation for their work on the initiative? Did they receive training on how to conduct visual inspection of teeth and mouth to identify children who need follow-up care?

22. Since the telephone interview, what additional training have staff received for their work on the Oral Health Initiative? Who provided it? In your opinion, how helpful was this training?

23. Do you have plans to provide additional staff training to support the initiative? If so, what kind of training and why are your planning to provide it?

24. Since the telephone interview, what training or technical assistance has your program received from the Head Start T/TA system, the regional oral health consultants, or others to support your work on the Oral Health Initiative? In your opinion, how helpful was this T/TA? If it was helpful, what made it helpful? If it was not helpful, do you have recommendations for how to improve it?

25. Do you have additional T/TA needs for the Oral Health Initiative? If so, what kind of T/TA do you need? Do you have a plan in place to obtain it? If no, why not?

**COMMUNITY PARTNERS** (15 minutes)

During the telephone interview, you identified the following community partners that work with you on the Oral Health Initiative: [FILL IN FROM TELEPHONE INTERVIEW NOTES].

26. Have you ended your partnerships with any of these partners since the telephone interview? If so, which ones and why?

27. Have you formed any new partnerships since the telephone interview? If so, who are the partners and why did you decide to recruit them?

28. Do you have formal partnership agreements with these partners (both new and existing)? If so, what is included in the agreements?

29. What are the partners' roles in the Oral Health Initiative? What services do they provide to Head Start children and families? Have these roles changed since the telephone interview? If so, how have they changed and why?

30. Do you make referrals to community partners for services? If so, do you receive information from them about treatment and needed followup? How do these referral systems work?

31. Have you provided training to community partners or other oral health service providers about providing oral health services to your target population? If yes, please describe the training you provided. Why did you decide to provide it, and how helpful was the training?

32. Have your community partnerships been implemented as originally planned? If no, what has changed and why has it changed?

33. How often do you communicate with the community partners and what form does the communication take (meetings, phone calls, emails, referrals)? What do you typically communicate about? How well does communication with partners work?

34. In your opinion, what aspects of your community partnerships have worked well, and what has been challenging? What strategies have you used to work through the challenges? How well have these strategies worked?

35. Based on your experience with the Oral Health Initiative, are there other kinds of partners that would have been helpful? If so, what types of partners and why?

36. If you could, is there anything you would change about your partnerships or partnership agreements? If so, what would you change and why?

37. What is the potential for sustaining these partnerships after grant funding ends?

38. What advice would you give to other programs about selecting and working with community partners on a similar oral health initiative? In developing and sustaining relationships with partners over time?

**SERVICE DELIVERY** (25 minutes)

Now let's talk about your experiences with providing or arranging services through the Oral Health Initiative. We'll start with a discussion of oral health risk assessments and exams, and then talk about clinical preventive and treatment services.

**Risk Assessment and Clinical Services**

39. During the telephone interview, you said that your program did the following to assess children's oral health needs: [FILL IN TYPE OF ASSESSMENT, WHO CONDUCTS IT, AND TOOL USED]. Have you made any changes to the way risk assessment is conducted, such as the type of assessment, who conducts the

assessment, or the assessment tool used? If so, what are the changes and why did you make them?

40. During the telephone interview, you reported the following uses of the risk assessment results: [FILL IN FROM TELEPHONE INTERVIEWS]. Have you changed the way that risk assessment results are used? If so, what are they changes and why did you make them?

41. During the telephone interview, you reported providing [LIST CLINICAL PREVENTIVE SERVICES FROM TELEPHONE INTERVIEW NOTES.] Has this changed, and if so how and why? Which services are provided by your program and which are provided by partners? Where are the services provided?

42. During the telephone interview, you reported providing [LIST CLINICAL TREATMENT SERVICES FROM TELEPHONE INTERVIEW NOTES.] Has this changed, and if so how and why? Which services are provided by your program and which are provided by partners? Where are the services provided?

43. Which clinical services do you provide to children, pregnant women, and other family members? Has this changed from your original plan for the initiative? If so, how and why did it change?

44. How receptive have families been to the clinical preventive and treatment services you provide through the Oral Health Initiative? How has their receptivity changed over time? If receptivity has improved, what have you done to improve it?

**Services to Support Access to Dental Services**

45. During the telephone interview, you described the following referral system/no referral system: [FILL IN FROM TELEPHONE INTERVIEW]. How well has the referral system worked? Has it changed over time? If so, how has it changed and why?

46. Do you keep track of treatment outcomes and needed follow-up services? If so, how do you do this?

47. Do you provide services to help families access needed clinical services, such as help them make appointments, provide transportation, or provide translation services? If so, who provides these services?

48. Does your program help families establish dental homes for their children? If so, how do you do this? Has this changed over time, and if so how? What is your definition of a dental home?

**Oral Health Education**

49. During the telephone interview, you reported providing the following education and skills-building services to parents about oral health promotion: [FILL IN FROM TELEPHONE INTERVIEW NOTES]. Have you made any changes to these activities, such as the content of the educational messages, who delivers these services, or where they are delivered (for example, during parent meetings, home visits, or by distributing written materials)? If so, what changes have you made and why?

50. IF PROGRAM SERVES PREGNANT WOMEN: During the telephone interview, you reported providing the following education and skills-building services specifically to pregnant women: [FILL IN FROM TELEPHONE INTERVIEW NOTES]. Have you made any changes to these activities? If so, what changes have you made and why?

51. During the telephone interview, you reported providing the following education and skills-building activities to children: [FILL IN FROM TELEPHONE INTERVIEW NOTES]. Have you made any changes to these activities, such as the content of the educational messages, who delivers these services, or how they are delivered (for example, classroom activities or home visits)? If so, what changes have you made and why?

52. During the telephone interview, you reporting using [NAME OF CURRICULUM/NO CURRICULUM] to provide oral health education to children and families? Has this changed, and if so, what curriculum are you using now and why did you choose it? Have you changed or adapted portions of the curriculum to better meet your needs? If so, how have you changed it and why? If you stopped using a prior curriculum, why did you stop?

53. How well do you think the curriculum is working? Do you have suggestions for improving it?

54. During the telephone interview, you reported providing [LIST ORAL HYGIENE SUPPLIES/NO ORAL HYGIENE SUPPLIES FROM TELEPHONE INTERVIEW NOTES]. Has this changed, and if so how and why? IF PROGRAM PROVIDES SUPPLIES: What types of supplies are you providing now, and to whom? How do you provide them and how often? Do parents receive training on how to use the supplies?

55. To what extent have you tailored education and other non-clinical services to the needs and cultural norms of your target population for the Oral Health Initiative? Can you please provide some examples? Have you seen evidence that these strategies have been effective (for example, increased attendance at educational events or trainings)?

56. How receptive have families been to the educational services you provide through the Oral Health Initiative? How has their receptivity changed over time? Do you

think the education and training has resulted in any changes in families' oral health practices? If yes, can you give me some examples?

**SUSTAINABILITY** (5 minutes)

Now let's talk about the future of the Oral Health Initiative.

57. What do you think is the future of your Oral Health Initiative? Will you be able to sustain the services when grant funding ends?

58. What services could your program continue to provide without grant funding, and which services would you have to discontinue? To what extent are the services provided to children and families through the Oral Health Initiative reimbursable through insurance?

59. Will you be able to sustain the referral systems developed for the initiative after grant funding ends?

60. Will you be able to continue helping children and families find dental homes?

61. What potential funding sources are available to sustain the services after grant funding ends?

**IMPLEMENTATION LESSONS** (10 minutes)

I'd like to wrap up the discussion by hearing your views on the successes and challenges of the Oral Health Initiative and any lessons you've learned.

62. Do you have systems in place for monitoring your progress in achieving your goals and objectives for the Oral Health Initiative? If so, can you please describe these systems? How helpful have they been? Have you used them to make program improvements? If yes, can you give me some examples?

63. At this point, how much progress have you made toward meeting your goals and objectives for the Oral Health Initiative?

64. What has the Oral Health Initiative grant enabled your program to do that you were not able to do before? For example, add new services? Provide oral health services to more children? To other family members? To add new community partners? To establish referral systems? To provide more training to staff, families, or partners? Other?

65. Have you been able to use the Oral Health Initiative grant to leverage other resources to support oral health activities in your program and/or community? If yes, how did you do this and what resources did you leverage?

66. What have been your most important successes so far? What are you most proud of?

67. What are the most significant challenges your program has faced so far?

68. What strategies have you used to address these challenges? How well do you think these strategies are working?

69. What are the most important lessons your program has learned about providing oral health services?

70. What changes, if any, would you like to make to your Oral Health Initiative and why?

71. What advice would you give to other programs that want to implement a similar initiative?

72. Is there anything else you would like to add before we end the discussion?

Thank you again for participating in the interview.

**Head Start Oral Health Initiative**
**Key Staff Site Visit Interview Protocol**

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**INTRODUCTION** (5 minutes)

Thank you for agreeing to participate in this interview. My name is _____ and I work for [MATHEMATICA POLICY RESEARCH/HEALTH SYSTEMS RESEARCH], an independent research firm. As you know, we are conducting a study for the Administration on Children and Families about Head Start agencies' experiences implementing the Head Start Oral Health Initiative. Findings from the study will be helpful to other Head Start agencies implementing similar initiatives.

Everything you tell me is confidential. I would like you to feel comfortable giving your opinions and impressions. The information we gather will be used to write a report for the Administration for Children and Families about programs' experiences implementing the Head Start Oral Health Initiative, including successes, challenges, and lessons learned by grantees. Our report will describe the experiences and viewpoints expressed by staff across grantees, but specific comments will not be attributed to specific individuals or programs. No individual staff member will be quoted by name.

Do you have any questions before we get started?

**About You**

To begin, I'd like to learn about your role in the Oral Health Initiative.

1. What is your official job title? What are your primary responsibilities?
2. How long have you worked for [GRANTEE]?
3. How long have you held your current position? What other positions have you held within the agency?
4. Prior to your current position, have you had experience providing oral health services?

**COMMUNITY AND FAMILY CHARACTERISTICS** (10 minutes)

Let's talk about your community and the characteristics of families and children targeted for the Oral Health Initiative.

5. In your opinion, what are the main barriers families in your community face in accessing oral health care services, and particularly oral health care for young children?

6. What is the availability of oral health care providers in the community? General dentists? Pediatric dentists? Other providers? Do oral health care providers in your community accept Medicaid? Are they willing to serve young children?

7. What is the availability of health care, transportation, and other services for children and families?

8. Tell me about the families and children you serve through the Oral Health Initiative. Are you providing services to infants and toddlers, preschoolers, pregnant women, other family members?

9. In general, what are families' cultural norms and practices related to oral health care? Oral health care beliefs and practices for young children? What is the prevalence of practices that threaten oral health, such as putting babies to bed with bottles, using pacifiers past age 3, giving children sweetened drinks, other?

**STAFF TRAINING** (10 minutes)

Tell me about the training you have received for the Oral Health Initiative.

10. Did you receive any orientation or training for the Oral Health Initiative before you began providing services to children and families? If yes, please tell me about the training. What topics were covered, and who provided the training? How long did the training last?

11. Have you received any training for the Oral Health Initiative since you began working on it? If yes, please tell me about the training. What topics were covered, and who provided the training? How long did the training last?

12. Have you received any training, either before or after you started working on the Oral Health Initiative, on how to conduct visual inspection of teeth and mouth to identify children who need follow-up care?

13. How helpful has this training been for the work you do on the Oral Health Initiative? Which training was the most helpful, and why? What were the most important things you learned?

14. Are there other topics related to the Oral Health Initiative on which you would like more training?

15. If you were to give advice to another program that was trying to start up a similar oral health initiative, based on your experience, is there any training you think is essential for staff who will work on the initiative?

**SERVICE DELIVERY** (25 minutes)

Now let's talk about your experiences providing services through the Oral Health Initiative.

16. To start, what are your main goals for the work you do on the Oral Health Initiative?

17. Were you involved in designing the Oral Health Initiative? If so, tell me about the process.

**Risk Assessment and Clinical Services**

18. Are you involved in conducting or arranging for routine oral health assessments using clinical or other means (such as clinical assessments, parent questionnaires, assessment of medical history, assessment of demographic risk factors)? Who conducts these assessments (for example, you or other Head Start staff, dentists, dental hygienists, nurses, health coordinators, others)?

19. Do you use a formal oral health risk assessment tool? If so, which tool do you use and how was it selected? How well do you think the tool works?

20. How does your program use the results of the risk assessments? For example, are oral health care providers able to use the assessment results to make a diagnosis or develop a treatment plan based on the assessment?

21. Do you have suggestions for improving your program's oral health risk assessment tools or process?

22. Are you involved in providing or arranging for provision of other clinical preventive services through the Oral Health Initiative? For example do you provide or arrange for cleanings, sealants, fluoride treatments, or other preventive services? What is your role in providing these services? Which services are provided by your program and which are provided by partners? Where are the services provided? How are the costs of these services covered (for example, program grant funds, insurance reimbursement, donated by provider)?

23. Are you involved in providing or arranging for provision of clinical treatment services through the Oral Health Initiative? What is your role in providing these services? Which services are provided by your program and which are provided by partners? Where are the services provided? How are the costs of these services covered (for example, program grant funds, insurance reimbursement, donated by provider)?

24. Which clinical services do you provide to children, pregnant women, and other family members?

25. How receptive have families been to the clinical preventive and treatment services you provide through the Oral Health Initiative? How has their receptivity changed over time?

**Services to Support Access to Dental Services**

26. Does your initiative have referral systems in place for helping families access needed clinical services? If so, please tell me about these systems. What is your role in the referral process? How well does the referral system work? Would you make changes to it if you could?

27. Does your program keep track of treatment outcomes and needed follow up services? If so, how this done? What is your role in this process? Is the tracking system helpful to you in your work with children and families? If so, how is it helpful?

28. Do you provide or arrange for services to help families access needed clinical services, such as help them make appointments, provide transportation, or provide translation services? If so, what is your role in this process? Approximately what proportion of children and families receive these services? Without the services, would families still be able to access needed dental care?

29. Does your program help families establish dental homes for their children? If so, what is your role in this process? How easy or difficult is it to help families establish dental homes? What are the main barriers to establishing dental homes? Which oral health providers serve as dental homes for the children and families in your program? What is your definition of a dental home?

**Oral Health Education**

30. Are you involved in providing education and skills-building activities to parents about oral health promotion? If so, please tell me about the main educational messages you deliver and how often you provide these services. How are the educational messages delivered and where (for example, during parent meetings, home visits, or by distributing written materials)? Do you instruct parents on how to do visual inspections of children's teeth using such techniques as "Lift the Lip"?

31. Are you involved in providing education and skills-building on oral health promotion specifically to pregnant women? If so, tell me about the education you provide, how these services are delivered, and how often. Are the educational messages different from those provided to other Head Start parents? If so, how?

32. Are you involved in providing oral health education and skills-building activities to children? If so, tell me about these services and how often you provide them. How are the educational messages delivered (for example, classroom activities, home visit)?

33. IF STAFF ARE INVOLVED IN EDUCATIONAL ACTIVITIES: Do you use a curriculum to provide oral health education to children and families? If so, what curriculum do you use and why did you choose it? How well do you think the curriculum is working? Is it a good match for the needs of the children and families you work with? Are there changes you would make to it if you could?

34. Do you provide oral hygiene supplies to children and families? If so, what types of supplies do you provide, and to whom? How do you provide them and how often? Do you provide parents with training on how to use the supplies? Do you think families use these supplies? What evidence do you have that the supplies are being used?

35. To what extent have you tailored education and other non-clinical services to the needs and cultural norms of your target population for the Oral Health Initiative? Can you please provide some examples?

36. How receptive have families been to the screening and educational services you provide through the Oral Health Initiative? How receptive are parents, pregnant women, and children? How effective do you think your approach to education and training is to changing families' oral health care practices? What are families doing differently after participating in these education and skills-building activities? How has their receptivity changed over time?

**WORKING WITH COMMUNITY PARTNERS** (10 minutes)

I'd like to shift gears now and talk about your interaction with community partners on the Oral Health Initiative.

37. Do you work with community partners on the Oral Health Initiative? If yes, what types of partners do you work with?

38. What is your role in working with community partners? For example, do you make referrals to them, follow up on treatment outcomes and plans, coordinate services, or plan joint parent education events on oral health?

39. IF STAFF MAKE REFERRALS TO PARTNERS: How do you make referrals to community partners for services? Do you receive information from them about treatment and needed follow up? How do these referral systems work?

40. Have you provided training to community partners about providing oral health services to your target population? If yes, please describe the training you provided. Why did you decide to provide it, and how helpful was the training?

41. How often do you communicate with community partners and what form does the communication take (meetings, phone calls, emails, referrals)? What do you typically communicate about? How well does communication with partners work?

42. In your opinion, how are the partnerships going so far? What has worked well about the partnerships, and what has been challenging? What strategies have your used to work through the challenges? How well have these strategies worked?

43. Based on your experience with the Oral Health Initiative, are there other kinds of partners that would have been helpful? If so, what types of partners and why?

44. If you could, is there anything you would change about the partnerships or partnership agreements? If so, what would you change and why?

**IMPLEMENTATION LESSONS** (15 minutes)

45. At this point, how much progress have you made toward meeting your goals for the Oral Health Initiative?

46. What have been your most important successes so far? What are you most proud of?

47. What are the most significant challenges your program has faced so far?

48. What strategies have you used to address these challenges? How well do you think these strategies are working?

49. What are the most important lessons your program has learned about providing oral health services?

50. What changes, if any, would you like to make to your Oral Health Initiative and why?

51. What advice would you give to other programs that want to implement a similar initiative?

52. Is there anything else you would like to add before we end the discussion?

Thank you again for participating in the interview.

**Head Start Oral Health Initiative**
**Community Partner Site Visit Interview Protocol**

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**INTRODUCTION** (10 minutes)

Thank you for agreeing to participate in this interview. My name is _____ and I work for [MATHEMATICA POLICY RESEARCH/HEALTH SYSTEMS RESEARCH], an independent research firm. As you know, we are conducting a study for the Administration on Children and Families about Head Start agencies' experiences implementing the Head Start Oral Health Initiative. Findings from the study will be helpful to other Head Start agencies implementing similar initiatives.

Everything you tell me is confidential. I would like you to feel comfortable giving your opinions and impressions. The information we gather will be used to write a report for the Administration for Children and Families about programs' experiences implementing the Head Start Oral Health Initiative, including successes, challenges, and lessons learned by grantees. Our report will describe the experiences and viewpoints expressed by staff across grantees, but specific comments will not be attributed to specific individuals or programs. No individual staff member will be quoted by name.

Do you have any questions before we get started?

**About You**

To begin, I'd like to ask some questions about you and your agency.

1. What is your official job title, and what are your primary responsibilities?
2. How long have you worked for [AGENCY]?
3. How long have your held your current position? What other positions have you held within the agency?

**Your Agency**

4. What is your organization's primary mission?
5. What are the main programs your agency operates and services you provide? What oral health services do you provide?
6. What are the main characteristics of your agency's client population?

**COMMUNITY AND FAMILY CHARACTERISTICS** (5 minutes)

Now I have a few questions about the community and the children and families you serve through your partnership with the Head Start Oral Health Initiative.

7. What is your impression of the availability of oral health care providers in the community? General dentists? Pediatric dentists? Other providers? Do oral health care providers in your community accept Medicaid? Are they willing to serve young children?

8. What is your impression of the availability of other services for children and families, such as health care, transportation, and other social services?

9. In your opinion, what are families' main barriers to accessing oral health care?

10. Tell me about the children and families who serve through the Oral Health Initiative. What are their primary oral health care needs? What are their cultural norms and practices related to oral health care? Oral health care beliefs and practices for young children? What is the prevalence of practices that threaten oral health, such as putting babies to bed with bottles, using pacifiers past age 3, giving children sweetened drinks, other?

11. Did you have experience providing services to Head Start children and families before the Oral Health Initiative began, or was this a new experience for you? If it new, has it been easier or more difficult that you thought it would be?

**PARTNERSHIP WITH THE HEAD START ORAL HEALTH INITIATIVE** (10 minutes)

Let's talk about your partnership with the Head Start program.

12. Did your partnership with Head Start begin with the Oral Health Initiative, or were you already partnering with the program before this initiative began? IF PREVIOUS PARTNERSHIP: Tell me about your previous partnership? What was your role?

13. How did your organization become involved in the Oral Health Initiative?

14. Why did your agency decide to enter into the partnership? What interested your agency in the Oral Health Initiative?

15. Was your agency involved in the process of designing the Oral Health Initiative, or did your involvement begin after the Head Start program received the grant?

16. Tell me about your role in the Oral Health Initiative. What are the main services you provide?

**STAFFING AND COORDINATION** (5 minute)

Let's talk about staff from your agency that provide services through the partnership and how you coordinate the work with Head Start.

17. How many staff from your agency provide services through partnership? What proportion of their time do they spend on it? What are their job titles and qualifications?

18. How do you coordinate the work your agency does on the Oral Health Initiative with the Head Start program? Do Head Start staff refer children and families to you? How does this work?

19. How often do you communicate with the Head Start program and what form does the communication take (meetings, phone calls, emails, referrals)? What do you typically communicate about? How well does communication for the partnership work? Do you have suggestions for improving it?

20. Has your agency received any training from the Head Start Oral Health Initiative related to providing services to Head Start children and families? If yes, please describe the training you received. Who provided the training? Was it helpful? Why or why not?

**SERVICE DELIVERY** (15 minutes)

Now I'd like to hear about the services you provide to Head Start children and families through the Oral Health Initiative.

21. Do you conduct routine oral health risk assessments using clinical or other means (such as clinical assessments, parent questionnaires, assessment of medical history, assessment of demographic risk factors)? If so, do you use a formal oral health risk assessment tool? Which tool do you use and why did you select it?

22. Do you use information from routine oral health risk assessments, whether you or someone else conducts them, to make diagnoses or develop treatment plans for Head Start children and/or other family members?

23. Do you provide other clinical preventive services to children and families through the Oral Health Initiative? If so, what services do you provide? For example, do you provide clinical exams, cleanings, fluoride treatments, or other preventive services? Which services are provided by your program and which are provided by partners? Where are the services provided?

24. Do you provide clinical treatment services to Head Start children and families? If so, what types of services do you provide and where do you provide them?

25. How are the costs of risk assessment and other clinical services you provide to Head Start children and families covered? Payment by program? Insurance reimbursement? Services donated? Other?

26. Are you involved in keeping track of treatment outcomes and needed follow-up services for Head Start children and families? Do you report treatment outcomes to the Head Start program? If so, how do you do this?

27. Do you provide services to help Head Start families access needed clinical services, such as help them make appointments, provide transportation, or provide translation services? If so, how do you decide which families need these services? Do you receive referrals from Head Start?

28. Do you provide or arrange for dental homes for Head Start children and families? If so, how do you do this? What is your definition of a dental home?

29. Do you provide education and skills-building activities to families about oral health promotion? If so, how do you do this—one on one with parents, during home visits, during parent education workshops, other? What are the main educational messages you provide? Do you use a curriculum to provide oral health education to families? If so, what curriculum do you use and why did you choose it? Do you instruct parents on how to do visual inspections of children's teeth using such techniques as "Lift the Lip"?

30. Do you provide oral hygiene supplies to children and families? If so, what types of supplies do you provide, and to whom? How do you provide them and how often? Do parents receive training on how to use the supplies?

31. To what extent have you tailored education and other non-clinical services to the needs and cultural norms of your target population for the Oral Health Initiative? Can you please provide some examples?

32. In your experience, how receptive have Head Start families been to the services you provide through the Oral Health Initiative? How has their receptivity changed over time?

33. In addition to working with Head Start children and families, does your agency contribute supplemental funding or other in-kind resources to the Head Start Oral Health Initiative?

**LESSONS LEARNED** (15 minutes)

At this point, I'd like to hear about the lessons you've learned so far from your involvement in the Head Start Oral Health Initiative.

34. How well is the partnership going so far? What as worked well, and what has been challenging?

35. Have you been able to implement the partnership as planned? If you've made changes, what changes did you make and why?

36. Do you have suggestions for improving the partnership? Improving referral systems? Communication with Head Start? Other suggestions?

37. How long do you think your partnership with Head Start will last? Will you continue the partnership after grant funding for the Oral Health Initiative ends?

38. What advice would you give to other organizations like yours about partnering with Head Start on a similar oral health initiative?

39. In your opinion, what have been the most important successes of the Head Start Oral Health Initiative so far?

40. What are the most significant challenges the Oral Health Initiative has faced? What strategies have been used to address these challenges? How well do you think these strategies are working?

41. What lessons has your agency learned about providing oral health services to Head Start children and families? What advice would you give to other service providers about working with this population?

42. Do you have suggestions for improving the Head Start Oral Health Initiative in your community? Are there changes you would make if you could? Is there additional training from Head Start that would have been helpful?

43. Is there anything else you would like to add before we end the discussion?

Thank you again for participating in the interview.

**Head Start Oral Health Initiative**
**Parent Focus Group Discussion Guide**

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**INTRODUCTION** (10 minutes)

Thank you very much for agreeing to participate in this discussion. Your participation is very important to the study. I'm _____ and I work for [MATHEMATICA POLICY RESEARCH/HEALTH SYSTEMS RESEARCH], an independent research firm/organization.

We are conducting a study for the federal Administration for Children and Families to learn about the Head Start Oral Health Initiative. As part of the study, we want to learn the oral health care services that children and families are receiving through Head Start and about your opinions about the services.

- I am going to moderate the discussion. It is really important for everyone to speak up so we can have a lively and informative discussion.
- We ask that you respect each other's point of view. There are no right or wrong answers. You are the experts – we want to learn from you.
- It will be helpful if you speak one at a time, so everyone has a chance to talk.
- We have many topics to cover during the discussion. At times, I may need to move the conversation along to be sure we cover everything.
- We also ask that you not repeat any of the discussion you've heard after you leave today.
- We also want you to know that being part of this discussion is up to you, and you can choose to not answer a question if you wish. Being part of this discussion will also not affect the services you receive from Head Start.
- I would like to tape-record our discussion. I am taping our discussion so I can listen to it later when I write up my notes. No one besides our research team will listen to the tape. Everything you say here is private. When we write our report, we will include a summary of people's opinions, but no one will be quoted by name.
- If you want to say anything that you don't want taped, please let me know and I will be glad to pause the tape recorder. Does anybody have any objections to being part of this focus group or to my taping our discussion?
- The discussion will last about 1½ hours, and we will not take any formal breaks. But please feel free to get up at any time if you need to.

Once again, thank you for coming today. Are there any questions before we get started?

1. Let's go around the room and introduce ourselves. Please tell us:
    - Your first name
    - The name of age of your child who is enrolled in Head Start or Early Head Start

**ACCESS TO SERVICES IN THE COMMUNITY** (20 minutes)

To begin, I'd like to ask some questions about how easy or difficult it is for you get oral health care and other services you need in the community.

2. In your experience, how easy or difficult is it to find dentists or other dental providers who are willing to treat children under the age of 5? Under the age of 3?
3. Overall, what are the main problems you face in arranging dental services for your children? PROBES: Finding dentists? Waiting lists for appointments? Transportation to dentists' offices? Few dentists located near where you live? Paying for dental care? Finding dentists who speak your language? Other problems?
4. Can I see a show of hands, how many of you have dental insurance coverage to pay for dental care, such as Medicaid or SCHIP? If you don't have dental insurance, do you have another way to pay for dental services? For example, will Head Start pay for dental services? Are dentists available who provide free or low-cost dental care?
5. Can I see a show of hands, how many of you have a single place you can go to get dental treatment for your children? For those who have a single dental provider, how did you find this provider? Did Head Start help you find this dentist? How do you pay for the services? Are there services that your child needs that this dentist will not provide? About how often does you child visit this dentist?
6. Do you go to the dentist? Do you have a single place you can go to get dental treatment for yourself? If so, how did you find this provider? Did Head Start help you?
7. How easy or difficult is it for you to find other health services your children need, such as medical care? IF DIFFICULT: What are the main problems you have trying to find doctors and other medical providers? Overall, would you say it is easier or more difficult to arrange medical or dental services for your children? Why?

**PARENTS' ATTITUDES AND BELIEFS ABOUT ORAL HEALTH CARE** (15 minutes)

Now I'd like to talk about your views on the dental services that you and your children need.

8. How important do you think children's dental health is for their overall healthy growth and development? Is it important, somewhat important, or not related to their physical health and growth? Why do you think this?

9. Ideally, at what age do you think a child should receive his or her first dental exam? Why? After the first exam, how often do you think children under age 5 should see a dentist?

10. Assuming the services are available, how often to you think adults should see a dentist? Why?

11. Tell me about how you take care of your children's teeth at home. Between birth and age 1? At age 1? At age 3? At age 5? At what age do you think it is important to begin brushing children's teeth?

12. Do you look at your children's teeth at home? If so, tell me how you do this. About how often do you do this?

13. Has your child's doctor ever talked to you about how to take care of your child's teeth, or about when your child should begin seeing a dentist? If so, please tell me what advice the doctor gave you.

**RECEIPT OF ORAL HEALTH SERVICES** (25 minutes)

At this point I'd like to hear about the dental services you and your children are receiving.

14. Can I see a show of hands, has someone examined your Head Start child's mouth at least once? Who did the exam? A dentist? A dental hygienist? A pediatrician or doctor? Someone who works for Head Start?

15. Where did this dental exam happen? At a dentist's office or clinic? At a pediatrician or doctor's office? At Head Start? At another location? Were you able to be present, or did you receive information from the exam about your child's dental health?

16. Did any of your children need follow-up services or treatment? If so, what did they need? How easy or difficult was it for you to arrange these services for your child? Did Head Start help you, for example, by helping you find a dentist, make an appointment, get to the dentist's office, or pay for the services?

17. Can I see a show of hands, has your Head Start child seen a dentist or another dental provider in the past six months? For what reason—an exam, a cleaning, for treatment? If it was for treatment, what kind of treatment did your child receive?

18. At this point, are you able to arrange the dental services you think your child needs? Regular check-ups and cleanings? Treatments?

19. Can I see of show of hands, how many of you have seen a dentist in the past six months? What was your reason for seeing a dentist? Check-up and cleaning? Treatment? How easy or difficult was it to find a dentist? Did Head Start help you?

20. How often do you usually go to the dentist? Do you get regular check-ups, or do you see a dentist only when you have problems with your teeth? Where do you usually go for dental services? How do you pay for the services?

21. What are the primary reasons you do not go to the dentist? PROBES: Is it because you don't have dental insurance, you can't take time off from work, you don't have transportation, you've had bad experiences with dentists in the past, or you are afraid to go to the dentist?

22. Has Head Start ever helped you with the following for your child? For you or other family members? If so, please tell me what they did to help.

    - Find a dentist or other dental provider
    - Make an appointment with a dentist or dental provider
    - Provide transportation to a dental appointment
    - Provide translation services during a dental appointment
    - Help you pay for dental services

23. Overall, how satisfied are you with the help you received from Head Start to arrange dental services for your Head Start child? For yourself? For other family members?

24. Do you have suggestions for how Head Start could improve these services? Are there other things Head Start could do to help you get the dental services you and your family need?

**ORAL HEALTH EDUCATION** (20 minutes)

Now I'd like to talk about the information you and your child have received about how to take care of your teeth.

25. In the past year, have you gone to any workshops or parent trainings about oral health? If so, what did you talk about during that event? Who provided the information? Did you receive any information in writing about oral health at that event?

26. Have you received information about oral health in any other way, such as during a home visit or during a visit to a dentist's office? If so, what did you talk about and who provided the information?

27. Have you received any written information such as pamphlets or handouts, or videos about how to take care of your own or your children's teeth? What did you learn from these materials? IF SOME FAMILIES DO NOT SPEAK ENGLISH AS A FIRST LANGUAGE: Did you receive these materials in English, or another language?

28. IF NOT ALREADY MENTIONED: Did any of the educational activities and materials provide you with instruction on how to examine your child's teeth and mouth at home, and what to look for? If so, tell me about what you learned.

29. In the past year, do you know if your Head Start children received any education or training on how to take care of their teeth, such as learning how to brush, from Head Start? Did this happen in a Head Start classroom, during a home visit, or during a visit to a dentist? Tell me about what your child learned.

30. Can I see a show of hands, have you ever received supplies from Head Start for taking care of your children's teeth (such a toothbrush, toothpaste, other)? Do you receive these supplies regularly, occasionally, or just once? Did you receive any instruction about how to use the supplies? Who provided the instruction?

31. Overall, how helpful has the education and training on oral health you have received from Head Start been for you? Did you learn anything new from this information? If so, what did you learn? How helpful do you think the education and training has been for your children?

32. Is there anything you would change about the oral health education and training that Head Start provides? Do you have any suggestions for improving this component of the program?

**CONCLUSION**

Those are all of the questions I had for you today. Is there anything else about dental services provided by Head Start that you think I should know about? Anything else you would like to mention before we end?

Thank you for taking the time to share your thoughts and experiences. Our discussion has been very useful for helping me learn more about the Head Start Oral Health Initiative.

# APPENDIX B

# PROGRAM RECORDKEEPING SYSTEM: PROPOSED DATA ELEMENTS

TABLE B.1

CHILD AND FAMILY CHARACTERISTICS SCREEN FOR THE PROGRAM RECORDKEEPING SYSTEM: PROPOSED DATA ELEMENTS AND RESPONSE CATEGORIES

| Data Elements | Response Category | Response Type |
|---|---|---|
| Primary recipient | Child<br>Pregnant woman | Drop-down list |
| Child or woman's name | Open field | Open field |
| Identification number | 6-digit number | System will generate |
| Child's date of birth | Open date field | Date field |
| Due date (if pregnant woman) | Open date field | Date field |
| Gender of child | Male<br>Female | Drop-down list |
| Race/ethnicity of the child | American Indian or Alaska Native<br>Asian<br>Black or African American<br>Hispanic or Latino<br>Native Hawaiian or other Pacific Islander<br>White | Check boxes (all that apply)<br>Yes/No |
| Whether child/pregnant woman has dental insurance coverage | Yes<br>No | Check Box |
| If yes, type of coverage | Private insurance<br>Medicaid<br>SCHIP<br>Other | Drop-down list |
| Whether child has ever had a dental exam | Yes<br>No<br>Don't know | Check Box |
| If yes, date if known | Open date field (month/year) | Date field (month/year) |
| Primary caregiver's (parent) name[a] | Open field | Open field |
| Primary caregiver's date of birth | Open date field | Date field |
| Primary caregiver's gender | Male<br>Female | Drop-down list |
| Primary caregiver's race/ethnicity | American Indian or Alaska Native<br>Asian<br>Black or African American<br>Hispanic or Latino<br>Native Hawaiian or other Pacific Islander<br>White | Check boxes (all that apply)<br>Yes/No |
| Primary language spoken at home | English<br>Spanish<br>Other | Drop-down list |

TABLE B.1 *(continued)*

| Data Elements | Response Category | Response Type |
|---|---|---|
| If not English, how well primary caregiver speaks English | Very well<br>Well<br>Not well | Drop-down list |
| Primary caregiver's relationship to the child | Parent or stepparent<br>Grandparent<br>Other relative<br>Other nonrelative | Drop-down list |
| Head Start enrollment date | Open date field | Date field |
| Oral Health Initiative enrollment date (or date first service received) | Open date field | Date field |
| Exit date | Open date field | Date field |

[a]All data fields on primary caregiver (parent) characteristics will be completed for pregnant women when they are the primary targets of the intervention.

TABLE B.2

COMMUNITY PARTNER SCREEN FOR THE PROGRAM RECORDKEEPING SYSTEM: PROPOSED DATA ELEMENTS AND RESPONSE CATEGORIES

| Data Element | Response Category | Response Type |
|---|---|---|
| Community partner name | Open field | Open field |
| Identification number | 6-digit number | System will generate |
| Type of partner | General dentist<br>Pediatric dentist<br>Dental hygienist<br>Dentistry school<br>Dental hygiene school<br>Pediatrician<br>Family practitioner<br>OB/GYN<br>Nurse practitioner<br>WIC program or clinic<br>Public health department<br>Other clinic<br>Hospital<br>Part B or C<br>Other service provider<br>Other | Drop-down list |
| Formal partnership agreement | Yes<br>No | Check box |
| If yes, date of agreement | Open date field | Date field |
| Community partner prior to Oral Health Initiative | Yes<br>No | Check Box |
| Partnership end date | Open date field | Date field |

TABLE B.3

SERVICES SCREEN FOR THE PROGRAM RECORDKEEPING SYSTEM: PROPOSED DATA ELEMENTS AND RESPONSE CATEGORIES

| Data Elements | Response Category | Response Type |
|---|---|---|
| Name of child/pregnant women | Select from drop-down list | Drop-down list |
| Identification number | 6-digit number | System will insert |
| Date of service | Open date field | Date field |
| Type of service | Non-clinical dental screening<br>Clinical preventive service<br>Clinical treatment service | Drop-down list |
| Type of clinical preventive service | Clinical exam<br>Cleaning<br>Fluoride rinse<br>Fluoride varnish treatment<br>Fluoride tablets prescribed<br>Xylitol wipes<br>Root planing and scaling (preventive)<br>Anticipatory guidance<br>Other | Drop-down list |
| Type of clinical treatment | Fillings (1-2)<br>Fillings (2 or more)<br>Extractions (1-2)<br>Extractions (2 or more)<br>Steel crowns<br>Root canal<br>Bridge/dental implant<br>Root planing and scaling (therapeutic)<br>Treatment requiring hospitalization and/or sedation<br>Other | Drop-down list |
| Location of services | At grantee site<br>Service provider office<br>Hospital<br>At home<br>Mobile van or mobile clinic<br>Other location | Drop-down list |
| Type of service provider | Grantee staff<br>Community partner<br>Other community provider | Drop-down list |
| If community partner, name of partner | Select from list | Drop-down list |
| Identification number | 6-digit number | System will insert |

TABLE B.3 *(continued)*

| Data Elements | Response Category | Response Type |
|---|---|---|
| If other community provider, type of provider | General dentist<br>Pediatric dentist<br>Dental hygienist<br>Dentistry school<br>Dental hygienist school<br>Pediatrician<br>Family practitioner<br>OB/GYN<br>Nurse practitioner<br>WIC program or clinic<br>Public health department<br>Other clinic<br>Hospital<br>Part B or C<br>Other service provider<br>Other | Drop-down list |
| Support services provided | Yes<br>No | Check box |
| If yes, type of service | Transportation<br>Help making an appointment<br>Translation<br>Other | Drop-down box |
| If yes, service provider | Grantee staff<br>Community partner<br>Other community provider | Drop-down box |
| If community partner, name of partner | Select from list | Drop-down list |
| Followup required | Yes<br>No | Check box |
| If yes, type of followup | Referral<br>Appointment<br>Treatment<br>Counseling<br>Other | Drop down list |
| If yes, followup action | Referral made<br>Appointment pending<br>Followup competed | Drop down list |
| If completed, date completed | Open date field | Date field |
| Referred to service by grantee | Yes<br>No | Check box |
| Dental home established | Open date field | Date field |
| Type of dental home | Community partner<br>Other community provider | Drop-down list |
| If community partner, select | Select from list | Drop-down list |
| If other provider, type | Private dental office<br>Community health center<br>Mobile van or mobile clinic<br>University dental clinic<br>Other | Drop-down list |

TABLE B.4

ORAL HEALTH EDUCATION/SUPPLIES SCREEN FOR THE PROGRAM RECORDKEEPING SYSTEM: PROPOSED DATA ELEMENTS AND RESPONSE CATEGORIES

| Data Elements | Response Category | Response Type |
|---|---|---|
| Whether parent education services provided in past month | Yes<br>No | Check box |
| Parent education workshop provided | Yes<br>No | Check box |
| Number of workshops provided | Open numeric field | Numeric field |
| Total number of workshop attendees | Open numeric field | Numeric field |
| Parent education provided during home visits | Yes<br>No | Check box |
| Number of home visits with oral health education | Open numeric field | Numeric field |
| Oral Hygiene supplies provided to families in the past month | Yes<br>No | Check box |
| Types of supplies provided | Fluoride toothpaste<br>Toothbrushes<br>Floss<br>Fuoride rinse<br>Xylitol gum<br>Xylitol wipes<br>Other supplies | Check boxes (all that apply) |
| Total number of families who received any supplies | Open numeric field | Numeric field |
| Parent education provided through written materials sent home with children in the past month | Yes<br>No | Check box |
| Staff training on oral health provided in past month | Yes<br>No | Check box |
| Total number of training attendees | Open numeric field | Numeric field |